

Medical Policy



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Title: Esophageal pH Monitoring

Professional

Original Effective Date: May 1, 2006

Revision Date(s):

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Institutional

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DESCRIPTION

Acid reflux is the cause of heartburn, acid regurgitation, peptic esophagitis, and Barrett's esophagus, as well as a cause of esophageal stricture, some cases of asthma, posterior laryngitis, chronic cough, dental erosions, chronic hoarseness, pharyngitis, subglottic stenosis or stricture, nocturnal choking, and recurrent pneumonia. Gastroesophageal reflux disease (GERD) is usually diagnosed by clinical history and endoscopy, and is treated empirically with a trial of medical management.

Esophageal monitoring is done through the use of a tube with a pH electrode attached to its tip. More recently, a catheter-free, temporarily implanted device (Bravo pH Monitoring System, Medtronic) has been approved by the U.S. Food and Drug Administration (FDA).

POLICY

Esophageal pH monitoring is considered medically necessary for the following clinical indications:

- Documentation of abnormal acid exposure in endoscopy-negative patients being considered for surgical antireflux repair
- Evaluation of patients after antireflux surgery who are suspected of having ongoing abnormal reflux
- Evaluation of patients with either normal or equivocal endoscopic findings and reflux symptoms that are refractory to proton pump inhibitor therapy
- Evaluation of refractory reflux in patients with chest pain after cardiac evaluation and after a 1-month trial of proton pump inhibitor therapy
- Evaluation of suspected otolaryngologic manifestations of GERD (i.e., laryngitis, pharyngitis, chronic cough) that have failed to respond to at least 4 weeks of proton pump inhibitor therapy
- Evaluation of concomitant GERD in an adult-onset, nonallergic asthmatic suspected of having reflux-induced asthma

CODINGCPT

- 43225 Upper gastroesophageal endoscopy
91034 Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035 Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation

Diagnosis

These diagnoses are otherwise subject to medical policy as stated above

- 476.0 Laryngitis, chronic
493.00 Extrinsic asthma; unspecified
493.01 Extrinsic asthma; with status asthmaticus
493.02 Extrinsic asthma; with (acute) exacerbation
493.10 Intrinsic asthma; unspecified
493.11 Intrinsic asthma; with status asthmaticus
493.12 Intrinsic asthma; with (acute) exacerbation
493.20 Chronic obstructive asthma; unspecified
493.21 Chronic obstructive asthma; with status asthmaticus
493.22 Chronic obstructive asthma; with (acute) exacerbation
493.80 Other forms of asthma
493.81 Exercise induced bronchospasm
493.82 Cough variant asthma
493.90 Asthma; unspecified
493.91 Asthma; with status asthmaticus
493.92 Asthma; with (acute) exacerbation
507.0 Aspiration pneumonia
530.81 Esophageal reflux/gastroesophageal reflux disease
786.1 Stridor
786.2 Cough

REFERENCES

1. Ergun GA, Kahrilas PJ. Clinical applications of esophageal manometry and pH monitoring. *Am J Gastroenterol* 1996; 91(6):1077-89.
2. Pandolfino JE, Richter JE, Ours T et al. Ambulatory esophageal pH monitoring using a wireless system. *Am J Gastroenterol* 2003; 98(4):740-9.
3. Prakash C, Clouse RE. Value of extended recording time with wireless pH monitoring in evaluating gastroesophageal reflux disease. *Clin Gastroenterol Hepatol* 2005; 3(4):329-34.