



## Corporate Medical Policy

# Angelchik Anti-Reflux Prosthesis

**File Name:** angelchik\_anti-reflux\_prosthesis  
**Policy Number:** SUR6028  
**Origination:** 2/1990  
**Last Review:** 6/2002  
**Next Review:** 6/2004

**Active policy, no longer scheduled for routine literature review.**

### Description of Procedure or Service

---

The Angelchik prosthetic device is a C-shaped ring, filled with silicone gel. It is used to reduce a sliding [hiatal hernia](#) and prevent the [reflux](#) of gastric contents into the [esophagus](#). It is surgically implanted under the diaphragm to hold the lower [esophagus](#) in place. It may be used as an alternative to traditional [gas-tropexy](#) or [fundoplication](#).

### Policy

---

**Active policy, no longer scheduled for routine literature review.**

**BCBSNC does not provide coverage for the Angelchik Anti-Reflux Prosthesis. It is investigational. BCBSNC does not provide coverage for investigational procedures.**

### Benefits Application

---

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When the Angelchik Anti-Reflux Prosthesis is covered

---

Not applicable

### When Angelchik Anti-Reflux Prosthesis is not covered

---

Angelchik Anti-Reflux Prosthesis is not covered. It is considered investigational. BCBSNC does not cover investigational procedures.

Medical therapy is the preferred treatment for reflux esophagitis. Fundoplication using a laparoscopic approach may be considered if medical therapy fails.

## Policy Guidelines

---

### Billing/Coding/Physician Documentation Information

---

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable Code: 43499*

*Bill 43499 - Unlisted procedure, esophagus*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

---

Key Words: Angelchik Anti-Reflux Prosthesis, Gastric Reflux, Hiatal Hernia, Nissen, fundoplication, Esophageal Reflux

### Medical Term Definitions

---

#### **Esophagus**

the natural tube that connects the mouth to the stomach.

#### **Fundoplication**

mobilization of the lower end of the esophagus and folding the bottom of the stomach around it. This is used to treat gastro-esophageal reflux or hiatal hernia.

#### **Gastropexy**

a surgical procedure to secure the stomach in its correct place.

#### **Hiatal Hernia**

the protrusion of a loop or knuckle of any organ or tissue through an abdominal opening. Normally the diaphragm muscle separates the esophagus in the chest from the stomach in the abdomen. If there is a weakness in the diaphragm muscle, the upper part of the stomach can rise into the chest.

#### **Reflux**

backward or return flow.

## Scientific Background and Reference Sources

---

Consultant Review and Physician Advisory Group - 2/90

Medical Policy Advisory Group Review - 3/99

Specialty Matched Consultant Advisory Panel - 8/00

Medical Policy Advisory Group review - 9/14/00

Medical Policy Advisory Group review - 10/2000

Specialty Matched Consultant Advisory Panel - 6/2002

## Policy Implementation/Update Information

---

- |       |   |
|-------|---|
| 2/90  | Original policy issued.   |
| 8/96  | Revised: corrected policy to say "all criteria must be met". Accepted Local policy, archiving National policy.  |
| 3/99  | Reaffirmed.   |
| 6/99  | Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.   |
| 11/99 | Policy Archived.  |
| 6/00  | Reactivated policy to provide medical necessity criteria for procedure.   |
| 10/00 | Specialty Matched Consultant Advisory Panel and Medical Policy Advisory Group recommended recinding coverage for Angelchik. Changed policy to identify the Angelchik Anit-Reflux Prosthesis as an investigational procedure. Coverage withdrawn. BCBSNC does not cover investigational procedures. Esophagogastroduodenoscopy removed from definitions because it is no longer discussed in the policy. Policy returned to Medical Policy Advisory Group for reweiv. No further changes to criteria. Approve. |
| 11/01 | Coding Format Change.   |
| 11/01 | Revised coding format change.   |
| 6/02  | Origination date changed from 2/90 to 2/1990 in top section of policy. Typos corrected.   |
| 6/03  | Policy status changed to: "Active policy, no longer scheduled for routine literature review".   |
| 12/03 | Benefits Application and Billing/Coding sections updated for consistency.   |

---

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

**Policy: Angelchik Anti-Reflux Prosthesis**

-