



ND

Medical Policies



Policy Number:	M-23		
Policy Name:	Esophageal pH Monitoring		
Policy Type:	Medical	Policy Subtype:	Diagnostic Medical
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Esophageal pH monitoring using wired or wireless devices can record the pH of the lower esophagus for a period of one (1) to several days. These devices may aid in the diagnosis of gastroesophageal reflux disease (GERD) in individuals who have an uncertain diagnosis after clinical evaluation and endoscopy.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Esophageal pH monitoring or multichannel intraluminal impedance-pH monitoring may be considered medically necessary in adults, children, or adolescents capable to report symptoms for the following:

- Documentation of abnormal acid exposure in endoscopy-negative individual being considered for surgical anti-reflux repair; **or**
- Evaluation of individual after anti-reflux surgery who are suspected of having ongoing abnormal reflux; **or**
- Evaluation of individual with either normal or equivocal endoscopic findings and reflux symptoms that are refractory to proton pump inhibitor (PPI) therapy; **or**
- Evaluation of refractory reflux in individual with chest pain after cardiac evaluation and after a four (4) week trial of PPI therapy; **or**
- Evaluation of suspected otolaryngologic manifestations of GERD (laryngitis, pharyngitis, chronic cough) in individuals who have failed to respond to at least four (4) weeks of PPI therapy; **or**

- Evaluation of concomitant GERD in with adult-onset, non-allergic asthma suspected of having reflux-induced asthma; **or**
- Evaluation of dysphagia

Twenty-four (24) hour catheter-based esophageal pH monitoring or multichannel intraluminal impedance-pH monitoring may be considered medically necessary in infants or children unable to report or describe symptoms of reflux with:

- Dysphagia; **or**
- Unexplained apnea; **or**
- Bradycardia; **or**
- Refractory coughing, wheezing or recurrent choking (aspiration); **or**
- Persistent or recurrent laryngitis; **or**
- Feeding difficulties; **or**
- Persistent or recurrent pneumonia.

Esophageal pH monitoring and multichannel intraluminal impedance-pH monitoring not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

91034	91035	91037	91038
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis for Procedure Codes 91034, 91035, 91037 and 91038

F98.29	G47.30	G47.31	G47.32	G47.33	J31.2	J37.0
J45.20	J45.21	J45.22	J45.30	J45.31	J45.32	J45.40
J45.41	J45.42	J45.50	J45.51	J45.52	J45.901	J45.902
J45.909	J45.990	J45.991	J45.998	J69.0	J82.83	K20.80
K20.81	K20.90	K20.91	K21.00	K21.01	K21.9	P24.9
P28.0	P28.10	P28.11	P28.19	P28.2	P28.30	P28.31
P28.33	P28.39	P28.49	P28.5	P28.81	P28.89	P28.9

P92.5	P92.8	P92.9	R00.1	R05.3	R05.8	R06.1
R06.2	R06.81	R07.89	R13.10	R13.11	R13.12	R13.13
R13.14	R13.19	R63.30	R63.31	R63.32	R63.39	

CURRENT CODING

CPT:

91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	Medicaid Expansion
91035	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	Medicaid Expansion
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	Medicaid Expansion
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	Medicaid Expansion
91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	Commercial
91035	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	Commercial
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	Commercial
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	Commercial

References

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3. Kim SY, Jung HK, Lee HA. Normal acid exposure time in esophageal pH monitoring in Asian and Western populations: A systematic review and meta- analysis. *Neurogastroenterol Motil*. 2021;33(4):e14029.
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13. Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. *Am J Gastroenterol*. 2022; 117(1): 27-56.
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15. Chen JW, Vela MF, Peterson KA, et al. AGA clinical practice update on the diagnosis and management of extraesophageal gastroesophageal reflux disease: expert review. *Clin Gastroenterol Hepatol*. 2023; 21(6): 1414-1421.
16. Gyawali CP, Yadlapati R, Fass R, et al. Updates to the modern diagnosis of GERD: Lyon consensus 2.0. *Gut*. 2023. PMID 37734911
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ND Committee Review

Internal Medical Policy Committee 7-22-20 Annual Review

Internal Medical Policy Committee 9-21-2020 ICD-10 update

- **Removing** diagnosis code K21.0;
- **Adding** J82.83; K20.80; K20.81; K20.90; K20.91; K21.00 and K21.01.

Internal Medical Policy Committee 9-21-2021 Coding update - **Effective October 01, 2021**

- **Updated** language for clarification, and
- **Removed** Diagnosis code R05, and
- **Adding** Diagnosis codes R05.3; R05.8; R13.10; R13.11; R13.13; R13.14 and R13.19.

Internal Medical Policy Committee 5-24-2022 Revision with coding updates

- **Added** Diagnosis codes F98.29; P24.9; P92.5; P92.8; P92.9; R63.30; R63.31; R63.32; and R63.39.

Internal Medical Policy Committee 9-28-2022 - *Effective October 01, 2022*

- **Removed** Diagnosis codes P28.3; P28.4 and
- **Added** Diagnosis codes P28.30; P28.31; P28.33; P28.39; P28.49

Internal Medical Policy Committee 5-23-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 9-17-2024 Annual Review -no changes in criteria

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.