



ND

# Medical Policies



Policy Number:	S-270		
Policy Name:	Endoscopic Stricturectomy		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Individuals with inflammatory bowel disease (IBD) often experience strictures due to the excessive production of extracellular matrix components cause by chronic and severe inflammation. Endoscopic Stricturectomy is a minimally invasive procedure designed to treat these strictures.

## 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 service.

## Criteria

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

Endoscopic stricturectomy is considered medically necessary when the following criteria are met:

- The stricture(s) are seven (7) cm or less in length; **and**
- The IBD physician or IBD surgeon determines that the procedure is indicated/required; **or**
- The stricture is refractory to endoscopic balloon dilation; **and**
- Provider is adequately trained in the specific techniques utilized during the endoscopic stricturectomy procedure.

Endoscopic stricturectomy not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness of this service

cannot be established by the available published peer-reviewed literature.

## Procedure Codes

44799	45399
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## Diagnosis Codes

Not Applicable

## CURRENT CODING

### CPT:

44799	UNLISTED PROCEDURE SMALL INTESTINE	Medicaid Expansion
45399	UNLISTED PROCEDURE COLON	Medicaid Expansion
44799	UNLISTED PROCEDURE SMALL INTESTINE	Commercial
45399	UNLISTED PROCEDURE COLON	Commercial

## References

1. Shen B, Kochhar G, Navaneethan U, Farraye FA, et al. Practical guidelines on endoscopic treatment for Crohn's disease strictures: A consensus statement from the Global Interventional Inflammatory Bowel Disease Group. *Lancet Gastroenterol Hepatol*. 2020;5(4):393-405.
2. Shen B, Kochhar G, Navaneethan U, Liu X, et al.; Global Interventional Inflammatory Bowel Disease Group. Role of interventional inflammatory bowel disease in the era of biologic therapy: A position statement from the Global Interventional IBD Group. *Gastrointest Endosc*. 2019;89(2):215-237.
3. Lan N, Wu JJ, Wu XR, L T, et al. Endoscopic treatment of pouch inlet and afferent limb strictures: Stricturectomy vs. balloon dilation. *Surg Endosc*. 2021;35(4):1722-1733.
4. Lan N, Hull TL, Shen B. Endoscopic stricturectomy and ileo-colonic resection in patients with primary Crohn's disease-related distal ileum strictures. *Gastroenterol Rep (Oxf)*. 2020;8(4):312-318.
5. Lan N, Stocchi L, Delaney CP, Hull TL, et al. Endoscopic stricturectomy versus ileocolonic resection in the treatment of ileocolonic anastomotic strictures in Crohn's disease. *Gastrointest Endosc*. 2019;90(2):259-268.
6. Zhang LJ, Lan N, Wu XR, Shen B. Endoscopic stricturectomy in the treatment of anastomotic strictures in inflammatory bowel disease (IBD) and non-IBD patients. *Gastroenterol Rep (Oxf)*. 2019;8(2):143-150.
7. Lan N, Shen B. Endoscopic stricturectomy versus balloon dilation in the treatment of anastomotic strictures in Crohn's disease. *Inflamm Bowel Dis*. 2018;24(4):897-907.
8. Gu YB, Zhong J; Chinese IBD Endoscopic Club. Endoscopic management of stricturing Crohn's disease. *J Dig Dis*. 2020;21(6):351-354.
9. Pokala A, Shen B. Update of endoscopic management of Crohn's disease strictures. *Intest Res*. 2020;18(1):1-10.

## ND Committee Review

Internal Medical Policy Committee 11-23-2021 New policy for North Dakota *Effective January 3, 2022*

Internal Medical Policy Committee 11-29-2022 Annual Review-no changes in criteria *Effective January 2, 2023*

Internal Medical Policy Committee 7-26-2023 Annual Review-no changes in criteria *Effective September 4, 2023*

Internal Medical Policy Committee 7-16-2024 Annual Review - no changes in criteria *Effective September 2, 2024*

- *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.*