Subject: Magnetic Sphincter Augmentation for Treatment of GERD (LINX™)

Medical Policy #: 63.0 **Original Effective Date: 5-20-2026**

Status: New **Last Review Date: N/A**

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

(LINX™ Reflux Management System) is an implanted ring of magnetized titanium beads placed around the esophagus to strengthen the lower esophageal sphincter (LES) and prevent reflux of gastric acid and bile into the esophagus.

Coverage Determination

Prior Authorization is required for 43284 & 43285. Logon to Pres Online to submit a request:
https://ds.phs.org/preslogin/index.jsp

For Commercial, Medicaid and Medicare.

In the absence of an applicable National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Magnetic Sphincter Augmentation within the New Mexico LCD jurisdiction, and where Medicare coverage guidance is silent, incomplete, or lacks sufficient clinical specificity, Presbyterian Health Plan (PHP) adopts Palmetto LCD L39780 and the associated Local Coverage Article A55530 to determine medical necessity.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Covered Codes
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43285	Removal of esophageal sphincter augmentation device
Covered ICD-10	
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
K21.9	Gastro-esophageal reflux disease without esophagitis

Reviewed by / Approval Signatures

Population Health and Clinical Quality Committee (PHCQC): Clinton White MD
Senior Medical Director: Jim Romero MD
Medical Director: Kresta Antillon MD
Date Approved: May 20, 2026

References

1. Hayes, Magnetic Sphincter Augmentation LINX Reflux Management System (Ethicon Inc.) for Treatment of GERD, Sep 15, 2025. [Accessed 03-30-2026]
2. MCG, Health Ambulatory Care, 30th Edition, Implantable Magnetic Esophageal Ring (Linx), (ACG: A-0990), Last update: 1/25/2026 [Accessed 03-30-2026]
3. Aetna, Gastroesophageal Reflux Disease (GERD): Treatment Devices, Number: 0213, Last review: 04/16/2024, Next review: 02/12/2026. [Accessed 03-30-2026]
4. UHC, Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia, Policy Number: 2026T0322LL, Effective Date: February 1, 2026 [Accessed 03-30-2026]

5. CMS, Palmetto LCD (L39780) Lower Esophageal Magnetic Sphincter Augmentation, Revision Date: 12/18/2025, R1 [Accessed 03-30-2026]
6. CMS, Palmetto LCA (A59654)- Billing and Coding: Lower Esophageal Magnetic Sphincter Augmentation, Effective 05/21/2024. [Accessed 03-30-2026]

Publication History

05-20-2026	Original effective date. Reviewed by Medical Policy Committee on 04/22/2026. The LINX procedure was reclassified from Investigational and Experimental (MPM 36.0) following review by the Technology Assessment Committee (TAC) on April 7, 2026, which supported coverage for ALOB based on evidence demonstrating comparable clinical outcomes to laparoscopic fundoplication. In the absence of applicable National or Local Coverage Determinations for Magnetic Sphincter Augmentation in New Mexico, Presbyterian Health Plan (PHP) adopts Palmetto LCD L39780 and Local Coverage Article A55530 to determine medical necessity for ALOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.