



**American Society for
Gastrointestinal Endoscopy**

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Submitted Electronically -

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Subject: Request for Coverage Inclusion of Endoscopic Sleeve Gastroplasty (ESG) in
Bariatric Surgery Medical Policy (SUR716.003)

Dear Medical Policy Team,

The American Society for Gastrointestinal Endoscopy (ASGE) is a 17,000-member professional medical society whose mission is to advance patient care and digestive health by promoting excellence in gastrointestinal endoscopy. The Association of Bariatric Endoscopy (ABE), a division of ASGE, promotes the safe and effective integration of endoscopic bariatric therapies into practice. ABE members are GI endoscopists, surgeons and clinicians offering the latest bariatric endoscopic procedures to improve the health and wellness of patients with obesity.

ASGE appreciates Health Care Services Corporation's (HCSC) ongoing commitment to evidence-based, patient-centered coverage policies that support safe and effective treatment options for obesity and related metabolic conditions. In light of the expansive clinical evidence, updated professional society guidelines, and the transition of Endoscopic Sleeve Gastroplasty (ESG) to a permanent Category I CPT® code (43889, effective January 1, 2026), we respectfully request that HCSC update its Bariatric Surgery Medical Policy to include ESG as a covered benefit for appropriately selected adult patients with obesity who meet defined clinical criteria. Expanding coverage to ESG will help address the significant treatment gap between lifestyle/pharmacologic therapy and bariatric surgery, while aligning HCSC's policy with current standards of care and emerging best practices in metabolic endoscopy.

Rationale for Policy Update

Effective January 1, 2026, endoscopic sleeve gastroplasty (ESG) will be reported using the newly established Category I CPT® code 43889: *Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed*, replacing temporary HCPCS code C9784. ESG is no longer an emerging technology; rather, it is a mature, FDA-authorized, guideline-supported metabolic intervention with substantial evidence of safety, durability, and clinical benefit. The MERIT randomized controlled trial (Abu Dayyeh et al., *The Lancet*, 2022), the pivotal study used by FDA, ASGE, and NIH as the definitive evaluation of ESG, demonstrated that ESG

achieves clinically meaningful and durable weight loss in adults with obesity and led to the FDA approval of the Overstitch Endoscopic Suturing System (Boston Scientific, Marlborough, MA) for altering gastric anatomy for weight loss in patients. Patients undergoing ESG achieved 49.2% excess weight loss (EWL) at one year compared with 3.2% in the sham control group ($p < 0.0001$), with 13.6% total body weight loss (TBWL) maintained through two years. The 2% serious adverse event (SAE) rate was substantially below the ASGE/ASMBS $< 5\%$ safety benchmark for endoscopic bariatric therapies, and 93% of ESG patients experienced metabolic improvement (diabetes, hypertension, dyslipidemia). These high-quality data establish ESG as a safe, effective, organ-sparing outpatient procedure appropriate for coverage.

Clinical Value and Long-Term Outcomes

A long-term longitudinal study demonstrated sustained 15.9% TBWL at five years and maintained benefit through ten years post-procedure. ESG consistently improves obesity-related comorbidities, including type 2 diabetes, hypertension, OSA, and metabolic liver disease. Compared to laparoscopic sleeve gastrectomy, ESG is incision-less, does not remove or transect gastric tissue, and shows markedly lower GERD incidence (1.9% vs. 14.5%) and significantly fewer events that are classified as Clavien-Dindo III (requiring radiologic, endoscopic, or surgical intervention) (2–3% vs. 10–17%)—making it an appropriate intervention for patients seeking a lower-risk, organ-preserving alternative.

Economic Value

Multiple cost-utility and budget-impact analyses show ESG to be cost-saving or highly cost-effective. ESG consistently demonstrates strong economic performance relative to other treatment pathways:

- ESG vs. lifestyle modification: \$23,432 per QALY (cost-effective)
- ESG vs. semaglutide: dominant (cost-saving)
- ESG vs. laparoscopic sleeve gastrectomy: \$4,105 per QALY
- Short-term procedural savings: \$4,452–\$8,748 per patient, reflecting reduced OR utilization and shorter recovery

These findings align ESG with other covered metabolic interventions and demonstrate meaningful downstream savings through diabetes and cardiovascular risk reduction.

Alignment with Professional Societies and Health Technology Assessments

ESG is endorsed by ASGE, ESGE, IFSO, NICE (UK 2024), and ECRI (2025). These organizations unanimously conclude that ESG is safe, effective, and medically necessary for individuals with BMI 30–50 kg/m² who have not achieved adequate or durable weight loss through conservative therapy. Updated ASGE/ESGE guidance (2024) categorizes ESG as a core endoscopic bariatric and metabolic therapy (EBMT) with established evidence—further supporting its transition to Category I status and use in patients with BMI 27–29.9 kg/m² with at least one obesity related co-morbidity and 30 kg/m².

Regulatory Status and Device Authorization

The OverStitch™ Endoscopic Suturing System remains the only FDA-authorized device for performing ESG. Its long-standing regulatory stability, combined with the new Category I CPT code, reflects broad clinical adoption and integration into standard practice.

Request for Coverage Revision

Given the substantial clinical, safety, economic, and regulatory evidence, ASGE recommends that HCSC update its Obesity Treatment Medical Policy to:

1. Recognize ESG as a medically necessary covered service for adults with BMI ≥ 30 kg/m², or BMI ≥ 27 kg/m² with obesity-related comorbidities, who have not achieved adequate weight loss through conservative therapy.
2. Adopt the new Category I CPT code 43889 (effective 1/1/2026) for ESG.
3. **Remove “investigational/experimental” classification** and align with other national payers (e.g., Cigna Healthcare, Kaiser Permanente Mid-Atlantic, Johns Hopkins Health Plan, Geisinger Health Plan).

Conclusion

ESG is an evidence-based, guideline-endorsed, and cost-effective metabolic intervention that fills a critical treatment gap between lifestyle therapy, pharmacotherapy, and bariatric surgery. Updating HCSC’s coverage policy to include ESG will expand access to an effective therapy, improve long-term outcomes for patients with obesity and metabolic disease, reduce downstream healthcare expenditures, and align HCSC’s policy with current national and international standards.

Thank you for your consideration. ASGE welcomes the opportunity to collaborate on policy refinement and stands ready to provide any additional analyses or expert guidance as needed. Should you need additional information please contact Lakitia Mayo, Chief Policy and Member Engagement Officer at lmayo@asge.org.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Chak".

Amitabh Chak, MD, MASGE
ASGE President