Surgical Treatment for Gastro-Esophageal Reflux (G-E Reflux)

| Origination: 5/10/16 | Revised: 8/17/16 | Annual Review: 11/10/16 |

**Purpose:**

To provide surgical treatment for Gastro-Esophageal Reflux guidelines for Member Health & Wellness associates to reference when making benefit determinations.

**Definitions**

There are several procedures for the treatment of Gastro-Esophageal Reflux (G-E Reflux) in addition to the gold standard Nissen Fundoplication procedure (Laparoscopic Fundoplication).

- The Stretta Procedure is an endoscopic treatment of the lower esophageal sphincter that delivers radiofrequency energy to the valve between the stomach and esophagus reducing GERD.

- The LINX Reflux Management System consists of a small band of magnetized titanium beads wrapped around the lower esophageal sphincter (LES) located at the base of the esophagus. This band helps prevent gastric acids from pushing back up into the esophagus from the stomach, yet also safely allows the LES to open when required to allow for easy swallowing.

**Coverage Guidelines**

The following criteria must be met in order for coverage of the above procedures:

- Age 18 or above.
- Documented presence of GERD as demonstrated by one or more of the following:
  - Abnormal 24-48 hour PH study - esophageal acid exposure (PH <4 more than 4% of a 24-hour period), abnormal composite reflux score (DeMeester score >14.72 or JohnsonDeMeester score >22) and/or high correlation between reflux episodes and symptoms (symptom associated probability (SAP) score >5 and/or symptom index score >50);
  - Reflux esophagitis seen on upper endoscopy with or without biopsy;
  - Recurrent pneumonia thought to be reflux related. Typically in the setting of poor mental status;
  - Reflux laryngitis;
  - Ineffective or intolerable alteration in activities of daily living. This requires a validated GERD Health Related Quality of Life Score on and off medication.
- GERD-related symptom complex present for greater than 6-12 months.
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Exclusion Criteria

- The above procedures are not covered for the following conditions:
  1. Severe Active Esophagitis
  2. Untreated Barrett’s esophagus – especially with dysplasia
  3. Large hiatal hernias (>2-3 cm)
  4. Achalasia
  5. Scleroderma
  6. Uncorrectable Coagulopathy
  7. Active Pregnancy

- The following procedures are considered investigational and experimental for the treatment of G-E Reflux and are not covered:
  1. Esophyx/TIF
  2. Bard Endocinch
  3. Angelchik
  4. Entryx
  5. Durosphere

Reference(s):

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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.