



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

Origination: 5/10/16	Revised: 7/24/20	Annual Review: 11/05/20
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Purpose:

To provide surgical treatment for Gastro-Esophageal Reflux guidelines for Population Health and Provider Alliances 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

Currently there are no trans-esophageal procedures that are covered or that are not considered to be experimental.

Exclusion Criteria

- 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. Enteryx
 5. Durosphere
 6. Stretta
 7. LINX

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Reference(s):

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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.