**Policy Name:** Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)  
**Effective Date:** 10/19/2020

**Important Information – Please Read Before Using This Policy**

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

**Coverage Policy**

Endoscopic procedures, including but not limited to, the Stretta® endoscopic system, EsophyX®, and the MUSE™ (Medigus Ultrasonic Surgical Endostapler), for the treatment of gastroesophageal reflux disease (GERD) are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

**Description**

Gastroesophageal reflux disease (GERD) occurs due to the recurring regurgitation of the stomach contents into the esophagus, which results in the classic symptoms of heartburn, a burning, acidic feeling in the throat and chest. In its mildest form, GERD is an annoyance necessitating control with lifestyle modification, antacids, or over-the-counter acid secretion suppressive medications. However, while reflux typically manifests itself as heartburn, regurgitation, or difficulty swallowing (dysphagia), it can also lead to complications such as esophagitis, an inflammatory condition caused by chronic irritation of the esophageal lining by stomach acids and enzymes; esophageal erosion, or ulceration; esophageal stricture. It may also lead to Barrett’s esophagus, a premalignant condition that may lead to esophageal adenocarcinoma.

Endoscopic procedures are being explored as non-surgical treatments for GERD. These procedures attempt to tighten, strengthen or augment the region of the lower esophageal sphincter (LES) and thus reduce or eliminate reflux through application of radiofrequency energy or plicating the gastric cardia. Each of these procedures may be performed on a same-day outpatient basis. The Stretta® system uses radiofrequency energy delivered through a catheter to the smooth muscle of the LES, creating thermal lesions and subsequent submucosal scars, causing shrinkage and tightening around the LES. Transoral incisionless partial fundoplication (TIF) procedures reconstruct the esophageal valve and are intended to restore the reflux barrier. Esophyx® is an example of a TIF procedure.

**FDA Approval**

Several endoscopic systems have received FDA approval for treatment of GERD. These include the Stretta® System, a radiofrequency device. Suturing and plication systems that have received approval include the EndoGastric Solutions (EGS) EsophyX2™ System with SerosaFuse™, and the Medigus Ultrasonic Surgical Endostapler (MUSE).
In 2003, the FDA approved Enteryx®, which injects a polymer in the LES region to treat GERD. The device was voluntarily recalled by the manufacturer in 2005 due to safety concerns. Development of another device that uses an inert material to restrict the lower esophagus, the Gatekeeper™ Reflux Repair System, was suspended in 2005.

**Prior Authorization**
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

**Coding Considerations**
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**CPT Codes:**
- 43210 - Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
- 43257 - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

**HCPC Code:**
- C9724: Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy

Original Effective Date: 8/1/2003

Re-Review Date(s):
- 5/24/2005
- 5/27/2008
- 6/28/2011
- 7/16/2014
- 1/21/2016 – administrative update; code 43210 added
- 7/19/2017
- 2/10/2020 – administrative update; format
- 7/28/2020

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