Gastroesophageal Reflux Disease, Transendoscopic Therapies

Description of Procedure or Service

Transesophageal endoscopic therapies are being developed for the treatment of gastroesophageal reflux disease (GERD). A variety of procedures are being evaluated, including transesophageal (or transoral) incisionless fundoplication (TIF), application of radiofrequency (RF) energy, and injection/implantation of prosthetic devices or bulking agents.

Due in part to the prevalence of gastroesophageal reflux disease (GERD), there has been interest in creating a minimally invasive transesophageal therapeutic alternative to open or laparoscopic fundoplication or chronic medical therapy. This type of procedure may be considered natural orifice transluminal surgery (NOTES). Three types of procedures have been investigated:

1.) Transesophageal endoscopic gastroplasty (gastroplication, transoral incisionless fundoplication [TIF]) is an outpatient procedure. During this procedure, the fundus of the stomach is folded, and then held in place with staples or fasteners that are deployed by the device. The endoscopic procedure is designed to recreate a valve and barrier to reflux.

2.) Radiofrequency energy has been used to produce submucosal thermal lesions at the gastroesophageal junction. (This technique has been referred to as the Stretta procedure.) Specifically, radiofrequency energy is applied through 4 electrodes inserted into the esophageal wall at multiple sites both above and below the squamocolumnar junction. The mechanism of action is not precisely known, but may be related to the ablation of the nerve pathways responsible for sphincter relaxation or may induce a tissue-tightening effect related to heat-induced collagen contraction and fibrosis.

3.) Submucosal injection or implantation of a prosthetic or bulking agent to enhance the volume of the lower esophageal sphincter has also been investigated.

One bulking agent, pyrolytic carbon-coated zirconium oxide spheres (Durasphere®), is being evaluated.

The Gatekeeper™ Reflux Repair System (Medtronic, Shoreview, MN) utilizes a soft, pliable, expandable prosthesis made of a polyacrylonitrile-based hydrogel. The prosthesis is implanted into the esophageal submucosa and with time the prosthesis absorbs water and expands, creating bulk in the region of implantation.

Endoscopic submucosal implantation of polymethylmethacrylate beads into the lower esophageal folds has also been investigated.

REGULATORY STATUS
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EsophyX® (EndoGastric Solutions, Redmond, WA) received 510(k) marketing clearance in 2007 for full-thickness plication. In 2016, EsophyX® Z Device with SerosaFuse Fasteners was cleared for marketing (K160960) by the FDA through the 510(k) process for use in transoral tissue approximation, full thickness plication, ligation in the gastrointestinal tract, narrowing the gastroesophageal junction, and reduction of hiatal hernia of 2 cm or less in patients with symptomatic chronic gastroesophageal reflux disease (GERD).

The Medigus SRS Endoscopic Stapling System (MUSE, Medigus LTD) received marketing clearance in 2012 and 2014. MUSE is intended for endoscopic placement of surgical staples in the soft tissue of the esophagus and stomach to create anterior partial fundiplication for treatment of symptomatic chronic GERD in patients who require and respond to pharmacologic therapy.

The CSM Stretta® System [Conway Stuart] received 510(k) marketing clearance from the FDA in 2000 for general use in the electrosurgical coagulation of tissue and intended for use specifically in the treatment of GERD. Stretta® is currently manufactured by Mederi Therapeutics (Greenwich, CT.)

Durasphere® is a bulking agent approved for treatment of urinary and fecal incontinence (see policy titled “Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence”). Use of this product for esophageal reflux would be considered off-label use. The website of Carbon Medical Technologies states that Durasphere GR is an investigational device in the U.S. “intended to treat problems associated with GERD.”

**Related Policies**
- Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

**Policy**

Transendoscopic Therapies for Gastroesophageal Reflux Disease are considered investigational. BCBSNC does not provide coverage for investigational services or procedures.

**Benefits Application**

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

**When transendoscopic therapies for gastroesophageal reflux disease are covered**

Not applicable.

**When transendoscopic therapies for gastroesophageal reflux disease are not covered**

Transoral incisionless fundiplication (TIF) (i.e., Esophyx®) is considered investigational as a treatment of gastroesophageal reflux disease.
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Transesophageal radiofrequency to create submucosal thermal lesions of the gastroesophageal junction (i.e., the Stretta procedure) is considered investigational as a treatment of gastroesophageal reflux disease.

Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent (e.g., polymethylmethacrylate beads, zirconium oxide spheres) is considered investigational as a treatment of gastroesophageal reflux disease.

Policy Guidelines

The evidence on transesophageal incisionless fundoplication (TIF) in patients who have gastroesophageal reflux disease (GERD) includes 4 small randomized controlled trials (RCTs), registry data, and numerous case series. Relevant outcomes are symptoms, change in disease status, quality of life, medication use, and treatment-related morbidity. The results from these trials are not conclusive. For example, in the largest trial, 22% more patients who underwent TIF with the EsophyX® device achieved short-term symptom relief, and there was a greater decrease in esophageal pH for TIF than for continued proton pump inhibitor (PPI) therapy. However, the mean improvement in symptoms scores did not differ between groups. The benefit appears to decrease over time, and long-term follow-up is not available for most outcomes. In the other trials, there was improvement on some outcomes but little benefit on objective outcomes such as pH measurements. The improvement in subjective symptoms in the absence of an objective benefit suggests a strong placebo effect of surgery compared with continued PPI therapy. One small RCT compared TIF with laparoscopic Nissen fundoplication, and reported no difference in short-term outcomes. Small sample size, substantial loss to follow-up, and short follow-up make conclusions uncertain. In addition, some outcomes (eg, medication use) favored the Nissen group though differences were not statistically significant. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence on endoscopic radiofrequency (RF) energy in patients who have GERD includes 4 small RCTs, a nonrandomized comparative study, and observational studies with longer term follow-up. Relevant outcomes are symptoms, change in disease status, quality of life, medication use, and treatment-related morbidity. The RCTs report improvements in symptoms and quality of life following treatment with RF energy, however, a meta-analysis of these same studies found no significant improvement in outcomes. Nonrandomized studies show maintenance of efficacy at 3 to 10 years, although symptom relief may be lower than after fundoplication, and reoperations greater. Larger RCTs with longer follow-up are needed to better define the risks and benefits of this procedure. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence on esophageal bulking agents in patients who have GERD is limited. Relevant outcomes are symptoms, change in disease status, quality of life, medication use, and treatment-related morbidity. High-quality data from large RCTs are needed to compare bulking procedures with both sham controls and with the currently accepted treatments for GERD (ie, drug therapy, laparoscopic fundoplication). Well-designed trials should use standardized outcome measures to examine whether subjective improvement (eg, discontinuation of medication therapy, GERD–Health-Related Quality of Life scores) is supported by objective improvement (eg, esophageal acid exposure). The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

An Independent Licensee of the Blue Cross and Blue Shield Association
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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 43201, 43210, 43212, 43236, 43257, 43266, 43499, 43659, C9743

Endoscopic submucosal injection of a bulking agent would most likely be coded using 43201 or 43236. Endoscopic implantation of a prosthesis would most likely be coded using 43212, 43266, or 43499.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

- BCBSA Medical Policy Reference Manual, 12/15/00; 2.01.38
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Medical Director review – 10/2011


Senior Medical Director review-- 12/2014

Medical Director review -3/2015

Medical Director review 11/2015


Medical Director review 11/2016

### Policy Implementation/Update Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>5/01</td>
<td>Original policy issued. Coding format change.</td>
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<tr>
<td>1/02</td>
<td>Policy revised under what is not covered section. Investigational indications reworded for clarity and a new investigational indication added.</td>
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<tr>
<td>1/04</td>
<td>Information added regarding the Enteryx procedure. Additional information added in the Description section of the policy. Formatted for consistency. Code 0008T added to policy.</td>
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10/14/04 Code S2215 added to the Billing/Coding section.
12/23/04 Code 43257 added to Billing/Coding section of policy.
6/16/05 Rationale added to "Policy Guidelines" section. 43200 and 0057T removed from "Billing/Coding" section of policy. References added.
12/1/05 Information added regarding Boston Scientific/FDA recall of Enteryx in the "Description of Service or Procedure".
1/19/06 Added new 2006 CPT code 0133T to "Billing/Coding" section. Deleted HCPCS code S2215 from "Billing/Coding" section.
1/3/07 Deleted HCPCS code 0008T from "Billing/Coding" section.
7/16/07 Deleted HCPCS code 0133T from "Billing/Coding" section.
6/16/08 Specialty Matched Consultant Advisory Panel review 4/30/08. Added additional information to "Description" section; "StomaphyX and the EsophyX were cleared by the FDA 510(k) process in 2007, which indicates they are equivalent to the EndoCinch." No change to policy statement. References added. (btw)
6/22/10 Policy Number(s) removed (amw)
11/8/11 Description section updated. When It Is Not Covered section was revised to read: “Transesophageal endoscopic gastroplasty is considered investigational as a treatment of gastroesophageal reflux disease (e.g., the EndoCinch™, NDO Plicator™, or EsophyX™ procedures). Transesophageal radiofrequency to create submucosal thermal lesion of the gastroesophageal junction (i.e., the Stretta procedure) is considered investigational as a treatment of gastroesophageal reflux disease. Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent (e.g., biocompatible liquid polymer, polymethylmethacrylate beads, zirconium oxide spheres) is considered investigational as a treatment of gastroesophageal reflux disease.” Rationale updated in the Policy Guidelines section. (adn)
10/30/12 Added CPT code 43219 to Billing/Coding section. Specialty Matched Consultant Advisory Panel review 10/17/12. No change to policy statement. (sk)
1/15/13 Reference added. Information on transesophageal (or transoral) incisionless fundoplication added to Description section. Related Policies and Related Guideline added. Coding section updated. No change to policy statement. Medical Director review. (sk)
12/31/13 Coding update. CPT code 43219 removed from Billing/Coding section. (sk)
1/28/14 References added. CPT codes 43212, 43236, and 43266 added to Billing/Coding section. Specialty Matched Consultant Advisory Panel review 10/16/13. No change to policy statement. (sk)
4/28/15 Description Section extensively revised-Regulatory Status section added. When Not Covered section revised to include transoral incisionless fundoplication. Billing/Coding
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section revised to include codes: 43499, 43659. Policy Guidelines section updated. References updated. Medical Director review 3/2015. (td)

10/1/15  Billing/Coding section updated to include C9743 effective October 1, 2015. (td)

12/30/15 Billing/Coding section updated to include code 43210; effective 1/1/16. References updated. Specialty Matched Consultant Advisory Panel review 11/18/2015. Medical Director review 11/2015. (td)

1/26/16  Description section updated. Policy Guidelines extensively revised. Policy Statement remains unchanged. References updated. (td)


Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.