Transoral Incisionless Fundoplication (TIF) for Treatment of GERD

MPM 20.12

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
A transoral incisionless fundoplication (TIF) procedure was developed using the EspophyX system to mimic antireflux surgery, as a minimally invasive alternative procedure with potentially fewer side effects. The TIF procedure reconstructs the antireflux barrier and restores the competency of the gastroesophageal junction. The procedure is called a natural orifice surgery since the device is introduced into the body through the mouth, rather than through an abdominal incision.

The EsophyX system consists of sterile polypropylene fastener implants and a flexible fastener delivery device. The SerosaFuse fasteners and EsophyX delivery devices are provided sterile and are for single use. The polypropylene fasteners are proprietary and function only with the EGS delivery devices. The delivery devices use either a stainless steel helix or suction to grasp tissue and fasten it using the SerosaFuse polypropylene fasteners.

Coverage Determination
Presbyterian now uses Aetna criteria “Gastroesophageal Reflux Disease (GERD): Treatment Devices” #0213.

The Presbyterian Medical Policy considers this procedure non-covered.

The available studies do not provide sufficient evidence of the efficacy of the EsophyX System with SerosaFuse Fastener for treating GERD.

References

Approval Signatures:
Clinical Quality Committee: Norman White MD
Medical Director: David Yu MD

Approval Date: May 22, 2019

Publication History
04-25-12: Original effective date
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses Aetna Criteria A-0213.
05-22-19: Annual review. Aetna still considers this experimental. No change.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.
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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Presbyterian Healthcare Services website at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm