UM-CDG-062 Endoscopic Treatment of GERD	Approved By: Director, Health Services	Effective Date: 10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address endoscopic treatment of gastroesophageal reflux disease (GERD), a condition where the stomach acid repeatedly flows back into the esophagus.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Stretta® procedure: an endoluminal treatment for GERD where radiofrequency energy is delivered to smooth muscle of the lower esophageal sphincter (LES).
Bard EndoCinch™ Suturing System/Plicator™: intended for us in endoscopic placement of sutures in the soft tissue of the esophagus and stomach and for approximation of tissue for treatment of symptomatic GERD.
Transoral Incisionless Fundoplication (TIF): indicated for the treatment of those where proton pump inhibitor therapy fails. An example is EsophyX™. TIF using EsophyX™ for performing surgery for treating GERD reconstructs the valvue at the top of the stomach that helps to prevent acid reflux.

POLICY

SECUR Health Plan considers endoluminal treatment for GERD using the Stretta® procedure, the Bard EndoCinch ™ Suturing System, Pilicator ™, or similar treatments as not medically necessary for the diagnosis or treatment of an injury or disease. Available peer reviewed literature does not support the efficacy of these services.

SECUR Health Plan considers TIF as medically necessary if performed by a qualified surgeon for the following indications:

1. Symptomatic, chronic GERD (chronic defined as greater than six (6) months of symptoms), and
2. Symptoms must not be completely responsive to proton pump inhibitor (PPIs) as judged by GERD HRQL scores of less than or equal to twelve (12) while on PPIs and greater than or equal to twenty (20) when off for fourteen (14) days. Also acceptable would be the difference of greater than or equal to ten (10) of the scores between off and on therapy, and
3. Hiatal hernia less than or equal to 2 cm, including where the hernia has been reduced to 2 cm or less by successful laparoscopic hernia reduction procedure prior to the TIF procedure, based on US Food and Drug Administration (FDA) approval.

For members who may have recurrent symptoms or may fail the TIF procedure, SECUR Health Plan will consider a repeat TIF as not medically necessary. There is no evidence available for repeat TIF use and this is considered investigational, experimental, or unproven.

References:

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2. Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease [published correction appears in Am J Gastroenterol. 2013 Oct;108(10):1672]. *Am J Gastroenterol*. 2013;108(3):308-329. doi:10.1038/ajg.2012.444
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5. Repici A, Fumagalli U, Malesci A, Barbera R, Gambaro C, Rosati R. Endoluminal fundoplication (ELF) for GERD using EsophyX: a 12-month follow-up in a single-center experience. *J Gastrointest Surg*. 2010;14(1):1-6. doi:10.1007/s11605-009-1077-2
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