

## Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)

Also known as	<div><div></div><div><div>1. EndoGastric Solutions (EGS) EsophyX System with SerosaFuse</div><div>2. SRS Endoscopic Stapling System</div><div>3. Stretta System</div><div>4. Transoral Incisionless Fundoplication</div></div></div>				
Description	<p>These procedures attempt to tighten, strengthen, or support the region where the esophagus and stomach meet. The Stretta™ System uses heat. The EsophyX and SRS Endoscopic Stapling EndoCinch procedures involve suturing or molding the tissue at the gastroesophageal junction to reinforce the area and create a new valve to help prevent reflux.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <div><div></div><div><div>• <a href="#">Wireless Esophageal pH Monitoring</a> - A capsule that is temporarily fixed to the lower end of the esophagus where pH is periodically measured.</div></div></div>				
Table of Contents	<p>The following topics are included in this document:</p> <div><div></div><div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div></div>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>6.5.24</td><td>Updated to new template.</td></tr></table>	Date	Description	6.5.24	Updated to new template.
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Commercial

**Introduction** This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

**Dean (DHP, Prevea360)** Medical Policy, *Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD) (MP9703)*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Considered investigative, not covered.
- **Similar procedures:** There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:
  - [Endoscopic Radiofrequency Ablation for Barrett’s Esophagus](#)
  - [Esophagogastroduodenoscopy](#)
  - [Gastroscopy](#)

Mayo Medical Plan (MMP)

Coverage depends on the provider.

Provider	Coverage
Mayo provider	<ul style="list-style-type: none"><li>• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li>• <b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li></ul>
Non-Mayo provider	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Considered investigative, not covered.</li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li></ul>

**Medica (including MHPS)** Medica’s Coverage Policy, *Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Considered investigative, not covered.
- **Similar procedures:** There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:
  - [Endoscopic Radiofrequency Ablation for Barrett’s Esophagus](#)
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li><li>• Medica is the only payer.</li></ul>
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li><li>• Follows Medicare guidelines.</li></ul>
Med Advantage	<p>Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.<ul style="list-style-type: none"><li>– <b>Note:</b> If the member says this is medically necessary, offer a <a href="#">Member-Initiated PA (Organization Determination) Request</a>.</li></ul></li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none"><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>
Medicaid	<p>Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p>

- Considered investigative, not covered.
- **Similar procedures:** There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:
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6.5.24	Updated to new template.
6.5.24	Added <i>Organization Determination</i> note to all except <i>Med Supp</i> and <i>Medicaid</i> .

## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i> (MP9703), applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li></ul>				
Medica	<p>Medica’s Coverage Policy, <i>Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Considered investigative, not covered.</li><li>• <b>Similar procedures:</b> There are similar procedures that may NOT be eligible. Before quoting benefits, check the following:<ul style="list-style-type: none"><li>– <a href="#">Endoscopic Radiofrequency Ablation for Barrett’s Esophagus</a></li><li>– <a href="#">Esophagogastroduodenoscopy</a></li><li>– <a href="#">Gastroscopy</a></li></ul></li></ul>				
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