



## Clinical Review Criteria Related to Stretta Procedure

### I. Criteria for Approval

- A. The Stretta Procedure is an endoscopic treatment of the lower esophageal sphincter that delivers radiofrequency energy to the valve between the stomach and esophagus which reduces the amount of time the valve is “closed,” reducing GERD.
  - 1. Age 18 or above
  - 2. Documented presence of GERD as demonstrated by one or more of the following:
    - a. Abnormal 24-48 hour PH study - esophageal acid exposure (PH <4 more than 4% of a 24-hour period), abnormal composite reflux score (DeMeester score >14.72 or Johnson-DeMeester score >22) and/or high correlation between reflux episodes and symptoms (symptom associated probability (SAP) score  $\geq 5$  and/or symptom index score  $\geq 50$ )
    - b. Reflux esophagitis seen on upper endoscopy with or without biopsy
    - c. Recurrent pneumonia thought to be reflux related. Typically in the setting of poor mental status.
    - d. Reflux laryngitis
    - e. Ineffective or intolerable alteration in activities of daily living. This requires a validated GERD Health Related Quality of Life Score on and off medication.
  - 3. GERD-related symptom complex present for greater than 6 months.

### II. Required Documentation

- A. Clinical documentation from gastroenterologist indicating the above criteria

### III. What is Not Covered

- A. Stretta procedure should generally not be used for/in the following scenarios:
  - 1. Severe active esophagitis
  - 2. Untreated Barrett’s esophagus – especially with dysplasia
  - 3. Large hiatal hernias (>2-3 cm)

4. Achalasia
5. Scleroderma
6. Uncorrectable coagulopathy
7. Active pregnancy
8. Those who have American Society of Anesthesiologists (ASA) IV classification

**CODES:**

CPT 43257 Upper Gastrointestinal Endoscopy including esophagus, stomach, and either 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

ICD 10 K22.9 Diseases of the upper esophagus  
 ICD 10 K21.0 Reflux esophagitis  
 ICD 10 K21.9 Esophageal reflux

**References:**

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Hai-Feng Liu, Jian-Guo Zhang, JunLi, Xiao-Guang Chen, and Wei-An Wang, Improvement of Clinical Parameters in Patients with Gastroesophageal Reflux Disease After Radiofrequency Energy Delivery: World J Gastroenterol. 2011 October 21; 17(39): 4429–4433.

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Rothstein R, Filipi C, Caca K, Pruitt R, Mergener K, Torquati A, Haber G, Chen Y, Chang K, Wong D, Deviere J, Pleskow D, Lightdale C, Ades A, Kozarek R, Richards W, Lembo A., Endoscopic full-thickness plication for the treatment of gastroesophageal reflux disease: A randomized, sham-controlled trial. Gastroenterology. 2006 Sep;131(3):704-12.

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Endoscopic Therapy for Gastroesophageal Reflux Disease  
 Hayes Research

[https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=26346&searchStore=%24search\\_type%3Dall%24icd%3D%24keywords%3Dstretta%24status%3Dall%24page%3D1%24from\\_date%](https://www.hayesinc.com/subscribers/displaySubscriberArticle.do?articleId=26346&searchStore=%24search_type%3Dall%24icd%3D%24keywords%3Dstretta%24status%3Dall%24page%3D1%24from_date%)

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(Last accessed 6/27/16)

Local Coverage Determination (LCD): Endoscopic Treatment of GERD (L3371)

[http://mediquant.com/policy/L33371\\_20150701.pdf](http://mediquant.com/policy/L33371_20150701.pdf)

(Last accessed 6/27/16))