

Policy/Criteria
Transoral Incisionless Fundoplication (TIF®) procedure with EsophyX® device

Transoral incisionless fundoplication (TIF) for GERD for individuals with normal esophageal motility (by either manometry or video esophagogram) may be appropriate for any of the following:

- Age 18+
- Daily, bothersome GERD symptoms (> 1 year) despite PPI therapy (> 6 months)
- Anatomic disruption of the GE flap valve to a Hill Grade I-II
- Proven gastroesophageal reflux by either endoscopy, ambulatory pH, or barium swallow testing
- Hiatal hernia reduced to ≤ 2cm
- Evidence of one of the following while on PPI therapy:
    - Erosive esophagitis (erosions or ulcerations during endoscopy)
    - Abnormal ambulatory pH study
    - Biopsy confirmed changes characteristic of reflux esophagitis

Contraindications for TIF procedure include:

- BMI ≥ 35
- Esophagitis (Los Angeles C/D) or Barrett's esophagitis
- Esophageal ulcer
- Fixed esophageal stricture or narrowing
- Portal hypertension and/or varices
- History of previous resective gastric or esophageal surgery, cervical spine fusion, Zenker's diverticulum, esophageal epiphrenic diverticulum, achalasia, scleroderma or dermatomyositis, eosinophilic esophagitis, > 2 dilations for esophageal stricture, or cirrhosis
- Active esophago-gastro-duodenal ulcer disease
- Gastric outlet obstruction or stenosis
- Gastroparesis or delayed gastric emptying confirmed by solid-phase gastric emptying study if patient complains of postprandial satiety during assessment

Clinical Support Documentation to collect includes:

- History and physical (H&P) documenting
    - Progress notes detailing patient's reflux disease
    - PPI use for ≥ 6 months
- EGD results detailing
    - Hiatal hernia size, if any
    - Presence of esophagitis
- Manometry, if performed
- Bravo capsule, if performed
- Any written communications with the patient's insurance company specific to the procedure

TIF® Procedure with EsophyX® device