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2023 Esophagogastroduodenoscopy (EGD)

Specialty Services

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Esophagogastroduodenoscopy (EGD)

NCD 100.2
See also, **NCD 100.2**: Endoscopy at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

EGD Guideline

An esophagogastroduodenoscopy (EGD) is considered medically appropriate when the documentation demonstrates **ANY** of the following: [12]

i. Barrett's esophagus when **ANY** of the following: [15] [19]
   A. Re-evaluation for **ANY** of the following: [21] [18]
      1. Dysplasia, high grade and **NO** EGD in the past 3 months
      2. Dysplasia, low grade (LGD) and **NO** EGD in the last 6 months after confirmed LGD diagnosis, is recommended, if **NO** dysplasia is found at the 6-month endoscopy, the interval can be broadened to 1 year.
      3. **NO** dysplasia and **NO** EGD in the past 3 years
   B. Screening when **ALL** of the following: [17]
      1. Gastroesophageal reflux disease (GERD) symptoms for 5 or more years.
      2. Last EGD was 3 or more years ago and **ANY THREE** of the following:
         i. Age 50 years or older
         ii. Caucasian race
         iii. Family history of Barrett's esophagus or esophageal adenocarcinoma
         iv. Smoking history or current use
         v. Waist circumferences is greater than or equal to 102 cm **OR** waist/hip ratio is more than 0.9.

ii. Cancer evaluation of **ANY** of the following: [1] [2]
   A. Esophageal, gastric or upper intestinal tract cancer is suspected or known (eg, antral carcinoid malignancy, gastrointestinal stromal tumor [GIST]). [10] [9]
   B. Palliative therapy of a stenosing neoplasm

C. Secondary malignancy (unrelated to esophagus, stomach or upper intestinal tract) evaluation (eg, MALT lymphoma) [3]

iii. Gastroesophageal reflux disease (GERD), initial evaluation when GERD is symptomatic (eg, acid reflux, heart burn) for 2 or more months and **ANY** of the following: [22]

A. H2 blocker (eg, Pepcid, Tagamet, Zantac) treatment for 2 or more months

B. Proton pump inhibitors (PPI) (eg, Nexium, Prevacid, Prilosec, Protonix) for 2 or more months

iv. GERD history and **ALL** of the following: [22]

A. Current proton pump inhibitor (PPI) treatment (eg, Nexium, Prevacid, Prilosec, Protonix)

B. GERD is symptomatic (eg, acid reflux, heart burn) for 2 or more months.

C. Prior EGD status history with **ANY** of the following:

1. **NO** prior EGD

2. 12 months ago or more

v. Gastrointestinal (GI) structural disease, swallowing or congenital dysfunction evaluation [6]

vi. Hiatal hernia evaluation for suspected hernia or surveillance of a known hernia [20]

vii. Liver disease, decompensated, or alcohol abuse history **AND** last EGD was 12 months ago or more [8]

viii. Peri-procedurally for **ANY** of the following:

A. Feeding tube guided placement when unguided placement was unsuccessful **OR** removal of feeding tube [11]

B. Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (for example, evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery) [6] [7]

C. Preoperative evaluation for **ANY** of the following:

1. Anti-reflux surgery [22]

2. Bariatric surgery [5]

3. Organ transplant surgery [6]

D. Post adenomatous polyp removal/resection follow-up

E. Post polyp removal, for annual follow-up evaluation

ix. Polyps, esophageal/gastric when **ANY** of the following: [23]

A. Familial adenomatous polyposis (FAP) and **ANY** of the following:

1. Positive family history, but has **NOT** been diagnosed with the condition
2. Screening and **ANY** of the following:
   i. Age 20 years or more **AND** asymptomatic
   ii. Symptomatic (eg, abdominal pain, rectal bleeding, weight loss. cramping and/or change in bowel habits) [11]
3. Spigelman Stage 0 or 1 **AND** last EGD was 5 years ago or more
4. Spigelman Stage II **AND** last EGD was 3 years ago or more
5. Spigelman Stage III **AND** last EGD was 6 months ago or more

B. Hereditary non-polyposis colorectal cancer (HNPCC) by family history

x. Symptomatic (eg, dysphagia, gastrointestinal bleeding, nausea, weight loss) [6] [16]

xi. Ulceration (eg, duodenal, gastric) evaluation or surveillance [16]

xii. Varices, esophageal or gastric evaluation when **ANY** of the following: [13] [4]

A. Varices are known **AND** EGD is planned for esophageal varices eradication.

B. Post esophageal varices eradication for surveillance **AND** last EGD was 6 months ago or more

C. Varices are suspected, **NO** prior history of varices **AND** last EGD was 24 months ago or more.

D. Varices are small **OR** high risk stigmata is present (cherry red spots, red wale markings) **AND** the last EGD was 12 months ago or more.

xiii. Vascular lesion of the GI tract (dieulafoy lesion, gastric antral vascular ectasia (GAVE), hemangioma, telangiectasias) [14]

LCD 35350
See also, **LCD 35350**: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 34434
See also, **LCD 34434**: Upper Gastrointestinal Endoscopy and Visualization at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

LCD 33583
See also, **LCD 33583**: Diagnostic and Therapeutic Esophagogastroduodenoscopy at https://www.cms.gov/medicare-coverage-database/search.aspx *if applicable to individual's healthplan membership*.

Esophagogastroduodenoscopy (EGD) Summary of Changes

EGD guideline from 2022 to 2023 had the following changes:

- Changes under Peri-procedurally:
  - Added "Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (for example, evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery)"
- Changes under screening, Barrett's esophagus:
  - "Gastroesophageal reflux disease (GERD) symptoms for 5 or more years" was moved up to section 1 and "Age 50 years or older" was moved down to section 2.
- Existing references were reviewed for currency and appropriateness to the guideline.

Esophagogastroduodenoscopy (EGD) Procedure Codes

Table 1. Esophagogastroduodenoscopy (EGD) Associated Procedure Codes

CODE	DESCRIPTION
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)

CODE	DESCRIPTION
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis

Definitions/Key Terms

Anemia is a condition in which the blood is deficient in red blood cells, hemoglobin or in total volume.

Barrett's esophagus is a metaplastic change of the esophageal epithelium from normal stratified squamous to columnar with goblet cells, resulting from chronic inflammation and repair. The presence of metaplastic epithelium increases risk for esophageal dysplasia and cancer.

Dyspepsia is a sensation of upper abdominal discomfort or indigestion.

Dysphagia is difficulty with swallowing or the sensation of food getting stuck in the esophagus.

Erosive esophagitis (also called reflux esophagitis) is an inflammation of the esophageal lining from refluxed stomach acid. Mild erosive esophagitis is classified as Los Angeles grade A/B, while severe erosive esophagitis is classified as Los Angeles grade C/D. *See "Los Angeles Classification" definition for more information*.

Esophageal varices are abnormal, enlarged veins in the lower part of the esophagus. Esophageal varices develop when normal blood flow to the liver is obstructed by liver cirrhosis or a clot. Seeking a way around the blockages, blood flows into smaller blood vessels that are not designed to carry large volumes of blood. The vessels may leak blood or even rupture, causing life-threatening bleeding.

Gastroesophageal reflux disease (GERD) is a condition, in which stomach contents, including gastric acid, refluxes into the esophagus, which causes troublesome symptoms, complications, or both. GERD may lead to esophagitis. Erosive esophagitis also called reflux esophagitis, is inflammation of the lining of the esophagus, caused by irritation of the esophagus and inflammation of the lining of the esophagus from stomach acid. Mild erosive esophagitis is classified as Los Angeles grade A/B, while severe erosive esophagitis is classified as Los Angeles grade C/D. Esophagitis is classified in severity by the Los Angeles Classification.

Gastrointestinal (GI) Bleed is bleeding from the GI tract. Symptoms include emesis of blood or coffee ground-like material, melena (bloody/black stools), hematochezia (rectal bleeding).
GI structural disease refers to any structural defect of the upper GI tract such as an ulcers, growths or strictures. These conditions may present with symptoms such as dysphagia, hemoptysis, anemia, weight loss and/or persistent vomiting.
Inflammatory bowel disease is an autoimmune disorder that may affect any part of the gastrointestinal (GI) tract.
Los Angeles Classification is grading system (A to D) for severity of reflux esophagitis based on the extent of mucosal breaks.

Table 1. Los Angeles Classification System

GRADE	DESCRIPTION
A	One or more mucosal breaks, no longer than 5mm, that does not extend between the tops of two mucosal folds.
B	One or more mucosal breaks more than 5mm in length, but still not continuous between the tops of two mucosal folds.
C	Mucosal breaks that are continuous between the tops of two or more mucosal folds, but which involve less than 75% of the esophageal circumference.
D	Mucosal breaks, which involve at least 75% of the esophageal circumference.

Malabsorption is a disorder that interferes with absorption of nutrients which may involve damage to the intestinal mucosa such as Celiac disease, gastric atrophy, pernicious anemia (Vitamin B12 deficiency). Pernicious anemia is defined as anemia due to vitamin B12 deficiency which can be caused by atrophic gastritis or an autoimmune attack on intrinsic factor.
Neoplasms are mucosal or submucosal abnormal tissue growths.
Odynophagia: is pain while swallowing.
Polyps are mucosal or submucosal abnormal tissue growths.

EGD Reference section

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