



A WNS COMPANY

EGD

Specialty Services

P_11102

01/01/2021

Copyright © 2023 WNS (Holdings) Ltd.

Last Review Date: 08/24/2022

Previous Review Date: 09/01/2021





A WNS COMPANY

Table of Contents

Esophagogastroduodenoscopy (EGD)	3
Guideline	3
References	6
Procedure Codes	7
Definitions/Key Terms	8
Esophagogastroduodenoscopy (EGD) Summary of Changes	9
Disclaimer & Legal Notice	10

Esophagogastroduodenoscopy (EGD)

Guideline

A esophagogastroduodenoscopy (EGD) may be medically appropriate for **ANY** of the following: [12]

- Barrett's esophagus when **ANY** of the following: [15] [18]
 - Re-evaluation for **ANY** of the following: [20] [17]
 - High grade dysplasia and **NO** EGD in the past 3 months
 - Low grade dysplasia (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
 - No dysplasia and **NO** EGD in the past 3 years
 - Screening when **ALL** of the following:
 - Age 50 years or older
 - Last EGD was 3 or more years ago and **ANY THREE** of the following:
 - Caucasian race
 - Family history of Barrett's esophagus or esophageal adenocarcinoma
 - Gastroesophageal reflux disease (GERD) symptoms for 5 or more years
 - Smoking history or current use
 - Waist circumferences is greater than or equal to 102 cm **OR** waist/hip ratio is more than 0.9.
- Cancer evaluation of **ANY** of the following: [1] [2]
 - Esophageal, gastric or upper intestinal tract cancer is suspected or known (eg, antral carcinoid malignancy, gastrointestinal stromal tumor (GIST)). [10] [9]
 - Palliative therapy of a stenosing neoplasm
 - Secondary malignancy (unrelated to esophagus, stomach or upper intestinal tract) evaluation (eg, MALT lymphoma) [4]
- Ulceration (eg, duodenal, gastric) evaluation or surveillance [16]
- Vascular lesion of the GI tract (Dieulafoy lesion, Gastric antral vascular ectasia (GAVE), hemangioma, telangiectasias) [14]

- 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: [21]
 - H2 blocker (eg, Pepcid, Tagamet, Zantac) treatment for 2 or more months
 - Proton pump inhibitors (PPI) (eg, Nexium, Prevacid, Prilosec, Protonix) for 2 or more months
 - GERD history and **ALL** of the following: [21]
 - Current proton pump inhibitor (PPI) treatment (eg, Nexium, Prevacid, Prilosec, Protonix)
 - GERD is symptomatic (eg, acid reflux, heart burn) for 2 or more months.
 - Prior EGD status history with **ANY** of the following:
 - **NO** prior EGD
 - 12 months ago or more
 - Hiatal hernia evaluation for suspected hernia or surveillance of a known hernia [19]
 - Liver disease, decompensated or alcohol abuse history **AND** last EGD was 12 months ago or more [8]
 - Polyps, esophageal/gastric when **ANY** of the following: [22]
 - Familial adenomatous polyposis (FAP) and **ANY** of the following:
 - Positive family history, but has **NOT** been diagnosed with the condition
 - Screening and **ANY** of the following:
 - Age 20 years or more **AND** asymptomatic
 - Symptomatic (eg, abdominal pain, rectal bleeding, weight loss. cramping and/or change in bowel habits) [11]
 - Spigelman Stage 0 or 1 **AND** last EGD was 5 years ago or more
 - Spigelman Stage II **AND** last EGD was 3 years ago or more
 - Spigelman Stage III **AND** last EGD was 6 months ago or more
 - Hereditary non-polyposis colorectal cancer (HNPCC) by family history
- Gastrointestinal (GI) structural disease, swallowing or congenital dysfunction evaluation [3]
- Peri-procedurally for **ANY** of the following:
 - Feeding tube guided placement when unguided placement was unsuccessful **OR** removal of feeding tube [11]

- Preoperative evaluation for **ANY** of the following:
 - Anti-reflux surgery [21]
 - Bariatric surgery [6]
 - Organ transplant surgery [3]
- Post adenomatous polyp removal/resection follow-up
- Post polyp removal, for annual follow-up evaluation
- Symptomatic (eg, dysphagia, gastrointestinal bleeding, nausea, weight loss) [3] [16] [7]
- Varices, esophageal or gastric evaluation when **ANY** of the following: [13] [5]
 - Varices are known **AND** EGD is planned for esophageal varices eradication.
 - Post esophageal varices eradication for surveillance **AND** last EGD was 6 months ago or more
 - Varices are suspected, no prior history of varices **AND** last EGD was 24 months ago or more.
 - 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.



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.



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.

References

- [1] American Cancer Society. (2018). Gastrointestinal Carcinoid Tumor Early Detection, Diagnosis, and Staging. *American Cancer Society*. Retrieved: June 2022. <https://www.cancer.org/content/dam/CRC/PDF/Public/8636.00.pdf>
- [2] American Cancer Society. (2019). Tests for Gastrointestinal Stromal Tumors. *American Cancer Society*. Retrieved: June 2022. <https://www.cancer.org/cancer/gastrointestinal-stromal-tumor/detection-diagnosis-staging/how-diagnosed.html>
- [3] ASGE Standards of Practice Committee., Early, D. S,... Cash, B. D. (2012). Appropriate use of GI endoscopy. *Gastrointestinal Endoscopy*, 75(6), 1127-1131.
- [4] Bierman, P. J., Armitage, J. O. (2020). Non-Hodgkin Lymphomas. L. Goldman & A.I. Schafer (Eds.). *Goldman-Cecil Medicine* (26), (pp. 1229-1240.e2). Philadelphia, PA: Elsevier Inc.
- [5] Boregowda, U., Umapathy, C.,... Saligram, S. (2019). Update on the management of gastrointestinal varices. *World Journal of Gastrointestinal Pharmacology and Therapeutics*, 10(1), 1-21.
- [6] Campos, G. M., Mazzini, G. S,... Rogers, A. M. (2021). ASMBS position statement on the rationale for performance of upper gastrointestinal endoscopy before and after metabolic and bariatric surgery. *Surgery for Obesity and Related Disease*, 17(5), 837-847.
- [7] Faulx, A. L., Kothari, S.,... DeWitt, J. M. (2017). The role of endoscopy in subepithelial lesions of the GI tract. *Gastrointestinal Endoscopy*, 85(6), 1117-1132.
- [8] Grassi, G., Lenci, I.,... Baiocchi, L. (2021). Gastrointestinal endoscopy in cirrhotic patient: Issues on the table. *World Journal of Gastrointestinal Endoscopy*, 13(7), 210-220.
- [9] Gupta, S., Li, D.,... Mustafa, R. A. (2020). AGA Clinical Practice Guidelines on Management of Gastric Intestinal Metaplasia. *Gastroenterology*, 158(3), 693-702.
- [10] Hammad, H., Wani, S. (2021). Esophageal Tumors. M. Feldman & L. S. Friedman (Eds.). *Sleisenger and Fordtran's Gastrointestinal and Liver Disease* (11). (pp. 700-719. e9). Philadelphia, PA: Elsevier.
- [11] Hughes, G. J. (2020). Gastrointestinal Endoscopy - Upper. G. J. Hughes. (Ed.). *A Medication Guide to Internal Medicine Tests and Procedures*, (pp. 144-148). Philadelphia, PA: Elsevier Inc.

- [12] Kavitt, R. T., Vaezi, M. F.(2021). Diseases of the Esophagus. P.W. Flint & H.W. Francis (Eds.). *Cummings Otolaryngology: Head and Neck Surgery* (7), (pp. 964-991). Philadelphia, PA: Elsevier Inc.
- [13] Kim, C. Y., Pinchot, J. W.,... Hohenwarter, E. J. (2020). ACR Appropriateness Criteria® Radiologic Management of Gastric Varices. *Journal of the American College of Radiology*, 17(5), S239-S254.
- [14] Kwah, J., Brandt, L. J. (2021). Vascular Lesions of the Gastrointestinal Tract. M. Feldman & L. S. Friedman (Eds.). *Sleisenger and Fordtran's Gastrointestinal and Liver Disease* (11), (pp. 561-579. e4). Philadelphia, PA: Elsevier.
- [15] Qumseya, B., Sultan, S.,... Wani, S. (2019). ASGE guideline on screening and surveillance of Barrett's esophagus. *Gastrointestinal Endoscopy*, 90(3), 335-359.e2.
- [16] Singh-Bhinder, N., Kim, D.H., . . . Dill, K.E. (2017). ACR Appropriateness Criteria Nonvariceal Upper Gastrointestinal Bleeding. *Journal of the American College of Radiology*, 14(5), S177-S188.
- [17] Spechler, S. J., Sharma, P.,... Kahrilas, P. J. (2011). American Gastroenterological Association Medical Position Statement on the Management of Barrett's Esophagus. *Gastroenterology*, 140(3), 1084-1091.
- [18] Trindade, A. J., Navaneethan, U.,... Maple, J. T. (2019). Advances in the diagnosis and surveillance of Barrett's esophagus (with videos). *Gastrointestinal Endoscopy*, 90(3), 325-334.
- [19] Vij, A., Zaheer, A.,... Carucci, L. R. (2021). ACR Appropriateness Criteria Epigastric Pain. *Journal of the American College of Radiology*, 18(11), S330-S339.
- [20] Weusten, B., Bisschops, R.,... di Pietro, M. (2017). Endoscopic management of Barrett's esophagus: European Society of Gastrointestinal Endoscopy (ESGE) Position Statement. *European Society of Gastrointestinal Endoscopy (ESGE)*. Retrieved: June 2022.https://www.esge.com/assets/downloads/pdfs/guidelines/2016_s_0042_122140.pdf
- [21] Yadlapati, R., Gyawali, C. P.,... Pandolfino, J. E. (2022). AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. *Clinical Gastroenterology and Hepatology*, 20(5), 984-994.
- [22] Yang, J., Gurudu, S. R.,... Samadder, N. J. (2020). American Society for Gastrointestinal Endoscopy guideline on the role of endoscopy in familial adenomatous polyposis syndromes. *Gastrointestinal Endoscopy*, 91(5), 963-983. e2.

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)

CODE	DESCRIPTION
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)
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 inflam-

mation 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.

Polyyps are mucosal or submucosal abnormal tissue growths.

Esophagogastroduodenoscopy (EGD) Summary of Changes

EGD guideline from 2022 to 2023 had the following changes:

- Combined and simplified sections and time frame as was allowed
- For hernia, made it “suspected hernia or surveillance of a known hernia”
- Under Pre-operative evaluation added bariatric surgery and organ transplant surgery



A WNS COMPANY

Disclaimer & Legal Notice

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

Registered Trademarks (®/™) and Copyright (©)

All trademarks, product names, logos, and brand names are the property of their respective owners and are used for purposes of information and/or illustration only. Current Procedural Terminology (CPT)®™ is a registered trademark of the American Medical Association (AMA). No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form



A **WNS** COMPANY

or by any means, electronic, mechanical, photocopying, or otherwise, without permission from HealthHelp.