

Diagnostic Esophagogastroduodenoscopy or Esophagoscopy



INDEPENDENT CARE HEALTH PLAN

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Medical Coverage Policy

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Related Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Endoscopy	100.2		
LCD (and pertinent LCA)	Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)	L35350 A57414	JH – JL Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, DC, DE, MD, NJ, NM, OK, PA, TX, LA, MS
LCD (and pertinent LCA)	Upper Gastrointestinal Endoscopy and Visualization	L34434 A56389	JJ – JM Palmetto GBA (Part A/B MAC)	AL, GA, NC, SC, TN, VA, WV

Description

This medical coverage policy is intended for diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy only. Criteria for screening, surveillance or therapeutic EGD or esophagoscopy are not addressed in this policy.

Esophagogastroduodenoscopy (EGD), also known as upper gastrointestinal (GI) endoscopy, is used for real-time visualization of the throat, esophagus, stomach and proximal duodenum for assessment and interpretation of the findings encountered. During the procedure, a thin, flexible fiberoptic tube with a high-definition white light and camera is passed through the mouth and upper GI tract displaying images on a video monitor. Additionally, the EGD may be used to dilate (stretch) a narrow area, obtain a biopsy (small tissue sample), perform a cytology test (the collection of cells for testing), remove polyps or treat bleeding.

An esophagoscopy is the examination of the esophagus or the first portion of the EGD, which visualizes the esophageal mucosa from the upper esophageal sphincter to the esophagogastric junction where the esophageal mucosa ends and the stomach mucosa begins.

The **esophagoscopy** procedure is one of several procedures that fall under the category of upper endoscopy, including gastroscopy, EGD, and enteroscopy. Esophagoscopy alone is uncommon; it is generally performed as part of a more complete upper endoscopic procedure in which the esophagus, stomach, and portions of the small intestine are explored endoscopically. Esophagoscopy can be performed via the transnasal or transoral route.

Transnasal EGD is proposed as an alternative to the transnasal approach and uses a flexible ultrathin tube. This approach reportedly does not require sedation and has been suggested for use in an individual who may have anxiety of sedation or at high risk of cardiopulmonary complications.

Transoral esophageal mucosal integrity testing by electrical impedance (eg, MiVu) is being studied to aid in the diagnosis of gastroesophageal reflux disease (GERD). This testing is performed during routine endoscopy and reportedly gives real time measurements of esophageal epithelial impedance values.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

Transoral diagnostic EGD or transnasal or transoral esophagoscopy is considered medically reasonable and necessary when the following requirements are met:

- Evaluation of dyspepsia or GERD with **ANY** of the following:
 - Family history of upper GI cancer in [first-degree relative](#); **OR**
 - Lymphadenopathy (eg, left supraclavicular or periumbilical); **OR**
 - Palpable abdominal mass (eg, hepatoma); **OR**
 - Progressive dysphagia; **OR**
 - Unexplained iron deficiency anemia; **OR**
- Evaluation of persistent dyspepsia symptoms (eg, epigastric pain, fullness, heartburn, nausea, vomiting) after an appropriate trial of a proton pump inhibitor (PPI) therapy (appropriate trial of therapy is a 2-to-4-week course of standard dose, once daily PPI); **OR**
- Evaluation of GERD reflux symptoms (eg, acid reflux, heartburn) that are persistent or recurrent despite standard dosing of a trial of PPI (eg, Dexilant [dexlansoprazole]) for 2 months or greater; **OR**
- Assess acute injury after caustic ingestion; **OR**
- Atypical chest pain after cardiac disease has been ruled out; **OR**
- Clinically significant unintentional weight loss (eg, anorexia) (greater than 5 percent usual body weight over 6 to 12 months); **OR**
- Confirmation and specific histologic diagnosis of radiologically demonstrated findings (eg, lesions, strictures) including, but not limited to:
 - Gastric or esophageal lesion; **OR**
 - Suspected neoplastic lesion; **OR**
 - Upper tract obstruction or stricture; **OR**

- Evaluation of esophageal masses and for directing biopsies to rule out esophageal cancer; **OR**
- Evaluation of familial adenomatous polyposis syndromes; **OR**
- Evaluation of an individual with findings on an esophagram suggestive of achalasia; **OR**
- Evaluation of an individual with signs or symptoms of locoregional recurrence after resection of esophageal cancer; **OR**
- Evaluation of an individual with suspected portal hypertension to document esophageal varices; **OR**
- Evaluation of lower abdominal symptoms such as diarrhea in an individual suspected of having small bowel disease to identify an upper GI etiology (eg, celiac disease); **OR**
- Evaluation of other diseases in which the presence of upper GI pathology might modify other planned management (eg, an individual with a history of ulcer or GI bleeding who is scheduled for organ transplantation, long-term anticoagulation or chronic nonsteroidal anti-inflammatory drug [NSAID] therapy for arthritis and in an individual with cancer of the head or neck); **OR**
- GI bleeding and at least 1 of the following:
 - For presumed chronic blood loss and for iron deficiency anemia when colonoscopy is negative; **OR**
 - In most actively bleeding patients or those recently stopped; **OR**
 - When portal hypertension or aortoenteric fistula is suspected; **OR**
 - When re-bleeding occurs after acute self-limited blood loss or after endoscopic therapy; **OR**
 - When surgical therapy is contemplated; **OR**
- Odynophagia (painful swallowing); **OR**
- Persistent vomiting of unknown cause

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Diagnostic EGD or Esophagoscopy will not be considered medically reasonable and necessary for the following:

- Individual with an asymptomatic upper GI tract (eg, prior to bariatric surgery)

Transoral esophageal mucosal integrity testing by electrical impedance (eg, MiVu) will not be considered medically reasonable and necessary.

A review of the current medical literature shows that the evidence is insufficient to determine that this service is standard medical treatment. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Summary of Evidence

A review of the current medical literature demonstrates a lack of evidence or an unclear utility of transoral esophageal mucosal integrity testing by electrical impedance (eg, MiVu). No studies reported clinical utility outcomes and the studies were considered to be of very poor quality. One systematic review was identified, which did not report advantages of this test versus standard diagnostic methods.³⁵

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	

CPT® Category III Code(s)	Description	Comments
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	
HCPCS Code(s)	Description	Comments
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	

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Appendix

Appendix A

Family Relationships

Degree of Relationship	Relative of the Individual to be Tested
First-degree	Child, full-sibling, parent
Second-degree	Aunt, uncle, grandchild, grandparent, nephew, niece, half-sibling
Third-degree	First cousin, great aunt, great-uncle, great-grandchild, great-grandparent, half-aunt, half-uncle

Change Summary

- Click or tap to enter a date. New Policy.

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