01-91000-10

Original Effective Date: 01/15/13

Reviewed: 01/24/19

Revised: 02/15/19

Subject: Endoscopic Radiofrequency Ablation or Cryosurgical Ablation for Barrett's Esophagus

DESCRIPTION:

Barrett's esophagus is a condition in which the normal squamous epithelium is replaced by specialized columnar-type epithelium, known as intestinal metaplasia, in response to irritation and injury caused by gastroesophageal reflux disease (GERD). Barrett's esophagus occurs in the distal esophagus, may be of any length, may be focal or circumferential, and can be visualized by the endoscopist as being a different color than the background squamous mucosa. Confirmation of Barrett's esophagus requires biopsy of the columnar epithelium and microscopic identification of intestinal metaplasia. Intestinal metaplasia is a precursor to esophageal adenocarcinoma, and esophageal adenocarcinoma is thought to result from a stepwise accumulation of genetic abnormalities in the specialized epithelium, which results in the phenotypic expression of histologic features of low-grade dysplasia (LGD) to high-grade dysplasia (HGD) to carcinoma.

The U.S. Food and Drug Administration (FDA) has approved several devices for use in the gastrointestinal tract, endoscopic and cryosurgical applications (e.g., HALO 360 Coagulation Catheter, CryoSpray Ablation System, Polar Wand Cryotherapy System, Cryo Balloon Ablation System).

POSITION STATEMENT:

Radiofrequency ablation **meets the definition of medical necessity** when performed for the treatment of Barrett's esophagus with high-grade dysplasia.

Radiofrequency ablation **meets the definition of medical necessity** when performed for the treatment of Barrett's esophagus with low-grade dysplasia, when the initial diagnosis of low-grade dysplasia is confirmed by two pathologists.

Radiofrequency ablation is considered **experimental or investigational** for the treatment of Barrett's esophagus in the absence of dysplasia. The evidence is insufficient to determine the effects of the technology on health outcomes.

Cryosurgical ablation is considered **experimental or investigational** for the treatment of Barrett's esophagus, with or without dysplasia. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

There is no CPT procedure code specific to radiofrequency or cryoablation of tissue in the esophagus. These procedures would likely be coded using one of the following CPT codes:

CPT Coding:

43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

ICD-10 Diagnosis Codes That Support Medical Necessity:

D13.0	Benign neoplasm of esophagus
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

Dysplasia: in pathology, abnormal cell growth or growth patterns in tissues or organs

RELATED GUIDELINES:

Cryosurgical Ablation of Solid Tumors Other Than Liver or Prostate Tumors, 02-99221-12
Esophageal pH Monitoring, 01-91000-01
Radiofrequency Ablation of Solid Tumors Other Than Liver Tumors, 02-99221-13
Transendoscopic Therapies for Gastroesophageal Reflux Disease (GERD), 01-91000-03

OTHER:

None applicable

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/24/19.

GUIDELINE UPDATE INFORMATION:

01/15/13	New Medical Coverage Guideline.
12/15/13	Annual review; position statements unchanged; Program Exceptions section updated; references updated.
01/01/14	Annual HCPCS coding update: added 43229 and 43270; deleted 43228 and 43258; revised 43257.
01/15/15	Annual review; position statement unchanged; references updated.
10/01/15	Revision; updated ICD10 coding section.
11/01/15	Revision: ICD-9 Codes deleted.
02/15/19	Review; updated description and references. Revised position statement.