

Effective Date: 06/06/2024 Revision Date: 06/06/2024 Review Date: 06/06/2024 Policy Number: HUM-0567-012 Line of Business: Commercial

Medical Coverage Policy

Table of Contents

Related Medical/Pharmacy Coverage Policies
Coverage Determination
Coding Information
Appendix

Description
Coverage Limitations
References
Change Summary

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the CMS website. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Related Medical/Pharmacy Coverage Policies

Capsule Endoscopy
Bariatric Surgery

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.

Page: 2 of 10

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 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. (Refer to Coverage Limitations section)

Coverage Determination

Humana members may be eligible under the Plan for diagnostic EGD or esophagoscopy (59 years of age or younger) for the following indications:

- Evaluation of dyspepsia¹⁴ or GERD²⁰ 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 a 2-4 week trial of standard dose, once daily proton pump inhibitor (PPI) therapy^{7,11,14}; **AND**
 - Individual has undergone noninvasive testing for Helicobacter pylori (H. pylori) and was negative; OR
 - Individual has undergone noninvasive testing for H. pylori and was positive but has achieved successful eradication; OR
- Evaluation of GERD reflux symptoms (eg, acid reflux, heartburn) that are persistent or recurrent despite a 2 month trial of standard dose, once daily PPI therapy⁴; **OR**
- Assess acute injury after caustic ingestion^{7,11}; OR

Page: 3 of 10

- Atypical chest pain after cardiac disease has been ruled out⁴; OR
- Clinically significant unintentional weight loss (eg, anorexia) (greater than 5 percent usual body weight over 6 to 12 months)^{7,11,20}; **OR**
- Confirmation and specific histologic diagnosis of radiologically demonstrated findings including, but not limited to:
 - Gastric or esophageal lesion; OR
 - Suspected neoplastic lesion; OR
 - Upper tract obstruction or stricture^{7,11}; OR
- Evaluation of esophageal masses and for directing biopsies to rule out esophageal cancer^{16,30,45}; **OR**
- Evaluation of familial adenomatous polyposis syndromes^{7,11}; **OR**
- Evaluation of an individual with findings on an esophagram suggestive of achalasia³⁴; 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^{7,11}; 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)⁵⁵; **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)^{7,11}; **OR**
- GI bleeding and at least 1 of the following:
 - Acute or recent bleeding; OR
 - o Presumed chronic blood loss or iron deficiency anemia and **ALL** of the following:
 - Colonoscopy is negative; AND
 - The clinical situation suggests an upper GI source^{7,11}; OR
- Odynophagia (painful swallowing)^{7,11}; OR
- Persistent or recurrent dysphagia and **1 or more** of the following:
 - Eosinophilic esophagitis, suspected and need for biopsy

Page: 4 of 10

- Foreign body, known or suspected
- GI bleeding
- o Transient obstruction with repeated episodes³⁰; **OR**
- Persistent vomiting of unknown cause^{7,11}

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **diagnostic EGD** or **esophagoscopy** (59 years of **age or younger**) for any indications other than those listed above including, but may not be limited to:

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

All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **transoral esophageal mucosal integrity testing by electrical impedance** (eg, MiVu) for any indication. This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

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)	

Page: 5 of 10

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)	
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	
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)	Not Covered
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	Not Covered

References

Page: 6 of 10

- 1. American College of Gastroenterology (ACG). ACG and CAG clinical guideline: management of dyspepsia. https://www.gi.org. Published July 2017.
- 2. American College of Gastroenterology (ACG). ACG clinical guideline: diagnosis and management of achalasia. https://www.gi.org. Published September 2020.
- 3. American College of Gastroenterology (ACG). ACG clinical guideline: diagnosis and management of celiac disease. https://www.gi.org. Published January 2023.
- 4. American College of Gastroenterology (ACG). ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. https://www.gi.org. Published January 2022.
- 5. American College of Gastroenterology (ACG). ACG clinical guideline: upper gastrointestinal and ulcer bleeding. https://www.gi.org. Published May 2021.
- 6. American College of Gastroenterology (ACG). Management of patients with acute lower gastrointestinal bleeding: an updated ACG guideline. https://www.gi.org. Published February 2023.
- 7. American College of Gastroenterology (ACG). Quality indicators for EGD. https://www.gi.org. Published January 2015.
- 8. American Gastroenterological Association (AGA). AGA clinical practice update on the personalized approach to the evaluation and management of GERD: expert review. https://gastro.org. Published May 2022.
- 9. American Society for Gastrointestinal Endoscopy (ASGE). American Society for Gastrointestinal Endoscopy guideline on the role of endoscopy in familial adenomatous polyposis syndromes. https://www.asge.org. Published May 2020.
- 10. American Society for Gastrointestinal Endoscopy (ASGE). ASGE guideline on the management of achalasia. https://www.asge.org. Published February 2020.
- 11. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. Appropriate use of GI endoscopy. https://www.asge.org. Published 2012.
- 12. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. Management of ingested foreign bodies and food impactions. https://www.asge.org. Published 2011.
- 13. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. Modifications in endoscopic practice for pediatric patients. https://www.asge.org. Published 2014.
- 14. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in dyspepsia. https://www.asge.org. Published August 2015.
- 15. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in inflammatory bowel disease. https://www.asge.org. Published 2015.

- 16. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the assessment and treatment of esophageal cancer. https://www.asge.org. Published 2013.
- 17. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the bariatric surgery patient. https://www.asge.org. Published 2015.
- 18. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the evaluation and management of dysphagia. https://www.asge.org. Published 2014.
- 19. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the management of acute non-variceal upper GI bleeding. https://www.asge.org. Published 2012.
- 20. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the management of GERD. https://www.asge.org. Published June 2015.
- 21. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the management of suspected small-bowel bleeding. https://www.asge.org. Published 2017.
- 22. American Society for Gastrointestinal Endoscopy (ASGE). Guideline. The role of endoscopy in the patient with lower GI bleeding. https://www.asge.org. Published 2014.
- 23. American Society for Metabolic and Bariatric Surgery (ASMBS). ASMBS position statement on the rationale for performance of upper gastrointestinal endoscopy before and after metabolic and bariatric surgery. https://asmbs.org. Published April 2021.
- 24. American Society for Metabolic and Bariatric Surgery (ASMBS). Guideline. Considerations on the role of esophagogastroduodenoscopy in the pediatric metabolic and bariatric surgery patient. https://asmbs.org. Published September 2021.
- 25. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Endoscopy (100.2). https://www.cms.gov. Published June 12, 1984.
- 26. ClinicalKey. Clinical Overview. Gastroesophageal varices. https://www.clinicalkey.com. Updated January 23, 2024.
- 27. ClinicalKey. Kavitt RT, Vaezi MF. Diseases of the esophagus. In: Flint PW, Francis HW, Haughey BH, et al. *Cummings Otolaryngology: Head and Neck Surgery*. Elsevier; 2021:964-991.e3. https://www.clinicalkey.com.
- 28. ECRI Institute. Clinical Evidence Assessment. MiVu mucosal integrity testing system (Diversatek, Inc.) for diagnosing gastroesophageal reflux disease. https://www.ecri.org. Published July 1, 2021.
- 29. Hayes, Inc. Evolving Evidence Review. MiVu mucosal integrity testing (Diversatek, Inc.) for diagnosis of gastroesophageal reflux disease in adults. https://evidence.hayesinc.com. Published June 21, 2022. Updated July 11, 2023.

- 30. MCG Health. Esophagogastroduodenoscopy (EGD), UGI endoscopy. https://humana.access.mcg.com/index.
- 31. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN). Pediatric gastroesophageal reflux clinical practice guidelines: joint recommendations of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition and European Society for Pediatric Gastroenterology, Hepatology and Nutrition. https://naspghan.org. Published March 2018.
- 32. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). Guideline. The role of endoscopy in the bariatric surgery patient. ASGE Standards of Practice Committee. https://www.sages.org. Published February 28, 2015.
- 33. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). Multi-society consensus conference and guideline on the treatment of gastroesophageal reflux disease (GERD). https://www.sages.org. Published July 2022.
- 34. UpToDate, Inc. Achalasia: pathogenesis, clinical manifestations and diagnosis. https://www.uptodate.com. Updated April 2024.
- 35. UpToDate, Inc. Approach to acute upper gastrointestinal bleeding in adults. https://www.uptodate.com. Updated April 2024.
- 36. UpToDate, Inc. Approach to chronic diarrhea in neonates and young infants (<6 months). https://www.uptodate.com. Updated April 2024.
- 37. UpToDate, Inc. Approach to refractory gastroesophageal reflux disease in adults. https://www.uptodate.com. Updated April 2024.
- 38. UpToDate, Inc. Approach to refractory peptic ulcer disease. https://www.uptodate.com. Updated April 2024.
- 39. UpToDate, Inc. Approach to the adult with dyspepsia. https://www.uptodate.com. Updated April 2024.
- 40. UpToDate, Inc. Approach to the adult with nausea and vomiting. https://www.uptodate.com. Updated April 2024.
- 41. UpToDate, Inc. Approach to the evaluation of dysphagia in adults. https://www.uptodate.com. Updated April 2024.
- 42. UpToDate, Inc. Approach to upper gastrointestinal bleeding in children. https://www.uptodate.com. Updated April 2024.
- 43. UpToDate, Inc. Causes and diagnosis of iron deficiency and iron deficiency anemia in adults. https://www.uptodate.com. Updated April 2024.
- 44. UpToDate, Inc. Caustic esophageal injury in adults. https://www.uptodate.com. Updated April 2024.

- 45. UpToDate, Inc. Clinical features, diagnosis and staging of gastric cancer. https://www.uptodate.com. Updated April 2024.
- 46. UpToDate, Inc. Clinical manifestations and diagnosis of gastroesophageal reflux in adults. https://www.uptodate.com. Updated April 2024.
- 47. UpToDate, Inc. Clinical presentation, diagnosis and prognosis of gastrointestinal stromal tumors. https://www.uptodate.com. Updated April 2024.
- 48. UpToDate, Inc. Diagnosis and staging of small bowel neoplasms. https://www.uptodate.com. Updated April 2024.
- 49. UpToDate, Inc. Diagnosis of celiac disease in adults. https://www.uptodate.com. Updated April 2024.
- 50. UpToDate, Inc. Evaluation of occult gastrointestinal bleeding. https://www.uptodate.com. Updated April 2024.
- 51. UpToDate, Inc. Gastrointestinal manifestations of systemic sclerosis (scleroderma). https://www.uptodate.com. Updated May 14, 2024.
- 52. UpToDate, Inc. Ingested foreign bodies and food impactions in adults. https://www.uptodate.com. Updated April 2024.
- 53. UpToDate, Inc. Overview of complications of peptic ulcer disease. https://www.uptodate.com. Updated April 2024.
- 54. UpToDate, Inc. Overview of esophageal injury due to blunt or penetrating trauma or adults. https://www.uptodate.com. Updated April 2024.
- 55. UpToDate, Inc. Overview of upper gastrointestinal endoscopy (esophagogastroduodenoscopy). https://www.uptodate.com. Updated April 2024.
- 56. UpToDate, Inc. Peptic ulcer disease: clinical manifestations and diagnosis. https://www.uptodate.com. Updated April 2024.
- 57. UpToDate, Inc. Pill esophagitis. https://www.uptodate.com. Updated April 2024.
- 58. UpToDate, Inc. Portal hypertensive gastropathy. https://www.uptodate.com. Updated April 2024.
- 59. UpToDate, Inc. Sedation-free gastrointestinal endoscopy. https://www.uptodate.com. Updated April 2024.
- 60. US Food & Drug Administration (FDA). 510(k) summary: MiVu esophageal endo cap. https://www.fda.gov. Published April 25, 2023.

Page: 10 of 10

Appendix

Appendix A

Family Relationships

Tanana Tanan				
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

 06/06/2024 Annual Rev 	view, Coverage Change.
- 00/00/2024 Affiliadi Ke	view, Coverage Change.