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Contractor Name

CareFirst of Maryland INC., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LCD Database ID Number

L20394

LCD Title

Diagnostic and Therapeutic Esophagogastroduodenoscopy (EGD)

Contractor's Determination Number

05-02

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CMS National Coverage Policy

- Establishment of national policy supersedes all previous contractor policy statements, including Local Medical Policy coverage guidelines
- Title XVIII of the Social Security Act
- Section 1862 (a) (1) (A)- Medically Reasonable and Necessary
- Section 1862 (a) (1) (D)- Investigational or Experimental

- Section 1833(e)-Payment of Benefits

Primary Geographic Jurisdiction

Maryland

Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

Oversight Region

Region III

CMS Consortium

Northeast

DMERC Region LCD Covers

N/A

Original Determination Effective Date

June 28, 2005

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

Description

The following conditions are generally accepted as indications for the performance of EGD(s).

Indications

Indications that support EGD(s) for diagnostic purpose(s) are:

- Upper abdominal distress that persists despite an appropriate trial of therapy.

- Upper abdominal distress associated with symptoms and/or signs suggesting serious organic disease (e.g., anorexia and weight loss).
- Dysphagia or odynophagia.
- Esophageal reflux symptoms that are persistent or recurrent despite appropriate therapy.
- Persistent vomiting of unknown cause.
- Other system disease in which the presence of upper GI pathology might modify other planned management. Examples include patients with a history of GI bleeding who are scheduled for organ transplantation, long-term anticoagulation, or chronic non-steroidal therapy for arthritis.
- X-ray findings of:
 - A suspected neoplastic lesion (for confirmation and specific histologic diagnosis).
 - Gastric, duodenal, or esophageal ulcer.
 - Evidence of upper gastrointestinal tract stricture or obstruction.
- Gastrointestinal bleeding:
 - In most actively bleeding patients.
 - When surgical therapy is contemplated.
 - When rebleeding occurs after acute self-limited blood loss.
 - When portal hypertension or aorto-enteric fistula is suspected.
 - For presumed chronic blood loss and for iron deficiency anemia when colonoscopy is negative.
 - When sampling of duodenal or jejunal tissue or fluid is indicated.
 - To assess acute injury after caustic agent ingestion.
- Intraoperative EGD when necessary to clarify location or pathology of a lesion.

Indications that support EGD(s) for therapeutic purpose(s) are:

- Treatment of bleeding from lesions such as ulcers, tumors, vascular malformations (e.g., electrocoagulation, heater probe, laser photocoagulation or injection therapy).

- Sclerotherapy and/or band ligation for bleeding from esophageal or proximal gastric varices.
- Foreign body removal.
- Removal of selected polypoid lesions
- Placement of feeding tubes (per oral, percutaneous endoscopic gastrostomy, percutaneous endoscopic jejunostomy).
- Dilation of stenotic lesions (e.g., with transendoscopic balloon dilators or dilating systems employing guide wires).
- Palliative therapy of stenosing neoplasms (e.g., laser, bipolar electrocoagulation, stent placement).

Sequential or periodic diagnostic EGD may be indicated:

- For follow up of selected esophageal, gastric or stomal ulcers to demonstrate healing (frequency of follow-up EGD is variable, but every two to four months until healing is demonstrated is reasonable).
- For follow up in patients with prior adenomatous gastric polyps (approximate frequency of follow-up EGDs would be every one to four years depending on the clinical circumstances, with occasional patients with sessile polyps requiring every six months surveillance initially), and similarly with surveillance of confirmed high-grade gastric dysplasia.
- For follow up for adequacy of prior sclerotherapy and/or band ligation of esophageal varices (approximate frequency of follow-up EGDs is variable depending on the state of the patient but every six to 24 months is reasonable after the initial sclerotherapy sessions are completed).
- For follow-up of Barretts esophagus (approximate frequency of follow-up EGDs is one to two years with biopsies, unless dysplasia is demonstrated, in which case a repeat biopsy in two to three months might be indicated).
- For follow-up in patients with familial adenomatous polyposis (approximate frequency of follow-up EGDs would be every two to four years, but might be more frequent, such as every six to 12 months, if gastric adenomas or adenomas of the duodenum were demonstrated).

Limitations

Coverage Topics

Diagnostic Tests and X-rays

Bill Type Codes

13X, 14X, 18X, 21X, 83X

Revenue Codes

36X, 45X, 49X, 75X, 761

CPT/HCPCS Codes

The AMA and CMS require the use of short descriptors for policies published on the Web. Refer to the CPT book for the long description of the following codes:

43234 Upper GI endoscopy, exam
43235 Upper GI endoscopy, diagnosis
43236 Upper GI endoscopy, w/submuc inj
43237 Upper GI endoscopy, w/us exam
43238 Upper GI endoscopy, w/us fn bx esophagus
43239 Upper GI endoscopy, w/bx
43240 Upper GI endoscopy, w/drain cyst
43241 Upper GI endoscopy, w/tube
43242 Upper GI endoscopy, w/us fn bx
43243 Upper GI endoscopy, w/sclerosis
43244 Upper GI endoscopy, w/ligation
43245 Upper GI endoscopy, w/dilation of obstruction
43246 Upper GI endoscopy, w/gastrostomy tube
43247 Upper GI endoscopy, w/foreign body
43248 Upper GI endoscopy, w/guide wire
43249 Upper GI endoscopy, w/dilation
43250 Upper GI endoscopy, w/tumor
43251 Upper GI endoscopy, w/snare
43255 Upper GI endoscopy, w/bleed control
43256 Upper GI endoscopy, w/stent
43257 Upper GI endoscopy, w/thermal energy
43258 Upper GI endoscopy, w/tumor ablation
43259 Upper GI endoscopy, w/us

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ICD-9 Codes that Support Medical Necessity

ICD-9-CM code listings may cover a range and include truncated codes. It is the provider's responsibility to avoid truncated codes by selecting a code(s) carried out to the highest level of specificity and selected from the ICD-9-CM book appropriate to the year in which the claim is submitted.

It is not enough to link the procedure code to a correct, payable ICD-9-CM code. The diagnosis or clinical suspicion must be present for the procedure to be paid.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 43234, 43235, 43236, 43239, 43240, 43241, 43243, 42344, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43255, 43256, and 43258**

Covered for:

150.0-
150.5 Malignant neoplasm of esophagus
150.8-
150.9 Malignant neoplasm of esophagus
151.0-
151.6 Malignant neoplasm of stomach
151.8-
151.9 Malignant neoplasm of stomach
152.0 Malignant neoplasm of duodenum
211.0- Benign neoplasm of other parts of the digestive system
211.2
230.1-
230.2 Carcinoma in situ of digestive organs
235.2-
235.3 Neoplasm of uncertain behavior of digestive system
235.5 Neoplasm of uncertain behavior of other and unspecified digestive organs
239.0 Neoplasms of unspecified nature, digestive system
261 Nutritional marasmus
263.0 Malnutrition of moderate degree
263.8-
263.9 Other and unspecified protein calorie malnutrition
280.0 Iron deficiency anemia, secondary to blood loss (chronic)
280.9 Iron deficiency anemia, unspecified
285.1 Acute post-hemorrhagic anemia
438.82 Dysphagia
447.2 Rupture of artery
456.0-
456.1 Esophageal varices
456.20-
456.21 Esophageal varices in diseases classified elsewhere
530.0 Achalasia and cardiospasm
530.10-
530.12 Diseases of esophagus
530.19 Diseases of esophagus, other esophagitis
530.20-
530.21 Ulcer of esophagus
530.3-
530.7 Diseases of esophagus

530.81-
530.85 Diseases of esophagus
530.86 Infection of esophagostomy
530.87 Mechanical complication of esophagostomy
531.00-
531.01 Gastric ulcer, acute with hemorrhage
531.30-
531.31 Gastric ulcer, acute without mention of hemorrhage or perforation
531.40- Gastric ulcer, chronic or unspecified with hemorrhage
531.41
531.70-
531.71 Gastric ulcer, chronic without mention of hemorrhage or perforation
531.90-
531.91 Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage
or perforation
532.00-
532.01 Duodenal ulcer, acute with hemorrhage
532.30-
532.31 Duodenal ulcer, acute without mention of hemorrhage or perforation
532.40-
532.41 Duodenal ulcer, chronic or unspecified with hemorrhage
532.70-
532.71 Duodenal ulcer, chronic without mention of hemorrhage or perforation
532.90-
532.91 Duodenal ulcer, unspecified as acute or chronic, without mention of hemorrhage
or perforation
533.00-
533.01 Peptic ulcer, site unspecified, acute with hemorrhage
533.30-
533.31 Peptic ulcer, site unspecified, acute without mention of hemorrhage or perforation
533.40-
533.41 Peptic ulcer, site unspecified, chronic or unspecified with hemorrhage
533.70-
533.71 Peptic ulcer, site unspecified, chronic without mention of hemorrhage or
perforation
533.90-
533.91 Peptic ulcer, site unspecified, unspecified as acute or chronic , without mention
of hemorrhage or perforation
534.00-
534.01 Gastrojejunal ulcer, acute with hemorrhage
534.30-
534.31 Gastrojejunal ulcer, acute without mention of hemorrhage or perforation
534.40-
534.41 Gastrojejunal ulcer, chronic or unspecified with hemorrhage
534.70-
534.71 Gastrojejunal ulcer, chronic without mention of hemorrhage or perforation

534.90-
534.91 Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation
535.00-
535.01 Acute gastritis
535.10-
535.11 Atrophic gastritis
535.20-
535.21 Gastric mucosal hypertrophy
535.30-
535.31 Alcoholic gastritis
535.40-
535.41 Other specified gastritis
535.50-
535.51 Unspecified gastritis and gastroduodenitis
535.60-
535.61 Duodenitis
536.2 Persistent vomiting
536.3 Gastroparesis
537.0-
537.4 Other disorders of stomach and duodenum
537.6 Hourglass stricture or stenosis of stomach
537.81-
537.84 Other specified disorders of stomach and duodenum
537.89 Other specified disorders of stomach and duodenum
552.3 Diaphragmatic hernia with obstruction
553.3 Diaphragmatic hernia
578.0-
578.1 Gastrointestinal hemorrhage
578.9 Hemorrhage of gastrointestinal tract, unspecified
579.0-
579.4 Intestinal malabsorption
579.8-
579.9 Intestinal malabsorption
747.20 Other anomalies of aorta, unspecified
747.61 Gastrointestinal vessel anomaly
750.3 Tracheoesophageal fistula, esophageal atresia and stenosis
750.4 Other specified anomalies of esophagus
750.7 Other specified anomalies of stomach
787.1 Heartburn
787.2 Dysphagia
789.01-
789.02 Abdominal pain
789.05-
789.06 Abdominal pain
793.4 Non-specific abnormal findings on radiological or other examination,

gastrointestinal tract

935.1-

935.2 Foreign body in mouth, esophagus and stomach

936 Foreign body in intestine and colon

947.0 Burn of mouth and pharynx

947.2-

947.3 Burn of internal organs

V10.03-V10.04 Personal history of malignant neoplasm, gastrointestinal tract

V12.72 Personal history of colonic polyps

Note: Use V12.72 to indicate familial adenomatous polyposis.

V47.3 Other digestive problems

V58.61-

V58.66 Long-term (current) drug use

V58.69 Long-term (current) use of other medications

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 43237 and 43238:**

Covered for

150.0-

150.5 Malignant neoplasm of esophagus

150.8-

150.9 Malignant neoplasm of esophagus

211.0 Benign neoplasm of esophagus

230.1 Carcinoma in situ of esophagus

438.82 Dysphagia

530.0 Achalasia and cardiospasm

530.10-

530.11 Diseases of esophagus

530.19 Diseases of esophagus, other esophagitis

530.20-

530.21 Ulcer of esophagus

530.3-

530.7 Diseases of esophagus

530.81- Diseases of esophagus

530.85

530.86 Infection of esophagostomy

530.87 Mechanical complication of esophagostomy

578.0 Hematemesis

750.3 Tracheoesophageal fistula, esophageal atresia and stenosis

750.4 Other specified anomalies of esophagus

787.1 Heartburn

787.2 Dysphagia

789.01-

789.02 Abdominal pain

789.06 Abdominal pain
793.4 Non-specific abnormal findings on radiological and other examinations,
gastrointestinal tract
935.1 Foreign body in esophagus
947.0 Burn of mouth and pharynx
947.2-
947.3 Burn of internal organs

V10.03 Personal history of malignant neoplasm, gastrointestinal tract

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 43242 and 43259:**

150.0-
150.5 Malignant neoplasm of esophagus
150.8-
150.9 Malignant neoplasm of esophagus
151.0-
151.6 Malignant neoplasm of stomach
151.8-
151.9 Malignant neoplasm of stomach
152.0 Malignant neoplasm of duodenum
153.0-
153.9 Malignant neoplasm of colon
157.0-
157.4 Malignant neoplasm of pancreas
157.8-
157.9 Malignant neoplasm of pancreas
200.03 Reticulosarcoma, intra-abdominal lymph nodes
200.13 Lymphosarcoma, intra-abdominal lymph nodes
211.0-
211.2 Benign neoplasm of other parts of digestive system
211.5 Benign neoplasm of liver and biliary passages
214.3 Lipoma, intra-abdominal organs
230.1-
230.2 Carcinoma in situ of digestive organs
230.7-
230.8 Carcinoma in situ of digestive organs
235.2-
235.5 Neoplasm of uncertain behavior of digestive and respiratory systems
456.1 Esophageal varices without mention of bleeding
530.0 Achalasia and cardiospasm
530.20-
530.21 Ulcer of esophagus
530.3 Diseases of esophagus, stricture and stenosis of esophagus
530.9 Unspecified disorder of esophagus
531.70-

531.71 Gastric ulcer, chronic without mention of hemorrhage or perforation
531.90-
530.91 Gastric ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation
534.90-
534.91 Gastrojejunal ulcer unspecified as acute or chronic, without mention of hemorrhage or perforation
577.0-
577.2 Diseases of pancreas
793.4 Non-specific abnormal findings on radiological and other examination of gastrointestinal tract
793.6 Non-specific abnormal findings on radiological and other examination of abdominal area, including retroperitoneum

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Documentation Requirements

- Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.
- ICD-9-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Utilization Guidelines

Medicare will monitor the utilization of this procedure through the Medical Review process.

Sources of Information and Basis for Decision

TrailBlazer Health Enterprises, LLC, Local Coverage Determination (LCD)
Mutual of Omaha, Local Coverage Determination (LCD)

Advisory Committee Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical

Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Start Date of Comment Period

March 18, 2005

End Date of Comment Period

May 2, 2005

Start Date of Notice Period

May 14, 2005

Revision History Number

Revision History

Revision

Number Revision History Explanation

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT www.marylandmedicare.com

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