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Upper GI Endoscopy

Adjudication Guideline

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Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines: NA

Abstract

For Members

Upper GI endoscopy is a procedure in which a doctor uses an endoscope a flexible tube with a camera to see the lining of your upper GI tract. Upper GI endoscopy can be used to identify many different diseases such as gastroesophageal reflux disease, ulcers, cancer, and inflammation, or swelling.

For Medical Professionals

Esophagogastroduodenoscopy (EGD), also known as upper gastro-intestinal (GI) endoscopy, upper endoscopy, or gastroscopy, refers to examination of the oesophagus, stomach, and upper duodenum (first part of the small intestine) by means of a flexible fibre-optic endoscope. It has been employed for investigating the cause(s) of abdominal pain, dysphagia (difficulty swallowing), gastro-oesophageal reflux disease (GERD), hematemesis (vomiting up blood), persistent nausea and vomiting, as well as occult and obscure GI bleeding

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Scope

The scope of this adjudication rule is to highlight the medical necessity and coverage of upper GI endoscopy for all health insurance plans administered by DAMAN subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria:

Medical coverage indications for adults:

1. Gastritis:

- Failure of medical therapy (e.g., poor response to H2-receptor antagonists/proton pump inhibitors, Helicobacter pylori therapy)- 4 weeks.

2. Dyspepsia & 1 of the following:

- Age 60 years or older.
- Endoscopic evaluation of patients <60 years is reserved for patients with any one of the following [(1)(3)] :
  - Clinically significant weight loss (>5 percent usual body weight over 6 to 12 months).
  - Overt gastrointestinal bleeding. Melena/Hematemesis/Active rectal bleed with
  - hemodynamic instability
  - Rapidly progressive alarm features.
  - Failure of medical therapy (e.g., poor response to H2-receptor antagonists, proton pump inhibitors)- four weeks course in duodenal ulcer & 8 weeks for gastric ulcer (5).
  - Use of NSAIDs- 8 weeks course.
  - More than 1 other alarm feature – As shown below:
    - ➢ Dysphagia or odynophagia.
    - ➢ Family history of upper GI cancer in first-degree relative.
    - ➢ History of gastric surgery.
    - ➢ Iron deficiency anemia once other causes are ruled out ➢ Persistence for 3 months or longer.
    - ➢ Vomiting.
    - ➢ Unexplained Weight loss of more than 3 kg (6.6 lb.) since symptoms began.

3. Dysphagia & 1 of the following:

- Bleeding associated with any swallowing problem.
- Eosinophilic esophagitis, suspected, and need for biopsy.
- Foreign body, known or suspected.
- Malignant compression and need for stent placement.
- Mechanical obstruction, suspected, due to clinical signs or results of radiographic testing
- (e.g., Schatzki ring, vascular ring, esophageal stricture, ingested foreign body, gastric outlet obstruction).
- Esophageal or gastric cancer and need for endoscopic treatment:
  - Ablation of polyp, tumor, or other lesions
  - Assessment of response following completed chemoradiation for squamous cell esophageal or esophagogastric junction cancer
  - Dilation of malignant stricture
  - Endoscopic mucosal resection or submucosal dissection of esophageal or esophagogastric junction cancer (high-grade dysplasia (Tis), carcinoma limited to lamina propria or muscularis mucosa (T1a), or superficial submucosa carcinoma (T1b) without lymph vascular invasion

- Endoscopic mucosal resection or submucosal dissection of gastric carcinoma (carcinoma in situ (Tis) or well-differentiated or moderately differentiated carcinoma confined to mucosa (T1a) that is 2 cm or less and without evidence of ulceration, lymph node metastases, or lymph vascular invasion.

4. Peptic ulcer disease with 1 or more of the following:

- Blood in stool- black tarry stool
- Definitive diagnosis of Helicobacter pylori infection required because of ALL the following:
  - Empirical trial of treatment inappropriate because of history of adverse drug reactions.
  - Results of noninvasive tests for Helicobacter pylori negative or indeterminate. (Consider previous treatment by asking the provider for the medical history in the system) - Treatment for 4 weeks.
  - History of UGI surgery, gastrointestinal tract anomalies, or complicated antral, pyloric, or duodenal ulcer with scarring or gastric outlet obstruction.
  - Iron deficiency anemia.

5. Gastric ulcer and 1 or more of the following:

- Dysplasia on initial biopsy.
- Family history of gastric cancer.
- Ulcer appearance on initial endoscopy large or suspicious for malignancy.
- Ulcer appearance on UGI barium study suspicious for malignancy.
- Ulcer not associated with NSAID usage- 4 weeks.

6. After treatment of duodenal ulcer, with 1 or more of the following:

- Incomplete clinical response to treatment.
- Ulcer complicated by bleeding or obstruction.
- Ulcer initially greater than 2 cm in diameter.

7. Gastroesophageal reflux disease symptoms and 1 or more of the following:

- Anemia.
- Dysphagia.
- Epigastric mass on examination.
- Failure of medical therapy (e.g., poor response to empiric twice-daily proton pump inhibitor for 4 to 8 weeks).
- Gastrointestinal bleeding.
- Male 50 years or older with 5 years or more of gastroesophageal reflux disease symptoms and 1 or more of the following:
  - Elevated BMI- 30 & above.
  - Hiatal hernia.
  - Intra-abdominal distribution of fat.
  - Nocturnal reflux symptoms.
  - Tobacco use.
- Recurrent vomiting.
- Severe erosive esophagitis, known, and need for follow-up after 8 weeks of proton pump inhibitor therapy.
- Unexplained Weight loss of more than 3 kg (6.6 lb.) since symptoms began.

8. Achalasia.

9. Barrett esophagus: kindly refer to table 1 to know the condition and its recommendation.
   - Endoscopic resection and/or ablation (i.e., cryoablation, radiofrequency, or photodynamic therapy) for high-grade dysplasia (Tis) or mucosal tumors that do not invade submucosa (T1a).

Table.1 Upper GI indication for Barrett's esophagus:

Condition	Recommendation
Nondysplastic Barrett esophagus (metaplastic columnar or glandular epithelium) on previous endoscopy	UGI endoscopy with 4-quadrant biopsy every 3 to 5 years
Low grade Dysplasia	repeat UGI endoscopy at 6 months to reconfirm diagnosis, then annually
High grade dysplasia	every 3 months for year 1, every 6 months for 2 years, then annually

10. Crohn disease.

11. Duodenal disease (Celiac disease, tumors).

12. Caustic ingestion with symptoms

13. Stent placement for obstruction due to intrinsic or extrinsic compression.

14. Tumor debulking or ablation (e.g., electrocautery, laser, chemical).

15. Esophageal varices: Need for ligation or sclerosis of known esophageal varices

16. Gastrointestinal bleeding

- Blood in stools, and negative colonoscopy.
- Blood in stools, and positive nasogastric tube aspirate.
- Hematemesis.
- Lower gastrointestinal bleeding, with indeterminate colonoscopy, and clinical presentation suggests UGI source (e.g., dyspepsia, reflux, NSAID use, peptic ulcer disease, liver disease, alcohol abuse). – Melena.
- Persistent occult bleeding after negative endoscopies and need for repeat test- 6 month.
- Recurrent bleeding evident, with history of UGI bleeding or ulcer.

17. **Iron deficiency anemia and 1 or more of the following**:

- Dyspepsia.
- Patient is male or postmenopausal female. – Source of blood not found on colonoscopy.
- Nausea and vomiting, unexplained
- Odynophagia

contraindications for Upper GI
Possible perforation
Medically unstable patients
Unwilling patients
Anticoagulation
Pharyngeal diverticulum

Upper GI Endoscopy

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Eligible Clinician specialty:

Eligible Clinician
Gastroenterology
General surgery/Gastroenterology
Paediatric surgery/Gastroenterology
Clinician with privilege in performing endoscopy

Requirements for Coverage

- The Questionnaire must be filled and submit the required documents for preauthorization request for Upper GI.
- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

Non-Coverage

- Upper GI will not be covered for visitor's plan.
- Upper GI is not covered if contraindicated.
- Complications from diagnosis that is general exclusion for that plan (ex. Alcoholic liver cirrhosis) will not be covered.
- If Clinician specialty other than mention category will not be covered.

Payment and Coding Rules

Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service /supply may be appropriate, but too frequent
Service(s) is (are) not covered
Activity/diagnosis inconsistent with clinician specialty
Submission not complaint with contractual agreement between provider & payer

Questionnaire:

https://www.damanhealth.ae/main/pdf/support/Questionnaire/UpperGIEndoscopyQuestionnaireUpdated.pdf

GENERAL INFORMATION

Patient's Name: ______________________________________

Patient's Card #: _____________________________________

Upper GI Endoscopy

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Age:

Gender: ☐ Female ☐ Male

Providers Name: ____

Where was the procedure take place:

☐ Outpatient ☐ Inpatient ☐ Emergency

What are the conditions/diagnosis the patient has at the time of the endoscopy:

Ordering Clinician Speciality: ____

Performing Clinician Speciality: ____

Diagnosis (ICD-10):

____

____

Did the patient have any conservative treatment for their condition? kindly elaborate?

Requested Procedure	CPT Code/ Description	Previous Date	Requested Date	Comments

Kindly attach the following (If available):

☐ Diagnostic Reports: ____

☐ Report of previous endoscopic procedures within the last year and their dates

ADDITIONAL COMMENTS: -

____

____

____

Additional Information

JAWDA clinical quality KPI: Not applicable

Appendices

A. References

1. *https://www.uptodate.com/contents/approach-to-the-adult-with-dyspepsia#H59602579*
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B. Revision History

Date	Change(s)
13th May 2022	Release of V1.0
10-01-2023	Questionnaire link update