

Endoscopy Ultrasonography

Adjudication Guideline

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Medical

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1. Abstract

1.1 For Members

Endoscopic ultrasound (EUS) is a technique in which an endoscope within the upper or lower gastrointestinal tract obtains images in real time, enabling diagnostic and therapeutic procedures in addition to image acquisition.

EUS provides the opportunity to see beyond the luminal surface without the risk of radiation and in closer proximity to many internal structures than percutaneous ultrasound.

Expanding on procedures that have previously done with endoscopic retrograde cholangiopancreatography, percutaneous interventional techniques and even surgery, EUS has experienced a rapid growth in imaging, tissue sampling, and therapeutic indications.

1.2 For Medical Professionals

Endoscopic Ultrasound (EUS) combines endoscopy and ultrasound to obtain images and information about the digestive tract and the surrounding tissue and organs. In addition, Endoscopic ultrasound with fine needle aspiration is used to aspirate fluid from cystic lesions, pseudo-cysts, and fluid collections for both diagnostic and therapeutic purposes.

2. Scope

The scope of this adjudication rule is to highlight the medical necessity and coverage of Endoscopy Ultrasound (EUS) for all health insurance plans administered by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

EUS is generally indicated for:

1. Staging tumours of the GI tract, pancreas, bile ducts, and mediastinum, including lung cancer.
2. Evaluating abnormalities of the GI wall or adjacent structures.
3. Tissue sampling of lesions within, or adjacent to, the wall of the GI tract.
4. Evaluation of abnormalities of the pancreas, including masses, pseudocysts, cysts, and chronic pancreatitis.
5. Evaluation of abnormalities of the biliary tree.
6. Placement of fiducials into tumours within or adjacent to the wall of the GI tract.

7. Treatment of symptomatic pseudocysts by creating an enteral-cyst communication.
8. Drug delivery (e.g., celiac plexus neurolysis).
9. Providing access into the bile ducts or pancreatic duct, either independently or as an adjunct to ERCP.
10. Evaluation for chronic pancreatitis.
11. Evaluation of acute pancreatitis of unknown etiology.
12. Evaluation for perianal and perirectal disorders (anal sphincter injuries, fistulae, abscesses).
13. Evaluation of patients at increased risk of pancreatic cancer.
14. For diagnosis and evaluation of complicated anorectal Crohn's disease and in the differentiation of ulcerative colitis from Crohn's colitis.

Contraindication:

There are few contraindications for endoscopic ultrasound-guided fine needle aspiration (EUS-FNA); however, the most common contraindications are related to routine upper endoscopy and include:

1. Patients who cannot tolerate moderate sedation, monitored anesthesia care (MAC), or general anesthesia.
2. Hemodynamically unstable Patient.
3. Patients with gastrointestinal (GI) obstruction (e.g., duodenal stricture due to a lesion in the head of the pancreas) may undergo EUS, but the imaging is limited to an area proximal to the level of obstruction.
4. Patients with abnormal coagulation studies (platelet count $\leq 50,000/\mu\text{L}$; international normalized ratio [INR] >1.5), EUS-FNA is relatively contraindicated.

Eligible Clinicians for Upper GI Ultrasonography:

Category	Comment
Gastroenterology	Eligible Ordering and Performing
Internal Medicine /Gastroenterology and Hepatology	Eligible Ordering and Performing
Internal Medicine/ Gastroenterology	Eligible Ordering and Performing
Tropical Medicine/Gastroenterology and Hepatology	Eligible Ordering and Performing
Paediatric Gastroenterology	Eligible Ordering and Performing
Paediatrics/ Gastroenterology	Eligible Ordering and Performing
Gastrointestinal Surgery	Eligible Ordering and Performing
General Surgery/ Paediatric Surgery	Eligible Ordering and Performing
General Surgery/ Gastrointestinal Surgery	Eligible Ordering and Performing
General Surgery	Eligible Ordering and Performing
Paediatric Surgery	Eligible Ordering and Performing

Eligible Clinician for Lower GI Ultrasonography:

Category	Comment
Internal Medicine	Eligible Ordering Only
Internal Medicine/ Haematology	Eligible Ordering Only
Internal Medicine/ Infectious Diseases	Eligible Ordering Only
Internal Medicine/ Nephrology	Eligible Ordering Only
Internal Medicine/ Pulmonary Disease	Eligible Ordering Only
Internal Medicine/ Rheumatology	Eligible Ordering Only
Internal Medicine/ Cardiovascular Disease	Eligible Ordering Only
Internal Medicine/ Critical Care Medicine	Eligible Ordering Only
Internal Medicine/ Endocrinology, Diabetes & Metabolic Diseases.	Eligible Ordering Only
Internal Medicine/ Haematology	Eligible Ordering Only
Internal Medicine/ Interventional Cardiology	Eligible Ordering Only
Internal Medicine/ Medical Oncology	Eligible Ordering Only
Colon and rectal Surgery	Eligible Ordering and Performing
Gastroenterology	Eligible Ordering and Performing
Gastrointestinal surgery	Eligible Ordering and Performing
General Surgery/ Paediatric Surgery	Eligible Ordering and Performing
General Surgery	Eligible Ordering and Performing
General Surgery/ Gastrointestinal Surgery	Eligible Ordering and Performing
General Surgery/ Surgical Critical Care	Eligible Ordering and Performing
General Surgery/ Traumatology	Eligible Ordering and Performing
General Surgery/ Urology	Eligible Ordering and Performing
General Surgery/ Vascular	Eligible Ordering and Performing
General Surgery/Plastic Surgery	Eligible Ordering and Performing
General Surgery /Colon & Rectal Surgery	Eligible Ordering and Performing
Internal Medicine /Gastroenterology and Hepatology	Eligible Ordering and Performing
Internal Medicine/ Gastroenterology	Eligible Ordering and Performing
Paediatric Gastroenterology	Eligible Ordering and Performing

Paediatric Surgery	Eligible Ordering and Performing
Paediatrics/ Gastroenterology	Eligible Ordering and Performing
Tropical Medicine/Gastroenterology and Hepatology	Eligible Ordering and Performing

3.2 Requirements for Coverage

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

3.3 Non-Coverage

1. Upper / Lower EUS GI will not be covered for visitor's plan.
2. Upper / Lower EUS Gi is not covered if contraindicated.
3. Will not be covered if not medically indicated.
4. If Clinician specialty other than mention category will not be covered.
5. EUS is not covered for conditions other than those listed above, scientific evidence has not been established. Noncovered examples include but are not limited to:
 - a. Diagnosis of oesophageal varices; OR
 - b. EUS-elastography (for differentiation of benign and malignant pancreatic masses; differential diagnosis of malignant lymph nodes; for adrenal glands, hepatobiliary/gastrointestinal tract pathology (including anal canal), lung, mediastinum, and urogenital tract); OR
 - c. Staging of tumors shown to be metastatic by other imaging methods (unless the results are the basis for therapeutic decisions).

Payment and Coding Rules

Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
CODE-010	Activity/diagnosis inconsistent with clinician specialty
CLAI-012	Submission not complaint with contractual agreement between provider & payer

EUS Endoscopy

GENERAL INFORMATION

Patient's Name: _____

Patient's Card #: _____

Age: _____

Gender: ☐ Female ☐ Male

Providers Name: _____

Where was the procedure take place:
☐ Outpatient ☐ Inpatient ☐ Emergency

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

Ordering Clinician Specialty: _____

Performing Clinician Specialty: _____

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):
☐ Endoscopy reports
☐ Diagnostic Reports: _____
☐ Report of previous endoscopic procedures within the last year and their dates

ADDITIONAL COMMENTS: -

5. Appendices

5.1 References

- https://sso.uptodate.com/contents/endoscopic-ultrasound-guided-fine-needle-aspiration-in-the-gastrointestinal-tract?search=endoscopic-ultrasound-guided-fine-needle-aspiration-in-the-gastrointestinaltract&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC4952290/>
- https://www.esge.com/assets/downloads/pdfs/guidelines/2021_a-1717-1391.pdf
- <https://www.sciencedirect.com/science/article/pii/S1521691822000294>
- <https://ejim.springeropen.com/articles/10.1186/s43162-024-00275-y>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC8534965/>
- <https://www.mdpi.com/2075-4418/14/11/1156>
- <https://www.elsevier.es/en-revista-clinics-22-articulo-a-meta-analysis-on-efficacy-endoscopic-S1807593224000255>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6708083/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9914551/>

5.2 Revision History

Date	Change(s)
27/12/22	Version 1.0 Guideline Published
31/05/2025	Version 2.0 - Template updated - References updated

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