Medical Policy
Endoscopic Radiofrequency Ablation or Cryoablation for Barrett’s Esophagus

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- Policy: Medicare
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Policy Number: 218
BCBSA Reference Number: 2.01.80

Related Policies
- Oncologic Applications of Photodynamic Therapy, Including Barrett’s Esophagus, #454
- Chromoendoscopy as an Adjunct to Colonoscopy, #904
- Confocal Laser Endomicroscopy, #618
- Virtual Colonoscopy and CT Colonography, #179

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Radiofrequency ablation for treatment of Barrett’s esophagus with high-grade dysplasia may be MEDICALLY NECESSARY.

Radiofrequency ablation may be considered MEDICALLY NECESSARY for treatment of Barrett’s esophagus with low-grade dysplasia, when the initial diagnosis of low-grade dysplasia is confirmed by two pathologists prior to the ablation procedure.

Radiofrequency ablation is considered INVESTIGATIONAL for treatment of Barrett’s esophagus in the absence of dysplasia.

Cryoablation is considered INVESTIGATIONAL for Barrett’s esophagus, with or without dysplasia.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
Prior authorization is NOT required.

Commercial Members: PPO, and Indemnity
Prior authorization is NOT required.
Medicare Members: HMO BlueSM
Prior authorization is NOT required.

Medicare Members: PPO BlueSM
Prior authorization is NOT required.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43229</td>
<td>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)</td>
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</tbody>
</table>

ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>211.0</td>
<td>Benign neoplasm of esophagus</td>
</tr>
<tr>
<td>530.85</td>
<td>Barrett's esophagus</td>
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</table>

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>D13.0</td>
<td>Benign neoplasm of esophagus</td>
</tr>
<tr>
<td>K22.710</td>
<td>Barrett's esophagus with low grade dysplasia</td>
</tr>
<tr>
<td>K22.711</td>
<td>Barrett's esophagus with high grade dysplasia</td>
</tr>
<tr>
<td>K22.719</td>
<td>Barrett's esophagus with dysplasia, unspecified</td>
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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). Intestinal metaplasia is a precursor to esophageal adenocarcinoma.

The current management of Barrett’s esophagus includes treatment of GERD and surveillance endoscopy to detect progression to high-grade dysplasia or adenocarcinoma. Low-grade dysplasia requires follow-up and surveillance biopsies, whereas high-grade dysplasia or early-stage adenocarcinoma requires mucosal ablation or resection (either endoscopic mucosal resection or esophagectomy). Mucosal ablation with radiofrequency affects only the most superficial layer of the esophagus (the mucosa), leaving the underlying tissues unharmed.

Examples of mucosal ablation systems include the CryoSpray Ablation™ System (formerly the SprayGenix™ Cryo Ablation System) from CSA Medical, Inc. and the HALO System from BÀRRX Medical, Inc. All mucosal ablation systems are considered investigational regardless of the commercial
name, the manufacturer or FDA approval status except when used for the medically necessary indications that are consistent with the policy statement.

**Summary**

Barrett’s esophagus (BE) is a condition in which the normal squamous epithelium is replaced by specialized columnar-type epithelium, known as intestinal metaplasia. Intestinal metaplasia is a precursor to adenocarcinoma and may be treated with mucosal ablation techniques such as radiofrequency ablation (RFA) or cryoablation.

RFA of high-grade dysplasia (HGD) in BE has been shown to be at least as effective in eradicating HGD as other ablative techniques with a lower progression rate to cancer and may be considered as an alternative to esophagectomy. Therefore, RFA may be considered medically necessary for patients with BE and HGD.

For patients with low-grade dysplasia (LGD), the benefit of RFA is less certain, as the rate of progression to cancer is variable in the literature. There are no high-quality trials that treat patients with an initial diagnosis of LGD and report improved outcomes. However, based on the available evidence, specialty society guidelines, and the results of clinical vetting, it is possible to define a population with a higher risk of progression by having the initial LGD diagnosis confirmed by an additional pathologist who is an expert in GI pathology. In this subpopulation of patients with LGD, it is likely that the benefit of treatment outweighs the risk. As a result, RFA of LGD may be considered medically necessary when the initial diagnosis of LGD is confirmed by an expert in gastrointestinal (GI) pathology.

For patients with non-dysplastic BE, it cannot be concluded that the benefit of RFA outweighs the risk, and therefore RFA is considered investigational for this population. Data for the efficacy of cryoablation of BE with or without dysplasia are limited. The studies consist of small numbers of patients with short-term follow-up, and therefore, cryoablation of BE is considered investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>1/2014</td>
<td>Updated to add new CPT code 43229 and remove deleted code 43228</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines
References

22. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Radiofrequency ablation of nondysplastic or low-grade dysplastic Barrett's esophagus. TEC Assessments 2010; 25(5).