



## Endoscopic Radiofrequency Ablation for Barrett's Esophagus

### **I. Policy**

University Health Alliance (UHA) will reimburse for endoscopic radiofrequency ablation for Barrett's esophagus when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### **II. Criteria/Guidelines**

- A. Radiofrequency ablation is covered (subject to Limitations Exclusions and Administrative Guidelines) for the treatment of Barrett's Esophagus (BE) with high-grade or low-grade dysplasia confirmed by two pathologists prior to the procedure.
  1. These can be obtained by the endoscopist by way of the original histologic evaluation and a slide review with a second anatomic pathologist or by formally sending to representative sections for a pathologic consultation.
  2. It is ideal that at least one of the reviewing pathologists is an expert gastrointestinal (GI) pathologist. Studies have shown that histologic review by experts in GI pathology result in a large number of LGD diagnoses being downgraded, due primarily to the difficulty in distinguishing inflammatory changes from LGD.
- B. Radiofrequency ablation for BE with high-grade dysplasia (HGD) may be used in combination with endoscopic mucosal resection of nodular/visible lesions.
- C. If the patient does not undergo endoscopic eradication for low-grade dysplasia, surveillance endoscopy is covered every six months for one year (with biopsies) and then annually until there is reversion to non-dysplastic Barrett's.
  1. Note: Per the American College of Gastroenterology Guidelines, endoscopic eradication therapy is the procedure of choice for patients with confirmed LGD.
    - a. In BE patients with LGD, the American College of Gastroenterology suggests EET compared with surveillance; however, patients who place a high value on avoiding adverse events related to EET may choose surveillance as the preferred option.
- D. If the initial biopsies are indefinite for dysplasia, repeat endoscopy is covered after two months of optimizing medical antireflux therapy (e.g., prescribing a PPI twice daily, ensuring compliance with PPI therapy, ensuring that the PPI is taken correctly).
  1. Repeat endoscopy should not be delayed beyond six months.
- E. Although early studies suggested that recurrences were uncommon, more recent studies have documented considerably higher rates of recurrence, underscoring the need for ongoing surveillance following RFA. Providers should be cognizant of current recommendations and manage patients accordingly.
  1. The American College of Gastroenterology position for BE patients with dysplasia and intramucosal cancer who have achieved complete eradication of intestinal metaplasia after EET suggests surveillance endoscopy versus no surveillance (quality of evidence low)

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

**III. Limitations/Exclusions**

- A. Radiofrequency ablation is not covered for the treatment of Barrett's esophagus in the absence of dysplasia.
  - 1. Per the American College of Gastroenterology Guidelines, endoscopic ablative therapies should not be routinely applied to patients with nondysplastic BE because of their low risk of progression to esophageal adenocarcinoma. .
- B. Cryoablation is not covered for the treatment of Barrett's esophagus, with or without dysplasia as it is not known to improve health outcomes.

**IV. Administrative Guidelines**

- A. Prior Authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.
- C. The following documentation should be kept in the patient record:
  - 1. Current history and physical documenting the patient's condition;
  - 2. Two pathologists' reports confirming the diagnosis of either high-grade dysplasia or low grade dysplasia (as described in section II.A.1.).
- D. There is no CPT code specific to radiofrequency ablation of tissue in the esophagus. The procedure would likely be coded using CPT 43499: Unlisted procedure, esophagus.

**V. Policy History**

**Policy Number:** MPP-0056-120301

**Current Effective Date:** 10/18/19

**Original Document Effective Date:** 03/01/2012

**Previous Revision Dates:** 01/01/2017, 09/19/2018

**PAC Approved Date:** 03/01/2012