CLINICAL MEDICAL POLICY	
Policy Name:	Upper Gastrointestinal Endoscopy (EGD-esophagogastroduodenoscopy)
Policy Number:	MP-092-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	10/01/2024; 10/01/2022; 09/17/2021; 09/21/2020; 07/15/2019; 05/20/2019; 08/01/2018
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Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 23

Policy History

Date	Activity
11/01/2024	Provider Effective date
08/21/2024	QI/UM Committee review
08/21/2024	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Removed previous Diagnosis Code tables, replaced with one Diagnosis Code table for all applicable Procedure Codes. Added diagnoses codes D37.6 and R93.2.
10/01/2023	Provider Effective date
08/16/2023	QI/UM Committee review
08/16/2023	Annual Review: No changes to clinical criteria. Updated "odynophagia" definition. Updated 'Summary of Literature' and 'Reference Sources' sections. The following ICD-10 diagnosis codes have been added: K20.80, K20.81, K20.90, & K20.91. The following ICD-10 diagnosis codes have been removed: K20.8 & K20.9, all per AMA guidelines.
11/01/2022	Provider Effective date
08/17/2022	QI/UM Committee review
08/17/2022	Annual Review: No changes to clinical criteria. Added "Spigelman classification for duodenal polyposis in FAP" and "Child-Pugh classification of severity of cirrhosis" tables to the "Informational" section. Updated the "Summary of Literature" and "Reference Sources" sections.

10/18/2021	Provider effective date
08/18/2021	QI/UM Committee review
08/18/2021	Annual Review: No clinical criteria changes. Updated Summary of Literature and Reference Sources sections. Updated the following Procedure code descriptions according to the AMA standards: 43192, 43193, 43194, 43195, 43196, 43198, 43201, 43202, 43204, 43205, 43206, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43220, 43226, 43227, 43229, 43233, 43236, 43239, 43241, 43243, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43252, 43254, 43255, 43257, 43266, 43270. Added Diagnosis codes K21.00 and K21.01; removed diagnosis code K21.0.
10/19/2020	Provider effective date
08/19/2020	Annual Review: Removed hyperlinks. Removed criteria for EUS and ERCPs, as well as Summary of Literature, Codes, and References pertaining to those procedures as well. Revised medical necessity statement for each section so that they are all consistent, also specified 'in adults' for each section. Removed ICD-10 codes K80.00-K80.81, K83.0-K83.9, K85.00-K85.92, and K86.1-K87 from the diagnostic EGD diagnosis code section. Removed CPT 43210 from EGD procedure code section. Added ICD-10 D50.0, K21.0, K21.9, and K74.0 to EGD diagnosis code section. Updated Summary of Literature and References.
08/19/2020	QI/UM Committee review
04/04/2018	Initial policy developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary esophagogastroduodenoscopy.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Barrett's Esophagus (BE) – A metaplastic change of the esophageal epithelium from normal stratified squamous to columnar with goblet cells, resulting from chronic inflammation and repair. The presence of metaplastic epithelium increases risk for esophageal dysplasia and cancer.

Dysphagia – Difficulty or discomfort in swallowing

Esophagogastroduodenoscopy (EGD)/Upper Endoscopy – A procedure that uses a long, flexible fiber-optic tube-like scope with a light and camera to examine mucosal surfaces of the upper GI tract. The scope is passed from the patient's mouth into the upper gastrointestinal tract and allows direct visualization of the entire esophagus, stomach, and up to the second portion of the duodenum and jejunum as appropriate. The procedure is performed for screening, diagnostic, and/or therapeutic purposes.

Familial Adenomatous Polyposis (FAP) – An inherited disorder characterized by cancer of the colon. People with the classic type of familial adenomatous polyposis may begin to develop multiple noncancerous (benign) growths (polyps) in the colon as early as their teenage years. Unless the colon is removed, these polyps will become malignant (cancerous).

Gastroesophageal Reflux Disease (GERD) – A condition in which stomach contents, including gastric acid, reflux into the esophagus causing troublesome symptoms, complications, or both.

Odynophagia – painful swallowing. The pain may be felt in the mouth or throat and can occur with or without difficulty swallowing. The pain may be described as an ache, burning sensation, or occasionally a stabbing pain that radiates to the back. Often results in inadvertent weight loss.

Procedures

1. A **High-Risk Screening EGD** may be considered medically necessary in adults when ANY of the following conditions exist:
    A. Individuals with familial adenomatous polyposis syndromes, including ALL of the following:
        1) Beginning at age 25 years if asymptomatic; AND
        2) Subsequent follow up every six (6) months to four (4) years depending on the Spielman Stage classification of duodenal polyposis (see *Informational* table below); OR
    B. When screening for Barrett's esophagus in individuals with five (5) years or more of gastroesophageal reflux disease at risk for Barrett's esophagus; OR
    C. Individual's with cirrhosis and portal hypertension but no prior variceal hemorrhage, especially those with platelet counts less than 140,000/mm³ or Child's class B or C disease (see *Informational* table below).

2. A **diagnostic EGD** may be considered medically necessary in adults when ANY of the following conditions exist:
    A. Individuals with upper abdominal signs or symptoms, including ANY of the following:
        1) Upper abdominal symptoms (e.g., pain, heartburn, non-cardiac chest pain, etc.) that persist despite an appropriate trial of therapy (e.g., acid suppression with proton-pump inhibitors [PPI]); OR
        2) GERD symptoms which are persistent or recurrent despite appropriate therapy; OR
        3) Upper abdominal symptoms associated with symptoms and/or signs suggesting serious organic disease (e.g., prolonged anorexia and weight loss) or in patients greater than 45 years of age; OR
        4) Signs or symptoms of loco-regional recurrence after resection of esophageal cancer; OR
        5) Recent, active or a history of GI bleeding; OR
        6) History of long-term anticoagulation; OR
        7) Persistent vomiting of unknown cause for at least seven (7) days; OR
        8) Dysphagia or odynophagia; OR

B. Intraoperatively to clarify location or pathology of a lesion; OR
C. For confirmation and specific histological diagnosis of radiologically (X-ray) demonstrated lesions, including, but not limited to:
    1) suspected neoplastic lesion; OR
    2) gastric or esophageal ulcer; OR
    3) evidence of upper gastrointestinal tract stricture or obstruction; OR
D. Previously diagnosed with cirrhosis with documentation of esophageal varices; OR
E. To assess an acute injury after caustic ingestion; OR
F. When a sampling of duodenal or jejunal tissue or fluid is indicated; OR
G. To identify upper gastrointestinal etiology of lower gastrointestinal symptoms in patients suspected of having small-bowel disease (e.g., celiac disease and Crohn's Disease); OR
H. Pernicious anemia of at least six (6) months or at the onset of upper GI symptoms.

3. A **therapeutic EGD** may be considered medically necessary in adults when ANY of the following conditions exist:
    A. For treatment of bleeding from lesions such as ulcers, tumors, or vascular abnormalities (e.g., electrocoagulation, heater probe, laser photocoagulation, or injection therapy); OR
    B. For esophageal varices using endoscopic variceal ligation:
        1) Sclerotherapy for bleeding from esophageal or proximal gastric varices; OR
        2) Band ligation for bleeding from esophageal or proximal gastric varices; OR
        3) Banding of varices; OR
    C. Removal of foreign bodies (including food impaction); OR
    D. Removal of selected polypoid or submucosal lesions; OR
    E. Placement of feeding or drainage tubes (oral, peroral, trans-nasal, percutaneous endoscopic gastrostomy, percutaneous endoscopic jejunostomy); OR
    F. Dilation of stenotic lesions (e.g., with trans-endoscopic balloon dilators or dilation systems using guide wires); OR
    G. Management of achalasia by means of botulinum toxin or balloon dilation; OR
    H. Palliative treatment for stenosis lesions for neoplasm (e.g., laser, bipolar electrocoagulation, stent placement); OR
    I. Management of operative complications (e.g., dilation of anastomotic strictures, stenting of anastomotic disruption, fistula, or leak in selected circumstances).

4. A **sequential or periodic diagnostic EGD** may be considered medically necessary in adults when ANY of the following active or symptomatic conditions exist:
    A. For individuals previously diagnosed with Barrett's esophagus (BE):
        1) Without dysplasia after two (2) consecutive examinations within one (1) year, EGD surveillance should take place at three (3) to five (5) year intervals; OR
        2) With confirmed low-grade dysplasia (LGD), one (1) EGD may be performed every six (6) to twelve (12) months. If three (3) sequential biopsies show no dysplasia, then acceptable EGD surveillance should take place at three (3) to five (5) year intervals; OR
        3) With confirmed high-grade dysplasia (HGD), one (1) EGD may be performed every three (3) to six (6) months for one (1) year. After one (1) year of no dysplastic changes and no cancer detection on two (2) subsequent EGDs, the EGD surveillance should be lengthened to three (3) to six (6) month intervals; OR
        4) For follow-up of patients with dysplastic BE after ablative therapy, every three (3) to six (6) months for one (1) year; OR

B. For follow-up for adequacy of prior sclerotherapy and/or band ligation of esophageal varices every six (6) to twenty-four (24) months after the initial sclerotherapy/banding sessions are completed; OR
C. For follow-up of esophageal, gastric, or stomal ulcers to demonstrate healing in patients with continued symptoms despite adequate PPI therapy trial in two (2) to four (4) months.; OR
D. For follow-up in patients with prior adenomatous gastric polyps, one (1) to four (4) years after resection (occasional patients after resection of sessile and dysplastic polyps requiring six [6] months); OR
E. For follow-up in patients with familial adenomatous polyposis (FAP) (approximate frequency of follow-up EGDs would be every two [2] to four [4] years, but might be more frequent, such as every six [6] to [12] twelve months if gastric adenomas or adenomas of the duodenum were demonstrated); OR
F. For follow-up of recurrence of adenomatous polyps in synchronous and metachronous sites at three (3) to five (5) year intervals; OR
G. For follow-up of patients with hereditary non-polyposis colorectal cancer or gastric cancer (Lynch syndrome) every three (3) to five (5) years; OR
H. For follow-up in patients with caustic ingestion, EGD should begin fifteen (15) to twenty (20) months following the acute injury, at an interval of every one (1) to three (3) years; OR
I. For MALT Lymphoma patients, EGD should be performed every three (3) to six (6) months for the first two (2) years after H. pylori eradication. After a two (2) year period, EGD may be performed every six (6) to twelve (12) months.

5. EGD is not considered medically necessary for any conditions other than those listed above because the scientific evidence has not been established. Examples include, but are not limited to:
Diagnostic EGD:
    - Individual is experiencing typical GERD symptoms
    - Uncomplicated heartburn responding to medical therapy
    - Distress which is chronic, non-progressive, atypical for known organic disease, and is considered functional in origin (there are occasional exceptions in which an endoscopic examination may be done once to rule out organic disease, especially if symptoms are unresponsive to therapy)
    - Metastatic adenocarcinoma of unknown primary site when the results will not alter management
    - To further evaluate X-ray findings of:
        - Asymptomatic or uncomplicated sliding hiatus hernia
        - Uncomplicated duodenal bulb ulcer which has responded to therapy
        - Deformed duodenal bulb when symptoms are absent or respond adequately to ulcer therapy
    - Individuals without current gastrointestinal symptoms about to undergo elective surgery for non-upper gastrointestinal disease
    - When lower GI endoscopy reveals the cause of symptoms, abnormal signs, or abnormal laboratory tests (e.g., colonic neoplasm with iron deficiency anemia)
    - To screen for H. pylori infection in GERD
    - Routine screening before a bariatric surgery in asymptomatic patients
    - To confirm the placement of a gastric band
    - For the evaluation of abdominal pain in children (in situations where there no signs and symptoms of organic disease)

Therapeutic EGD:

- To perform routine biopsies from the distal esophagus to diagnose GERD
- In HPV-related cancer in esophageal condyloma biopsies

Sequential or periodic diagnostic EGD:

- Surveillance for malignancy in patients with gastric atrophy, pernicious anemia, treated achalasia, or prior gastric operation
- Surveillance of healed benign disease such as esophagitis, gastric or duodenal ulcer
- Surveillance during chronic repeated dilations of benign strictures unless there is a change in status
- Routine screening of the upper gastrointestinal tract

6. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

7. Place of Service
   The proper place of service to perform an EGD is in the outpatient setting.

8. Related Policies
   - MD-038-MD-PA Capsule Endoscopy
   - MP-059-MD-PA Colorectal Cancer Screening
     MP-111-MD-PA Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP)

Governing Bodies Approval

CMS
The Center for Medicare & Medicaid Services (CMS) has published the following guidelines:

- National Coverage Determination (NCD) Endoscopy (100.2)
- Local Coverage Determination (LCD) Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350)
- Local Coverage Article (LCA) Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414)

Summary of Literature

An esophagogastroduodenoscopy (EGD) (upper gastrointestinal endoscopy) refers to the examination of the esophagus, stomach, and upper duodenum (first part of the small intestine) by means of a flexible fiber-optic endoscope. The endoscope contains a video camera which allows the physician to examine the upper gastrointestinal tract. An EGD is the most accurate means of detecting problems of the upper intestinal tract, as well as obtaining biopsies, removing foreign objects, or performing other therapeutic procedures. In addition to the Esophagogastroduodenoscopy, there are other endoscopic procedures that are used to evaluate and treat indications and conditions of the upper gastrointestinal tract, including the Endoscopic Retrograde Cholangiopancreatography (ERCP) and the Endoscopic Ultrasound (EUS).

According to the American Society for Gastrointestinal Endoscopy (ASGE), progress in endoscopic technology has advanced the practice of medicine as it relates to the GI tract. Direct examination of the mucosal surface provides far greater information than that gained by 2-dimensional scans and x-rays. Further, endoscopic diagnosis and treatment of conditions have now supplanted many surgical procedures. Ongoing technical improvements and innovations continue to extend potential endoscopic therapies. EGD affords an excellent view of mucosal surfaces of the esophagus, stomach, and proximal duodenum (ASGE, 2012).

The American College of Physicians (ACP) (2012) also published clinical guidelines for upper GI endoscopy use. The recommendations are as follow:

1. Best Practice Advice #1 - Upper endoscopy is indicated in men and women with heartburn and any of the following alarm symptoms:
    - Anemia;
    - Bleeding;
    - Dysphagia;
    - Recurrent vomiting;
    - Weight loss
2. Best Practice Advice #2 - Upper endoscopy is indicated in men and women with:
    - Typical gastroesophageal reflux disease (GERD) symptoms that persist despite a therapeutic trial of 4 to 8 weeks of twice-daily proton-pump inhibitor therapy;
    - Severe erosive esophagitis after a 2-month course of Proton-Pump Inhibitor (PPI) therapy to assess healing and rule out Barrett's esophagus. Recurrent endoscopy after this follow-up examination is not indicated in the absence of Barrett's esophagus;
    - History of esophageal stricture that has recurrent symptoms of dysphagia.
3. Best Practice Advice #3 - Upper endoscopy may be indicated:
    - In men older than 50 years with chronic GERD symptoms (symptoms for more than 5 years) and additional risk factors (nocturnal reflux symptoms, hiatal hernia, elevated body mass index, tobacco use, and intra-abdominal distribution of fat) to detect esophageal adenocarcinoma and Barrett's esophagus;
    - For surveillance evaluation in men and women with a history of Barrett's esophagus. In men and women with Barrett's esophagus and no dysplasia, surveillance examinations should occur at intervals no more frequently than 3 to 5 years. More frequent intervals are indicated in patients with Barrett's esophagus and dysplasia.

GERD

The diagnosis of GERD is typically made by a combination of clinical symptoms, response to acid suppression, as well as objective testing with upper endoscopy and esophageal pH monitoring (Badillo & Francis, 2014). According to the University of Michigan Health System's guideline on GERD (2007), no gold standard exists for the diagnosis of this disease. Although pH probe is accepted as the standard with a sensitivity of 85% and specificity of 95%, false positives and false negatives still exist. Endoscopy lacks sensitivity in determining pathological reflux. Barium radiology has limited usefulness in the diagnosis of GERD and is not recommended. Furthermore, if symptoms remain unchanged in a patient with a prior normal endoscopy, repeating endoscopy has no benefit and is not recommended.

The American College of Gastroenterology's guidelines for the diagnosis and treatment of GERD stated that "[i]f the patient's history is typical for uncomplicated GERD, an initial trial of empirical therapy (including lifestyle modification) is appropriate. Endoscopy at presentation should be considered in patients who have symptoms suggesting complicated disease, those at risk for Barrett's esophagus ... Endoscopy is the technique of choice used to identify suspected Barrett's esophagus and to diagnose

complications of GERD. Biopsy must be added to confirm the presence of BE and to evaluate for dyspepsia" (DeVault & Castell, 2005).

Small Bowel Diseases

The ASGE issued guidelines on endoscopy in the diagnosis and treatment of IBD stating that an EGD may be helpful for diagnosing IBD when other studies have negative results. Endoscopy is an important diagnostic and therapeutic modality in IBD, being useful for both Crohn's disease (CD) and ulcerative colitis (UC). Endoscopy is used to make an initial diagnosis of IBD, distinguish CD from UC, assess the disease extent and activity, monitor response to therapy, allow for surveillance of dysplasia or neoplasia, and provide endoscopic treatment, such as stricture dilation. (The ASGE does not recommend routine EGD in all patients suspected of having Crohn's disease). (Leighton, Shen, Baron et al., 2006).

Endoscopy and imaging are essential tools for diagnosing and monitoring Crohn's disease. Endoscopic procedures allow direct visualization of and access to the bowel lumen. Direct visualization allows for identification of characteristic lesions, monitoring the success or failure of therapy, and screening for colorectal cancer. Endoscopic procedures (except capsule endoscopy) also allow for biopsy and therapeutic interventions (Veauthier & Hornecker, 2018).

Obesity Surgery

There are several diagnoses and indications that have been investigated when considering the use of an EGD for obesity surgery. There are UpToDate reviews on “Endoscopy in patients who have undergone bariatric surgery” and “Overview of upper gastrointestinal endoscopy (esophagogastroduodenoscopy)” which do not mention confirmation of gastric band placement as an indication of endoscopy/upper gastrointestinal endoscopy (Huang, 2017; Greenwald and Cohen, 2013). Obesity is a serious risk factor to gastrointestinal diseases, such as GERD, erosive esophagitis, hiatal hernia, BE, esophageal adenocarcinoma, H. pylori infection, colorectal polyps and cancer, non-alcoholic fatty liver disease, cirrhosis, and hepato-cellular carcinoma (De Palma, 2014). If there are specific pathological upper GI findings detected preoperatively to an obesity procedure, a surgical path may be altered. The value of a routine endoscopy before bariatric surgery in asymptomatic patients (screening EGDS) remains controversial and unclear (De Palma, 2014; Schigt, 2014; Bennett, 2016).

In regard to post-operative screening EGDs, the Roux-Y gastric bypass (RYGB) procedure completely alters the stomach, which makes the organ inaccessible and contraindicated. Additionally, there is limited data regarding the use of EGDs for the detection of leak following sleeve gastrectomy (Schigt, 2014). Laparoscopic sleeve gastrectomy (LSG) remains under scrutiny as a stand-alone bariatric procedure, with staple line leaks as the most common cause of morbidity and mortality. A retrospective analysis was performed by querying all the LSG cases performed between June 2006 and June 2010, and the authors concluded routine tests to rule out leaks are unessential. Selective utilization is recommended for staple line leaks (Sakran, 2013).

Achalasia

The ASGE guidelines on the management of achalasia provided the following statement:
“Pneumatic dilation and laparoscopic Heller myotomy are effective and established treatment options in the management of achalasia patients. Since the introduction of peroral endoscopic myotomy (POEM) in 2008, this procedure has gained worldwide acceptance as a primary treatment for patients with achalasia and other esophageal motility disorders. Multiple studies and metaanalyses have reported its excellent efficacy and safety during the short- and medium-term follow-up, and recent literature suggest long-term efficacy as well. Short-term outcomes are at least equivalent to laparoscopic Heller myotomy, although

the risk of gastroesophageal reflux could be higher. Severe adverse events are rare when the procedure is performed by experienced operators."

The ASGE published the following recommendations:

- Laparoscopic Heller myotomy, pneumatic dilation, and POEM are effective therapeutic modalities for individuals with achalasia. Decision between these treatment options should depend on achalasia type, local expertise, and patient preference.
- Recommends against the use of botulinum toxin injection as definitive therapy for achalasia patients. Botulinum toxin injection may be reserved for patients who are not candidates for other definitive therapies.
- Recommends pneumatic dilation compared with botulinum toxin injection for patients with achalasia (ASGE, 2020).

Coding Requirements

Procedure Codes

CPT Code	Description
Diagnostic, Therapeutic and Sequential EGDs	
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (e.g., Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method
43229	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)
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(S) by brushing or washing, when performed (separate procedure)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

Diagnosis Codes

ICD-10 Code	Description
B37.81	Candidal esophagitis
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified

C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C7A.092	Malignant carcinoid tumor of the stomach
C78.4	Secondary malignant neoplasm of small intestine
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D49.0	Neoplasm of unspecified behavior of digestive system
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.9	Iron deficiency anemia, unspecified
D62	Acute posthemorrhagic anemia
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy

E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E41	Nutritional marasmus
E43*	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.391	Dysphagia following cerebral infarction
I69.891	Dysphagia following other cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
I77.2	Rupture of artery
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
I86.4	Gastric varices
J86.0	Pyothorax with fistula
K20.0	Eosinophilic esophagitis
K20.80	Other esophagitis without bleeding
K20.81	Other esophagitis with bleeding
K20.90	Esophagitis, unspecified without bleeding
K20.91	Esophagitis, unspecified with bleeding
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.0	Achalasia of cardia
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding
K22.2	Esophageal obstruction
K22.3	Perforation of esophagus
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K22.81	Esophageal polyp
K22.82	Esophagogastric junction polyp
K22.89	Other specified disease of esophagus
K25.0	Acute gastric ulcer with hemorrhage
K25.1	Acute gastric ulcer with perforation

K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding

K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K31.1	Adult hypertrophic pyloric stenosis
K31.2	Hourglass stricture and stenosis of stomach
K31.3	Pylorospasm, not elsewhere classified
K31.4	Gastric diverticulum
K31.5	Obstruction of duodenum
K31.6	Fistula of stomach and duodenum
K31.7	Polyp of stomach and duodenum
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K31.819	Angiodysplasia of stomach and duodenum without bleeding
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.84	Gastroparesis
K31.89	Other diseases of stomach and duodenum
K31.A11	Gastric intestinal metaplasia without dysplasia, involving the antrum
K31.A12	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
K31.A13	Gastric intestinal metaplasia without dysplasia, involving the fundus
K31.A14	Gastric intestinal metaplasia without dysplasia, involving the cardia
K31.A15	Gastric intestinal metaplasia without dysplasia, involving multiple sites
K31.A19	Gastric intestinal metaplasia without dysplasia, unspecified site
K31.A21	Gastric intestinal metaplasia with low grade dysplasia
K31.A22	Gastric intestinal metaplasia with high grade dysplasia
K44.0	Diaphragmatic hernia with obstruction, without gangrene
K52.81	Eosinophilic gastritis or gastroenteritis
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.6	Portal hypertension
K80.00	Calculus of gallbladder with acute cholecystitis without obstruction
K80.01	Calculus of gallbladder with acute cholecystitis with obstruction
K80.10	Calculus of gallbladder with chronic cholecystitis without obstruction
K80.11	Calculus of gallbladder with chronic cholecystitis with obstruction
K80.12	Calculus of gallbladder with acute and chronic cholecystitis without obstruction
K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K80.18	Calculus of gallbladder with other cholecystitis without obstruction

K80.19	Calculus of gallbladder with other cholecystitis with obstruction
K80.20	Calculus of gallbladder without cholecystitis without obstruction
K80.21	Calculus of gallbladder without cholecystitis with obstruction
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.32	Calculus of bile duct with acute cholangitis without obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction
K80.34	Calculus of bile duct with chronic cholangitis without obstruction
K80.35	Calculus of bile duct with chronic cholangitis with obstruction
K80.36	Calculus of bile duct with acute and chronic cholangitis without obstruction
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction
K80.40	Calculus of bile duct with cholecystitis, unspecified, without obstruction
K80.41	Calculus of bile duct with cholecystitis, unspecified, with obstruction
K80.42	Calculus of bile duct with acute cholecystitis without obstruction
K80.43	Calculus of bile duct with acute cholecystitis with obstruction
K80.44	Calculus of bile duct with chronic cholecystitis without obstruction
K80.45	Calculus of bile duct with chronic cholecystitis with obstruction
K80.46	Calculus of bile duct with acute and chronic cholecystitis without obstruction
K80.47	Calculus of bile duct with acute and chronic cholecystitis with obstruction
K80.50	Calculus of bile duct without cholangitis or cholecystitis without obstruction
K80.51	Calculus of bile duct without cholangitis or cholecystitis with obstruction
K80.60	Calculus of gallbladder and bile duct with cholecystitis, unspecified, without obstruction
K80.61	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction
K80.62	Calculus of gallbladder and bile duct with acute cholecystitis without obstruction
K80.63	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K80.64	Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction
K80.65	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction
K80.66	Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction
K80.67	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
K80.70	Calculus of gallbladder and bile duct without cholecystitis without obstruction
K80.71	Calculus of gallbladder and bile duct without cholecystitis with obstruction
K80.80	Other cholelithiasis without obstruction
K80.81	Other cholelithiasis with obstruction
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
K83.1	Obstruction of bile duct
K83.2	Perforation of bile duct
K83.3	Fistula of bile duct
K83.4	Spasm of sphincter of Oddi
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K83.9	Disease of biliary tract, unspecified
K85.00	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Idiopathic acute pancreatitis with infected necrosis

K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis
K85.12	Biliary acute pancreatitis with infected necrosis
K85.20	Alcohol induced acute pancreatitis without necrosis or infection
K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Alcohol induced acute pancreatitis with infected necrosis
K85.30	Drug induced acute pancreatitis without necrosis or infection
K85.31	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Drug induced acute pancreatitis with infected necrosis
K85.80	Other acute pancreatitis without necrosis or infection
K85.81	Other acute pancreatitis with uninfected necrosis
K85.82	Other acute pancreatitis with infected necrosis
K85.90	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Acute pancreatitis with infected necrosis, unspecified
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K91.30	Postprocedural intestinal obstruction, unspecified as to partial versus complete
K91.31	Postprocedural partial intestinal obstruction
K91.32	Postprocedural complete intestinal obstruction
K91.5	Postcholecystectomy syndrome
K91.81	Other intraoperative complications of digestive system
K91.82	Postprocedural hepatic failure
K91.83	Postprocedural hepatorenal syndrome
K91.86	Retained cholelithiasis following cholecystectomy
K91.89	Other postprocedural complications and disorders of digestive system
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
K92.81	Gastrointestinal mucositis (ulcerative)
K94.23	Gastrostomy malfunction
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
Q26.5	Anomalous portal venous connection
Q26.6	Portal vein-hepatic artery fistula
Q27.33	Arteriovenous malformation of digestive system vessel
Q39.0	Atresia of esophagus without fistula

Q39.1	Atresia of esophagus with tracheo-esophageal fistula
Q39.2	Congenital tracheo-esophageal fistula without atresia
Q39.3	Congenital stenosis and stricture of esophagus
Q39.4	Esophageal web
Q39.5	Congenital dilatation of esophagus
Q39.6	Congenital diverticulum of esophagus
Q39.8	Other congenital malformations of esophagus
Q39.9	Congenital malformation of esophagus, unspecified
Q40.2	Other specified congenital malformations of stomach
Q40.3	Congenital malformation of stomach, unspecified
R07.9	Chest pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.33	Periumbilical pain
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.15	Cyclical vomiting syndrome unrelated to migraine
R11.2	Nausea with vomiting, unspecified
R12	Heartburn
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R17	Unspecified jaundice
R22.2	Localized swelling, mass and lump, trunk
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R63.0	Anorexia
R63.39	Other feeding difficulties
R63.4	Abnormal weight loss
R68.89	Other general symptoms and signs
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
S11.20XA	Unspecified open wound of pharynx and cervical esophagus, initial encounter
S11.20XD	Unspecified open wound of pharynx and cervical esophagus, subsequent encounter
S11.20XS	Unspecified open wound of pharynx and cervical esophagus, sequela
S11.21XA	Laceration without foreign body of pharynx and cervical esophagus, initial encounter
S11.21XD	Laceration without foreign body of pharynx and cervical esophagus, subsequent encounter

S11.21XS	Laceration without foreign body of pharynx and cervical esophagus, sequela
S11.23XA	Puncture wound without foreign body of pharynx and cervical esophagus, initial encounter
S11.23XD	Puncture wound without foreign body of pharynx and cervical esophagus, subsequent encounter
S11.23XS	Puncture wound without foreign body of pharynx and cervical esophagus, sequela
S11.25XA	Open bite of pharynx and cervical esophagus, initial encounter
S11.25XD	Open bite of pharynx and cervical esophagus, subsequent encounter
S11.25XS	Open bite of pharynx and cervical esophagus, sequela
S21.309A	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.309D	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, subsequent encounter
S21.309S	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S27.812A	Contusion of esophagus (thoracic part), initial encounter
S27.812D	Contusion of esophagus (thoracic part), subsequent encounter
S27.812S	Contusion of esophagus (thoracic part), sequela
S27.813A	Laceration of esophagus (thoracic part), initial encounter
S27.813D	Laceration of esophagus (thoracic part), subsequent encounter
S27.813S	Laceration of esophagus (thoracic part), sequela
S27.818A	Other injury of esophagus (thoracic part), initial encounter
S27.818D	Other injury of esophagus (thoracic part), subsequent encounter
S27.818S	Other injury of esophagus (thoracic part), sequela
S27.819A	Unspecified injury of esophagus (thoracic part), initial encounter
S27.819D	Unspecified injury of esophagus (thoracic part), subsequent encounter
S27.819S	Unspecified injury of esophagus (thoracic part), sequela
T18.100A	Unspecified foreign body in esophagus causing compression of trachea, initial encounter
T18.100D	Unspecified foreign body in esophagus causing compression of trachea, subsequent encounter
T18.100S	Unspecified foreign body in esophagus causing compression of trachea, sequela
T18.108A	Unspecified foreign body in esophagus causing other injury, initial encounter
T18.108D	Unspecified foreign body in esophagus causing other injury, subsequent encounter
T18.108S	Unspecified foreign body in esophagus causing other injury, sequela
T18.110A	Gastric contents in esophagus causing compression of trachea, initial encounter
T18.110D	Gastric contents in esophagus causing compression of trachea, subsequent encounter
T18.110S	Gastric contents in esophagus causing compression of trachea, sequela
T18.118A	Gastric contents in esophagus causing other injury, initial encounter
T18.118D	Gastric contents in esophagus causing other injury, subsequent encounter
T18.118S	Gastric contents in esophagus causing other injury, sequela
T18.120A	Food in esophagus causing compression of trachea, initial encounter
T18.120D	Food in esophagus causing compression of trachea, subsequent encounter
T18.120S	Food in esophagus causing compression of trachea, sequela
T18.128A	Food in esophagus causing other injury, initial encounter
T18.128D	Food in esophagus causing other injury, subsequent encounter
T18.128S	Food in esophagus causing other injury, sequela
T18.190A	Other foreign object in esophagus causing compression of trachea, initial encounter
T18.190D	Other foreign object in esophagus causing compression of trachea, subsequent encounter
T18.190S	Other foreign object in esophagus causing compression of trachea, sequela

T18.198A	Other foreign object in esophagus causing other injury, initial encounter
T18.198D	Other foreign object in esophagus causing other injury, subsequent encounter
T18.198S	Other foreign object in esophagus causing other injury, sequela
T18.2XXA	Foreign body in stomach, initial encounter
T18.2XXD	Foreign body in stomach, subsequent encounter
T18.2XXS	Foreign body in stomach, sequela
T18.3XXA	Foreign body in small intestine, initial encounter
T18.3XXD	Foreign body in small intestine, subsequent encounter
T18.3XXS	Foreign body in small intestine, sequela
T18.4XXA	Foreign body in colon, initial encounter
T18.4XXD	Foreign body in colon, subsequent encounter
T18.4XXS	Foreign body in colon, sequela
T28.0XXA	Burn of mouth and pharynx, initial encounter
T28.0XXD	Burn of mouth and pharynx, subsequent encounter
T28.0XXS	Burn of mouth and pharynx, sequela
T28.1XXA	Burn of esophagus, initial encounter
T28.1XXD	Burn of esophagus, subsequent encounter
T28.1XXS	Burn of esophagus, sequela
T28.2XXA	Burn of other parts of alimentary tract, initial encounter
T28.2XXD	Burn of other parts of alimentary tract, subsequent encounter
T28.2XXS	Burn of other parts of alimentary tract, sequela
T28.5XXA	Corrosion of mouth and pharynx, initial encounter
T28.5XXD	Corrosion of mouth and pharynx, subsequent encounter
T28.5XXS	Corrosion of mouth and pharynx, sequela
T28.6XXA	Corrosion of esophagus, initial encounter
T28.6XXD	Corrosion of esophagus, subsequent encounter
T28.6XXS	Corrosion of esophagus, sequela
T28.7XXA	Corrosion of other parts of alimentary tract, initial encounter
T28.7XXD	Corrosion of other parts of alimentary tract, subsequent encounter
T28.7XXS	Corrosion of other parts of alimentary tract, sequela
T54.1X1A	Toxic effect of other corrosive organic compounds, accidental (unintentional), initial encounter
T54.1X1D	Toxic effect of other corrosive organic compounds, accidental (unintentional), subsequent encounter
T54.1X1S	Toxic effect of other corrosive organic compounds, accidental (unintentional), sequela
T54.1X2A	Toxic effect of other corrosive organic compounds, intentional self-harm, initial encounter
T54.1X2D	Toxic effect of other corrosive organic compounds, intentional self-harm, subsequent encounter
T54.1X2S	Toxic effect of other corrosive organic compounds, intentional self-harm, sequela
T54.1X3A	Toxic effect of other corrosive organic compounds, assault, initial encounter
T54.1X3D	Toxic effect of other corrosive organic compounds, assault, subsequent encounter
T54.1X3S	Toxic effect of other corrosive organic compounds, assault, sequela
T54.1X4A	Toxic effect of other corrosive organic compounds, undetermined, initial encounter
T54.1X4D	Toxic effect of other corrosive organic compounds, undetermined, subsequent encounter
T54.1X4S	Toxic effect of other corrosive organic compounds, undetermined, sequela
T54.3X1A	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), initial encounter

T54.3X1D	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), subsequent encounter
T54.3X1S	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), sequela
T54.3X2A	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, initial encounter
T54.3X2D	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, subsequent encounter
T54.3X2S	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, sequela
T54.3X3A	Toxic effect of corrosive alkalis and alkali-like substances, assault, initial encounter
T54.3X3D	Toxic effect of corrosive alkalis and alkali-like substances, assault, subsequent encounter
T54.3X3S	Toxic effect of corrosive alkalis and alkali-like substances, assault, sequela
T54.3X4A	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, initial encounter
T54.3X4D	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, subsequent encounter
T54.3X4S	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, sequela
T54.91XA	Toxic effect of unspecified corrosive substance, accidental (unintentional), initial encounter
T54.91XD	Toxic effect of unspecified corrosive substance, accidental (unintentional), subsequent encounter
T54.91XS	Toxic effect of unspecified corrosive substance, accidental (unintentional), sequela
T54.92XA	Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter
T54.92XD	Toxic effect of unspecified corrosive substance, intentional self-harm, subsequent encounter
T54.92XS	Toxic effect of unspecified corrosive substance, intentional self-harm, sequela
T54.93XA	Toxic effect of unspecified corrosive substance, assault, initial encounter
T54.93XD	Toxic effect of unspecified corrosive substance, assault, subsequent encounter
T54.93XS	Toxic effect of unspecified corrosive substance, assault, sequela
T54.94XA	Toxic effect of unspecified corrosive substance, undetermined, initial encounter
T54.94XD	Toxic effect of unspecified corrosive substance, undetermined, subsequent encounter
T54.94XS	Toxic effect of unspecified corrosive substance, undetermined, sequela
T57.1X1A	Toxic effect of phosphorus and its compounds, accidental (unintentional), initial encounter
T57.1X1D	Toxic effect of phosphorus and its compounds, accidental (unintentional), subsequent encounter
T57.1X1S	Toxic effect of phosphorus and its compounds, accidental (unintentional), sequela
T57.1X2A	Toxic effect of phosphorus and its compounds, intentional self-harm, initial encounter
T57.1X2D	Toxic effect of phosphorus and its compounds, intentional self-harm, subsequent encounter
T57.1X2S	Toxic effect of phosphorus and its compounds, intentional self-harm, sequela
T57.1X3A	Toxic effect of phosphorus and its compounds, assault, initial encounter
T57.1X3D	Toxic effect of phosphorus and its compounds, assault, subsequent encounter
T57.1X3S	Toxic effect of phosphorus and its compounds, assault, sequela
T57.1X4A	Toxic effect of phosphorus and its compounds, undetermined, initial encounter
T57.1X4D	Toxic effect of phosphorus and its compounds, undetermined, subsequent encounter
T57.1X4S	Toxic effect of phosphorus and its compounds, undetermined, sequela
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z79.01	Long term (current) use of anticoagulants
Z79.3	Long term (current) use of hormonal contraceptives
Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids
Z79.82	Long term (current) use of aspirin
Z79.891	Long term (current) use of opiate analgesic

Z79.899	Other long term (current) drug therapy
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach

*__Note__: Diagnosis code E43 is allowed for CPT 43246 only.

Informational

Spigelman classification for duodenal polyposis in FAP

	Stage 1	Stage 2	Stage 3
Polyp number	1-4	5-20	>20
Polyp size (mm)	1-4	5-10	>10
Histology	Tubular	Tubulovillous	Villous
Dysplasia	Low grade	Low grade	High grade

Stage 0, 0 points; stage I, 1-4 points; stage II, 5-6 points; stage III, 7-8 points; stage IV, 9-12 points. Points are accumulated for polyps' number, size, histology and severity of dysplasia. Stage I (1-4 points) indicates mild disease, whereas stage III-IV (7-12 points) implies severe duodenal polyposis.
(Orphanet Journal of Rare Diseases, 2022)

Child-Pugh classification of severity of cirrhosis

Parameter	Points Assigned		
	1	2	3
Ascites	Absent	Slight	Moderate
Bilirubin	<2 mg/dl (<34.2 micromol/L)	2 to 3 mg/dL (34.2 to 51.3 micromol/L)	>3 mg/dL (>51.3 micromol/L)
Albumin	>3.5 g/dL (35 g/L)	2.8 to 3.5 g/dL (28 to 35 g/L)	<2.8 g/dL (<28 g/L)
Prothrombin time (seconds over control) or INR	<4 <1.7	4 to 6 1.7 to 2.3	>6 >2.3
Encephalopathy	None	Grade 1 to 2	Grade 3 to 4

Modified Child-Pugh classification of the severity of liver disease according to the degree of ascites, the serum concentrations of bilirubin and albumin, the prothrombin time, and the degree of encephalopathy.

- Score of 5 to 6 is considered Child-Pugh class A (well-compensated disease)
- Score of 7 to 9 is class B (significant functional compromise)
- Score of 10 to 15 is class C (decompensated disease).

These classes correlate with one- and two-year patient survival: class A: 100 and 85%; class B: 80 and 60%; and class C: 45 and 35%.
(UpToDate, 2022)

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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