



| CLINICAL MEDICAL POLICY | |
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| Policy Name: | Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP) |
| Policy Number: | MP-111-MD-PA |
| Responsible Department(s): | Medical Management |
| Provider Notice/Issue Date: | 09/01/2023; 10/01/2022; 09/17/2021; 09/21/2020 |
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| Products: | Highmark Wholecare SM Medicaid |
| Application: | All participating hospitals and providers |
| Page Number(s): | 1 of 16 |

Policy History

| Date | Activity |
|-------------|--|
| 10/01/2023 | Provider Effective date |
| 08/16/2023 | QI/UM Committee review |
| 08/16/2023 | Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. |
| 11/01/2022 | Provider Effective date |
| 08/17/2022 | QI/UM Committee review |
| 08/17/2022 | Annual Review: No changes to clinical criteria. Added FDA guidance to 'Governing Bodies Approval' section. Updated '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: Updated the following Procedure code descriptions according to the AMA: 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278, 43231, 43232, 43237, 43238, 43240, 43242, 43253, & 43259. |
| 10/19/2020 | Provider effective date |
| 08/19/2020 | QI/UM Committee review |
| 07/22/2020 | Initial policy developed |

Disclaimer

Highmark WholecareSM 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 WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary endoscopic ultrasound (EUS).

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

Endoscopic Retrograde Cholangiopancreatography (ERCP) – A procedure that combines upper gastrointestinal (GI) endoscopy and x-rays to treat problems of the bile and pancreatic ducts.

Endoscopic Ultrasound (EUS) – A minimally invasive procedure to assess digestive (gastrointestinal) and lung diseases. It uses high-frequency sound waves to produce detailed images of the lining and walls of the digestive tract and chest, nearby organs such as the pancreas and liver, and lymph nodes.

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.

Procedures

1. An **Endoscopic Retrograde Cholangiopancreatography (ERCP)** may be considered medically necessary for ANY of the following indications:
 - A. Acute biliary pancreatitis with concomitant cholangitis or biliary obstruction; OR
 - B. Benign biliary strictures requiring dilation and stent placement; OR
 - C. First-line therapy for postoperative biliary leaks; OR
 - D. Type I Sphincter of Oddi Dysfunction (SOD) requiring a sphincterotomy; OR
 - E. Pancreatic divisum; OR
 - F. Tissue sampling from the papilla or from the bile or pancreatic ducts to check for cancer; OR
 - G. Clinical and biochemical or imaging results suggestive of pancreatic duct disease or biliary tract without jaundice; OR
 - H. Signs or symptoms suggesting pancreatic malignancy when results of direct imaging (e.g. endoscopic ultrasound, ultrasound, computed tomography, MRI) are equivocal or normal; OR
 - I. Pancreatitis of unknown etiology; OR
 - J. Preoperative evaluation of an individual with chronic pancreatitis and/or pseudocyst; OR
 - K. Evaluation of the sphincter of Oddi by manometry; OR
 - L. Dilation and/or stent placement is required across benign or malignant strictures, fistulae, postoperative bile leak, or in high-risk individuals with large unremovable common duct stones; OR
 - M. Balloon dilation of the papilla is required; OR
 - N. Nasobiliary drain placement is required; OR
 - O. Pancreatic pseudocyst drainage is required; OR
 - P. Ampullectomy of adenomatous neoplasms of the major papilla; OR
 - Q. Therapy of disorders of the biliary and pancreatic ducts; OR
 - R. Facilitation of cholangioscopy and/or pancreatoscopy; OR
 - S. An endoscopic sphincterotomy is required for ANY of the following indications:
 - 1) Choledocholithiasis; OR
 - 2) Papillary stenosis or type 1 sphincter of Oddi dysfunction; OR
 - 3) Facilitate placement of biliary stents or dilation of biliary strictures; OR
 - 4) Sump syndrome; OR
 - 5) Choledochocele involving the major papilla; OR
 - 6) Ampullary carcinoma in individuals who are not candidates for surgery; OR
 - 7) To facilitate access to pancreatic duct.

- Note:** An ERCP is considered complete if one (1) or more of the ductal system(s), (pancreatic/biliary) is/are visualized. To report an attempted ERCP with unsuccessful cannulation of any ductal system, see procedure codes 43235-43259, 43266, and/or 43270.

2. An **Endoscopic Ultrasound (EUS)** may be considered medically necessary for screening for ANY of the following indications:
 - A. Staging tumors of the gastrointestinal tract, pancreas, and/or bile ducts; OR
 - B. Staging of tumors shown to be metastatic only when the results are the basis for therapeutic decision; OR
 - C. Evaluation of abnormalities of the gastrointestinal tract wall or adjacent structures; OR
 - D. Tissue sampling of lesions within, or adjacent to, the wall of the gastrointestinal tract; OR

- E. Evaluation abnormalities of the pancreas, including masses, pseudocysts, and chronic pancreatitis; OR
 - F. Evaluation of abnormalities of the biliary tree; OR
 - G. Providing endoscopic therapy of the gastrointestinal tract under ultrasonographic guidance including celiac plexus nerve block for chronic pancreatitis or celiac plexus neurolysis for pancreatic cancer.
3. **ERCP** is considered not medically necessary for conditions other than those listed above, as scientific evidence has not been established. Not medically necessary examples include, but are not limited to, any of the following:
- Diagnosis of pancreatitis without gallstone involvement
 - Initial and early stages of patients with acute biliary pancreatitis without clinical evidence of bile duct stones or biliary obstruction
 - Treatment of malignant biliary obstruction in jaundiced patients who are candidates for curative surgery unless they require preoperative treatment of the obstructed duct
 - Treatment of patients with abdominal pain and suspected sphincter of Oddi dysfunction without specific anatomic or biochemical abnormalities referable to bile duct stones or the pancreas
 - Preoperative treatment of patients who are undergoing cholecystectomy for gallstones and who have a low probability of bile duct stones
 - Treatment of gallbladder disease without evidence of bile duct disease
 - Stenting of malignant pancreatobiliary obstruction in patients who are possible candidates for curative surgery, since stent insertion may complicate surgical resection
 - Evaluation of pancreatobiliary-type pain in the absence of objective abnormalities on other pancreatobiliary imaging or laboratory studies
 - A perforated viscus
 - Anatomical impediments (e.g., newly created GI anastomosis)
 - When the results will not alter care of the patient
4. **EUS** is considered not medically necessary for conditions other than those listed above, as scientific evidence has not been established. Not medically necessary examples include, but are not limited to:
- Diagnosis of esophageal varices
 - 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)
 - Staging of tumors shown to be metastatic by other imaging methods (unless the results are the basis for therapeutic decisions)
 - When the results will not alter care of the patient
5. **Post-payment Audit Statement**
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
6. **Place of Service**
The proper place of service for EUS and ERCP is in an outpatient setting.

7. Related Policies

- MP-092-MD-PA Upper Gastrointestinal Endoscopy (EGD-esophagogastroduodenoscopy)
- MP-059-MD-PA Colorectal Cancer Screening

Governing Bodies Approval

FDA

Duodenoscopes are flexible, lighted tubes that are threaded through the mouth, throat, and stomach into the top of the small intestine (duodenum). These devices are used during ERCP. In the United States, duodenoscopes are used in more than 500,000 ERCP procedures each year. Duodenoscopes are complex instruments that contain many small working parts. If not thoroughly cleaned and disinfected, tissue or fluid from one patient can remain in a duodenoscope when it is used on a subsequent patient. In rare cases, this can lead to patient-to-patient transmission of infection. In the fall of 2013, the Centers for Disease Control and Prevention (CDC) alerted the FDA to a potential association between multi-drug resistant bacteria and duodenoscopes. Upon further investigation, it became clear that these cases of infection were occurring despite confirmation that the users were following proper manufacturer cleaning and disinfection or sterilization instructions.

In April 2022, the FDA issued a Safety Communication to provide new information supporting the transition to fully disposable duodenoscopes and those with disposable components as well as new information on completed postmarket surveillance studies. In June 2022, the FDA updated the Safety Communication to share new information. Fujifilm has completed the sampling and culturing study for the ED-580XT. Final results for this newer model duodenoscope indicate that 0% of samples tested positive for enough low concern organisms to indicate a reprocessing failure and only 1.1% tested positive with high concern organisms. This is better than the 4 to 6% high concern organism contamination observed with similar types of older model duodenoscopes. The FDA's conclusion remains the same, that use of the newer models of duodenoscopes can reduce the risk of infection for patients, compared to the older fixed endcap duodenoscope models.

CMS

The Center for Medicare & Medicaid Services (CMS) has issued the following guidance:

- 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

Endoscopic Ultrasound (EUS)

EUS has become integral to the diagnosis and staging of GI and mediastinal mass lesions and conditions. EUS-guided FNA (EUS-FNA) allows the endoscopist to obtain tissue or fluid for cytologic and chemical analysis, adding to the procedure's utility. EUS-guided core biopsy techniques enables histologic sampling in selected cases and for obtaining tissue for molecular analysis in neoadjuvant and palliative settings (ASGE, 2015).

EUS has a comparable accuracy with diagnostic ERCP for evaluation of choledocholithiasis and is associated with a significantly lower adverse event rate. Among patients at indeterminate risk, EUS before ERCP may obviate the need for the latter (ASGE, 2015).

The National Comprehensive Cancer Network (NCCN) provides that EUS and ERCP are often used in conjunction with ERCP provide imaging to diagnose gallbladder and bile duct cancers. EUS is also indicated for assessing the depth of tumor invasion (T category) as well as nodal involvement (N category). However, the diagnostic accuracy of EUS is operator dependent, ranging from 57% to 88% for T staging and 30%–90% for N staging. EUS may be useful for differentiating T3 and T4 tumors, but it should be used in combination with other staging modalities. EUS is also useful to identify superficial tumors for potential endoscopic approaches. Therefore, EUS should be used if early-stage disease is suspected or if early versus locally advanced disease needs to be determined (NCCN, 2023).

EUS performed prior to any treatment is important in the initial clinical staging of gastric cancer. Careful attention to ultrasound images provides evidence of depth of tumor invasion (T-category), presence of abnormal or enlarged lymph nodes likely to harbor cancer (N-assessment), and occasionally signs of distant spread, such as lesions in surrounding organs (M-category) or the presence of ascites. This is especially important in patients who are being considered for endoscopic resection (NCCN, 2023).

Endoscopic Retrograde Cholangiopancreatography (ERCP)

ERCP is a procedure that combines upper gastrointestinal (GI) endoscopy and x-rays to treat problems of the bile and pancreatic ducts. ERCP is also used to diagnose problems of the bile and pancreatic ducts if a physician expects to treat problems during the procedure. For diagnosis alone, physicians may use noninvasive tests instead of ERCP. The risks of ERCP may include pancreatitis, infections of the bile duct or gallbladder, tissue damage, or death (NIH, 2016).

Patients with acute pancreatitis (AP) and concurrent acute cholangitis should undergo ERCP within 24 hours of admission. Pancreatic duct stents and/or post-procedure rectal nonsteroidal anti-inflammatory drug (NSAID) suppositories should be utilized to lower the risk of severe post-ERCP pancreatitis in high-risk patients. Routine use of prophylactic antibiotics in patients with severe AP and/or sterile necrosis is not recommended (ACG, 2013).

This American Society for Gastrointestinal Endoscopy (ASGE) Standard of Practice (SOP) Guideline provides evidence-based recommendations for the endoscopic evaluation and treatment of choledocholithiasis. The ASGE recommends that in patients with gallstone pancreatitis without cholangitis or biliary obstruction/choledocholithiasis ASGE recommend against urgent (within 48 hours) ERCP (strong recommendation, low quality of evidence). The ASGE advises that pre-operative or post-operative ERCP or laparoscopic treatment be performed for patients at high risk of choledocholithiasis or

positive intraoperative cholangiopancreatography depending on local surgical and endoscopic expertise (ASGE, 2019).

The ASGE suggest the following high-risk criteria for choledocholithiasis, which should directly prompt ERCP:

1. Common bile duct stone on US or cross-sectional imaging
2. Total bilirubin >4 mg/dL and dilated common bile duct
3. Ascending cholangitis (ASGE, 2019)

Coding Requirements

Procedure Codes

| EUS | |
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| CPT Code | Description |
| 43231 | Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination |
| 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures |
| 43238 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures) |
| 43240 | Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) |
| 43242 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| 43253 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| 43259 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |

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| 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| 64530 | Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring |

| ERCP | |
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| CPT Code | Description |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple |
| 43262 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy |
| 43263 | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi |
| 43264 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s) |
| 43265 | Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) |
| 43274 | Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent |
| 43275 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) |
| 43276 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged |
| 43277 | Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct |
| 43278 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed |

Diagnosis Codes

| The following ICD-10-CM codes support medical necessity for CPT codes 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278: | |
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| ICD-10 | Description |
| B25.2 | Cytomegaloviral pancreatitis |
| C22.1 | Intrahepatic bile duct carcinoma |
| C24.0 | Malignant neoplasm of extrahepatic bile duct |
| C24.1 | Malignant neoplasm of ampulla of Vater |
| C24.8 | Malignant neoplasm of overlapping sites of biliary tract |
| C25.0 | Malignant neoplasm of head of pancreas |

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| 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 |
| D01.5 | Carcinoma in situ of liver, gallbladder and bile ducts |
| 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 |

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| 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 |
| K83.0 | 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 |
| K85.10 | Biliary acute pancreatitis without necrosis or infection |
| K85.11 | Biliary acute pancreatitis with uninfected necrosis |
| K85.12 | Biliary acute pancreatitis with infected necrosis |
| 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 |
| K91.5 | Postcholecystectomy syndrome |
| K91.86 | Retained cholelithiasis following cholecystectomy |
| P59.1 | Inspissated bile syndrome |
| P59.20 | Neonatal jaundice from unspecified hepatocellular damage |
| P59.29 | Neonatal jaundice from other hepatocellular damage |
| P59.8 | Neonatal jaundice from other specified causes |
| Q44.2 | Atresia of bile ducts |
| Q44.3 | Congenital stenosis and stricture of bile ducts |
| Q44.4 | Choledochal cyst |
| Q44.5 | Other congenital malformations of bile ducts |
| Q45.1 | Annular pancreas |
| Q45.2 | Congenital pancreatic cyst |
| Q45.3 | Other congenital malformations of pancreas and pancreatic duct |
| R17 | Unspecified jaundice |
| R93.2 | Abnormal findings on diagnostic imaging of liver and biliary tract |
| S36.13XA | Injury of bile duct, initial encounter |
| S36.13XD | Injury of bile duct, subsequent encounter |
| S36.13XS | Injury of bile duct, sequela |
| S36.200A | Unspecified injury of head of pancreas, initial encounter |
| S36.200D | Unspecified injury of head of pancreas, subsequent encounter |
| S36.200S | Unspecified injury of head of pancreas, sequela |

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| S36.201A | Unspecified injury of body of pancreas, initial encounter |
| S36.201D | Unspecified injury of body of pancreas, subsequent encounter |
| S36.201S | Unspecified injury of body of pancreas, sequela |
| S36.202A | Unspecified injury of tail of pancreas, initial encounter |
| S36.202D | Unspecified injury of tail of pancreas, subsequent encounter |
| S36.202S | Unspecified injury of tail of pancreas, sequela |
| S36.220A | Contusion of head of pancreas, initial encounter |
| S36.220D | Contusion of head of pancreas, subsequent encounter |
| S36.220S | Contusion of head of pancreas, sequela |
| S36.221A | Contusion of body of pancreas, initial encounter |
| S36.221D | Contusion of body of pancreas, subsequent encounter |
| S36.221S | Contusion of body of pancreas, sequela |
| S36.222A | Contusion of tail of pancreas, initial encounter |
| S36.222D | Contusion of tail of pancreas, subsequent encounter |
| S36.222S | Contusion of tail of pancreas, sequela |
| S36.230A | Laceration of head of pancreas, unspecified degree, initial encounter |
| S36.230D | Laceration of head of pancreas, unspecified degree, subsequent encounter |
| S36.230S | Laceration of head of pancreas, unspecified degree, sequela |
| S36.231A | Laceration of body of pancreas, unspecified degree, initial encounter |
| S36.231D | Laceration of body of pancreas, unspecified degree, subsequent encounter |
| S36.231S | Laceration of body of pancreas, unspecified degree, sequela |
| S36.232A | Laceration of tail of pancreas, unspecified degree, initial encounter |
| S36.232D | Laceration of tail of pancreas, unspecified degree, subsequent encounter |
| S36.232S | Laceration of tail of pancreas, unspecified degree, |
| S36.240A | Minor laceration of head of pancreas, initial encounter |
| S36.240D | Minor laceration of head of pancreas, subsequent encounter |
| S36.240S | Minor laceration of head of pancreas, sequela |
| S36.241A | Minor laceration of body of pancreas, initial encounter |
| S36.241D | Minor laceration of body of pancreas, subsequent encounter |
| S36.241S | Minor laceration of body of pancreas, sequela |
| S36.242A | Minor laceration of tail of pancreas, initial encounter |
| S36.242D | Minor laceration of tail of pancreas, subsequent encounter |
| S36.242S | Minor laceration of tail of pancreas, sequela |
| S36.250A | Moderate laceration of head of pancreas, initial encounter |
| S36.250D | Moderate laceration of head of pancreas, subsequent encounter |
| S36.250S | Moderate laceration of head of pancreas, sequela |
| S36.251A | Moderate laceration of body of pancreas, initial encounter |
| S36.251D | Moderate laceration of body of pancreas, subsequent encounter |
| S36.251S | Moderate laceration of body of pancreas, sequela |
| S36.252A | Moderate laceration of tail of pancreas, initial encounter |
| S36.252D | Moderate laceration of tail of pancreas, subsequent encounter |
| S36.252S | Moderate laceration of tail of pancreas, sequela |
| S36.260A | Major laceration of head of pancreas, initial encounter |
| S36.260D | Major laceration of head of pancreas, subsequent encounter |
| S36.260S | Major laceration of head of pancreas, sequela |
| S36.261A | Major laceration of body of pancreas, initial encounter |
| S36.261D | Major laceration of body of pancreas, subsequent encounter |

| S36.261S | Major laceration of body of pancreas, sequela |
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| S36.262A | Major laceration of tail of pancreas, initial encounter |
| S36.262D | Major laceration of tail of pancreas, subsequent encounter |
| S36.262S | Major laceration of tail of pancreas, sequela |
| S36.290A | Other injury of head of pancreas, initial encounter |
| S36.290D | Other injury of head of pancreas, subsequent encounter |
| S36.290S | Other injury of head of pancreas, sequela |
| S36.291A | Other injury of body of pancreas, initial encounter |
| S36.291D | Other injury of body of pancreas, subsequent encounter |
| S36.291S | Other injury of body of pancreas, sequela |
| S36.292A | Other injury of tail of pancreas, initial encounter |
| S36.292D | Other injury of tail of pancreas, subsequent encounter |
| S36.292S | Other injury of tail of pancreas, sequela |
| The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes 43231, 43232, 43237, 43238, 43240, 43242, 43253, 43259: | |
| ICD-10 | Description |
| 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 |
| C22.1 | Intrahepatic bile duct carcinoma |
| C24.0 | Malignant neoplasm of extrahepatic bile duct |
| C24.1 | Malignant neoplasm of ampulla of Vater |
| C24.8 | Malignant neoplasm of overlapping sites of biliary tract |
| 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 |
| C78.4 | Secondary malignant neoplasm of small intestine |

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| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| C78.89 | Secondary malignant neoplasm of other digestive organs |
| 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 |
| D13.4 | Benign neoplasm of liver |
| D13.5 | Benign neoplasm of extrahepatic bile ducts |
| D13.6 | Benign neoplasm of pancreas |
| D13.7 | Benign neoplasm of endocrine pancreas |
| D37.1 | Neoplasm of uncertain behavior of stomach |
| D37.2 | Neoplasm of uncertain behavior of small intestine |
| D37.6 | Neoplasm of uncertain behavior of liver, gallbladder and bile ducts |
| D37.8 | Neoplasm of uncertain behavior of other specified digestive organs |
| D3A.010 | Benign carcinoid tumor of the duodenum |
| D3A.092 | Benign carcinoid tumor of the stomach |
| 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 |

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| 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 |
| K81.0 | Acute cholecystitis |
| K81.2 | Acute cholecystitis with chronic cholecystitis |
| K83.0 | 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 |
| K85.10 | Biliary acute pancreatitis without necrosis or infection |
| K85.11 | Biliary acute pancreatitis with uninfected necrosis |
| K85.12 | Biliary acute pancreatitis with infected necrosis |
| 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 |
| K86.9 | Disease of pancreas, unspecified |
| K87 | Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere |
| K91.86 | Retained cholelithiasis following cholecystectomy |
| R17 | Unspecified jaundice |
| R19.00 | Intra-abdominal and pelvic swelling, mass and lump, unspecified site |
| R19.01 | Right upper quadrant abdominal swelling, mass and lump |
| R19.02 | Left upper quadrant abdominal swelling, mass and lump |
| R19.06 | Epigastric swelling mass or lump |
| R93.2 | Abnormal findings on diagnostic imaging of liver and biliary tract |

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

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