



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP)
<b>Policy Number:</b>	MP-111-MD-PA
<b>Responsible Department(s):</b>	Medical Management
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<b>Revision Date:</b>	08/21/2024; 08/16/2023; 08/17/2022; 08/18/2021; 08/19/2020
<b>Products:</b>	Highmark Wholecare <sup>SM</sup> Medicaid
<b>Application:</b>	All participating hospitals and providers
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**Policy History**

<b>Date</b>	<b>Activity</b>
10/01/2024	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.
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 Wholecare<sup>SM</sup> 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<sup>SM</sup> 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 Wholecare<sup>SM</sup> 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).

Individuals 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

<b>EUS</b>	
<b>CPT Code</b>	<b>Description</b>
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)

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

<b>ERCP</b>	
<b>CPT Code</b>	<b>Description</b>
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

<b>The following ICD-10-CM codes support medical necessity for CPT codes 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278:</b>	
<b>ICD-10</b>	<b>Description</b>
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
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
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
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
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
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
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 Wholecare<sup>SM</sup> contract.

### **Reference Sources**

Elta GH, Enestvedt BK, Sauer BG, Lennon AM. ACG Clinical Guideline: Diagnosis and Management of Pancreatic Cysts. Am J Gastroenterol. 2018. Accessed on July 28, 2020.

Tenner S, Baillie J, DeWitt J, Vege SS; American College of Gastroenterology. American College of Gastroenterology guideline: management of acute pancreatitis [published correction appears in Am J Gastroenterol. February 2014. Am J Gastroenterol. 2013. Accessed on July 29, 2020.

American Society for Gastrointestinal Endoscopy (ASGE). The role of endoscopy in Barrett's esophagus and other premalignant conditions of the esophagus. Gastrointest Endosc. 2012. Accessed on July 19, 2022.

American Society for Gastrointestinal Endoscopy (ASGE). The role of endoscopy in ampullary and duodenal adenomas. *Gastrointest Endosc.* 2015. Accessed on July 28, 2020.

American Society for Gastrointestinal Endoscopy (ASGE). The role of endoscopy in the assessment and treatment of esophageal cancer. *Gastrointest Endosc.* 2013. Accessed on July 28, 2020.

American Society for Gastrointestinal Endoscopy (ASGE). The role of endoscopy in the diagnosis and treatment of cystic pancreatic neoplasms. *Gastrointest Endosc.* 2016. Accessed on July 28, 2020.

American Society for Gastrointestinal Endoscopy (ASGE). ASGE guideline on the role of endoscopy in the evaluation and management of choledocholithiasis. *Gastrointest Endosc.* 2019. Accessed on July 29, 2020.

National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology. Gastric Cancer. Version 2.2024. May 29, 2024. Accessed on July 30, 2024.

National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology. Pancreatic Adenocarcinoma. Version 2.2024. April 30, 2024. Accessed July 30, 2024.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Endoscopy (100.2). Accessed on July 29, 2024.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (L35350). Original Effective date October 1, 2015. Revision Effective date October 17, 2019. Accessed on July 29, 2024.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) (A57414). Original Effective date October 1, 2019. Revision Effective date January 9, 2023. Accessed on July 29, 2024.

U.S. Food and Drug Administration (FDA). Infections Associated with Reprocessed Duodenoscopes. June 30, 2022. Accessed on July 19, 2022.

National Institutes of Health (NIH): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Endoscopic Retrograde Cholangiopancreatography (ERCP). June 2016. Accessed on July 19, 2022.

American Society for Gastrointestinal Endoscopy (ASGE). ASGE guideline on the role of endoscopy in the evaluation and management of choledocholithiasis. ASGE Standards of Practice Committee. Volume 89, No. 6. 2019. Accessed on July 19, 2022.

American Society for Gastrointestinal Endoscopy (ASGE). Quality indicators for EUS. Volume 81, No. 1. 2015. Accessed on July 19, 2022.