Policy Name: Endoscopic Radiofrequency Ablation for Barrett’s Esophagus
Effective Date: 7/15/2019

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Endoscopic radiofrequency ablation is COVERED for Barrett’s esophagus with high-grade or low-grade dysplasia.

Endoscopic radiofrequency ablation is investigative and therefore NOT COVERED for Barrett’s esophagus without dysplasia.

Description
Barrett’s esophagus (BE) is a condition in which the normal squamous epithelium of the esophagus is replaced by an abnormal, specialized columnar type epithelium, similar to the lining of the intestine. This process is called intestinal metaplasia. No signs or symptoms are associated with BE, but it is commonly found in people with gastroesophageal reflux disease (GERD). Confirmation of BE requires biopsy of the esophagus and microscopic identification of intestinal metaplasia. Intestinal metaplasia can progress to dysplasia, which is a precursor to esophageal adenocarcinoma (EAC). Persons with BE are at a 40-fold increased risk for developing EAC compared to the general population.

Management of BE is dependent on the progression of the disease and may include medical treatment of GERD, surveillance, and a number of endoscopic or surgical procedures. Radiofrequency ablation (RFA) is a non-invasive therapy for BE. RFA consists of a sizing balloon, an energy generator, and an ablation catheter, which deliver radiofrequency energy under endoscopic guidance, purportedly removing the diseased tissue lining the esophagus. Endoscopic RFA is usually performed in the outpatient setting under conscious sedation.

FDA Approval
In June 2005, the U.S. Food and Drug Administration (FDA) granted 510(k) clearance for the Barrx Ablation system (formerly HALO360 Coagulation System, the HALO90 System received FDA clearance in April 2006 and the HALOFLex Energy Generator received 510(k) clearance in November 2009).
Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
• 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)
• 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)

Original Effective Date: 10/1/2010
Re-Review Date(s): 9/13/2011
9/19/2012
5/15/2019