PriorityHealth

MEDICAL POLICY
No. 91617-R0

ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD)

Effective Date: June 13, 2016 | **Review Dates: 5/16, 5/17, 5/18, 5/19**
Date Of Origin: May 11, 2016 | **Status: Current**

I. POLICY/CRITERIA

Endoscopic submucosal dissection (ESD) for gastrointestinal lesions may be a covered benefit when **all** of the following are met:

1. Lesion is deemed appropriate for ESD by one of the following:
   a. Endoscopic ultrasound (EUS), OR
   b. High magnification chromoendoscopy

2. **One** of the following clinical indications at any gastroenterologic region of origin:

   a. Esophagus Region (must meet one of the following)
      1. Barrett's esophagus with high grade dysplasia with a visible lesion >=20 mm
      2. Early esophageal cancers by EUS with a negative PET scan
      3. Submucosal masses >=20 mm
      4. Esophageal polyps unable to be removed by snare techniques
      5. Recurrent High Grade Dysplasia or early cancer

   b. Gastric Region (must meet one of the following)
      1. High grade dysplasia in non-pedunculated polyps >=20 mm
      2. Early gastric cancer by EUS with negative PET scan
      3. Submucosal masses >=20 mm
      4. Gastric polyps unable to be removed by snare techniques
      5. Recurrent high grade dysplasia or early cancer

   c. Duodenal Region (must meet one of the following)
      1. High grade dysplasia polyps >=20 mm
      2. Early duodenal cancer by EUS and negative PET scan
      3. Duodenal polyps unable to remove by snare techniques
      4. Recurrent high grade dysplasia or early cancer

   d. Colorectal Region (must meet one of the following)
      1. Flat large polyps >=20 mm
      2. Early colon or rectal cancer by EUS or high magnification chromoendoscopy
      3. Submucosal masses

4. Recurrent polyps >=20 mm

3. None of the following:
   a. Patients with involvement of the submucosa (Sm2 or beyond*) as demonstrated by EUS or high magnification chromoendoscopy
   b. Poorly differentiated cancers
   c. Patients who are deemed to be unsuitable for sedation by anesthesia
   d. Patients with obvious metastasis

4. Pre-ESD evaluation by GI surgeon to discuss surgical options as alternative to ESD.

II. MEDICAL NECESSITY REVIEW

☐ Required ☒ Not Required ☐ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***

IV. BACKGROUND

ESD uses endoscopic resection that enables en-bloc removal of gastrointestinal lesions. The basic technique for the procedure is as follows: 1) Cautery is used to mark the perimeter of the lesion, 2) a lifting agent is injected into the submucosa around the perimeter of the lesion, 3) an electrosurgical knife is used to incise the mucosa and cut circumferentially around the lesion, 4) the submucosa beneath the lesion is injected and then the electrosurgical knife is used to dissect in a free-hand manner until the whole specimen has been completely resected, 5) a water jet and hemostatic forceps are used to wash and coagulate any bleeding that occurs during either the mucosal incision or submucosal dissection.

Although ESD was first described as a technique to treat early gastric neoplasia non-operatively, the technique and equipment have evolved over the past decades to expand indications to include locations throughout the GI tract from the esophagus to the colon.

In highly trained hands, ESD results in higher en-bloc curative resection rates and detailed histopathological evaluation, with lower recurrence when compared to the current conventional therapy in the United States.

According to American Society for Gastrointestinal Endoscopy (2015), ESD is a technically demanding procedure that requires substantial training to achieve competence; inadequate training compromises both patient safety and technical outcomes. ESD poses significant risk when undertaken by an operator inadequately trained in ESD.

*Non-pedunculated lesions with invasion of more than 1000 μm and pedunculated lesions with stalk invasion were considered as submucosal deep invasive cancer (sm2–3) (Matsuda, T., 2008)

V. CODING INFORMATION

ICD-10 Diagnoses that *may* support:

C15.3 – C15.9	Malignant neoplasm of esophagus
C16.0 – C16.9	Malignant neoplasm of stomach
C17.0	Malignant neoplasm of duodenum
C18.0 – C18.9	Malignant neoplasm of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D13.2	Benign neoplasm of duodenum
D48.7	Neoplasm of uncertain behavior of other specified sites

D49.0 Neoplasm of unspecified behavior of digestive system

K22.711 Barrett's esophagus with high grade dysplasia
K31.7 Polyp of stomach and duodenum
K63.5 Polyp of colon

CPT/HCPCS codes:
43499 Unlisted procedure, esophagus
43999 Unlisted procedure, stomach
44799 Unlisted procedure, small intestine
45399 Unlisted procedure, colon
45999 Unlisted procedure, rectum
(Explanatory notes must accompany claims billed with unlisted codes.)

VI. REFERENCES

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