

Endoscopy Ultrasonography (EUS)

Adjudication Guideline

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1. Abstract

1.1 For Members

Endoscopic ultrasound (EUS) is a technique in which an endoscope within the upper or lower gastrointestinal (GI) tract obtains images in real time, enabling diagnostic and therapeutic procedures in addition to image acquisition.

EUS provides the opportunity to see beyond the GI lining without the risk of radiation and in closer proximity to many internal structures.

1.2 For Medical Professionals

EUS combines endoscopy and ultrasound to obtain images and information about the digestive tract and the surrounding tissue and organs. In addition, Endoscopic ultrasound with fine needle aspiration is used to aspirate fluid from cystic lesions, pseudo-cysts, and fluid collections for both diagnostic and therapeutic purposes.

Expanding on procedures that have previously done with endoscopic retrograde cholangiopancreatography, percutaneous interventional techniques and even surgery, EUS has experienced a rapid growth in imaging, tissue sampling, and therapeutic indications.

2. Scope

The scope of this adjudication rule is to highlight the medical necessity and coverage of EUS for all health insurance plans administered by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Indications:

1. Staging tumours of the GI tract, pancreas, bile ducts, and mediastinum, including lung cancer.
2. Evaluating abnormalities of the GI wall or adjacent structures.
3. Tissue sampling of lesions within, or adjacent to, the wall of the GI tract.
4. Evaluation of abnormalities of the pancreas, including masses, pseudocysts, cysts, and chronic pancreatitis.
5. Evaluation of abnormalities of the biliary tree.
6. Placement of fiducials into tumours within or adjacent to the wall of the GI tract.
7. Treatment of symptomatic pseudocysts by creating an enteral-cyst communication.
8. Drug delivery (e.g., celiac plexus neurolysis).

9. Providing access into the bile ducts or pancreatic duct, either independently or as an adjunct to ERCP.
10. Evaluation for chronic pancreatitis.
11. Evaluation of acute pancreatitis of unknown etiology.
12. Evaluation for perianal and perirectal disorders (anal sphincter injuries, fistulae, abscesses).
13. Evaluation of patients at increased risk of pancreatic cancer.
14. For diagnosis and evaluation of complicated anorectal Crohn's disease and in the differentiation of ulcerative colitis from Crohn's colitis.

Contraindications:

1. Patients who cannot tolerate moderate sedation, monitored anesthesia care (MAC), or general anesthesia.
2. Hemodynamically unstable Patient.
3. Patients with gastrointestinal (GI) obstruction (e.g., duodenal stricture due to a lesion in the head of the pancreas) may undergo EUS, but the imaging is limited to an area proximal to the level of obstruction.
4. Patients with abnormal coagulation studies (platelet count $\leq 50,000/\text{microL}$; international normalized ratio [INR] >1.5), EUS-FNA is relatively contraindicated.

3.2 Requirements for Coverage

1. The Questionnaire must be filled and submit the required documents for preauthorization request for Upper / Lower EUS GI.
2. ICD and CPT codes must be coded to the highest level of specificity.
3. Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
4. Ordering and Performing Clinicians are restricted to the specialties and privileging as per their scope of practice defined by the regulations.

Questionnaire:

EUS Endoscopy

GENERAL INFORMATION

Patient's Name: _____

Patient's Card #: _____

Age: _____

Gender: Female Male

Providers Name: _____

Where was the procedure take place:

Outpatient Inpatient Emergency

What are the conditions/diagnosis the patient have at the time of the endoscopy:

Ordering Clinician Speciality: _____

Performing Clinician Speciality: _____

Diagnosis (ICD-10):

Did the patient have any conservative treatment for their condition? kindly elaborate?

Requested Procedure	CPT Code/ Description	Previous Date	Requested Date	Comments

Kindly attach the following (If available):

- Endoscopy reports
- Diagnostic Reports: _____
- Report of previous endoscopic procedures within the last year and their dates

ADDITIONAL COMMENTS: -

3.3 Non-Coverage

1. Upper / Lower EUS GI will not be covered for visitor's plan.
2. Upper / Lower EUS Gi is not covered if contraindicated.
3. EUD is not covered if not medically indicated.
4. If Clinician specialty other than mention category will not be covered.
5. EUS is not covered for conditions other than those listed above, as scientific evidence has not been established. Noncovered examples include but are not limited to:
 - a. Diagnosis of oesophageal varices
 - b. 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)
 - c. Staging of tumors shown to be metastatic by other imaging methods (unless the results are the basis for therapeutic decisions).

3.4 Payment and Coding Rules

Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
CODE-010	Activity/diagnosis inconsistent with clinician specialty
CLAI-012	Submission not complaint with contractual agreement between provider & payer

5. Appendices

5.1 References

- https://sso.uptodate.com/contents/endoscopic-ultrasound-guided-fine-needle-aspiration-in-the-gastrointestinal-tract?search=endoscopic-ultrasound-guided-fine-needle-aspiration-in-the-gastrointestinaltract&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
- https://www.esge.com/assets/downloads/pdfs/guidelines/2021_a-1717-1391.pdf
- <https://www.sciencedirect.com/science/article/pii/S1521691822000294>
- <https://ejim.springeropen.com/articles/10.1186/s43162-024-00275-y>
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC8534965/>
- <https://www.mdpi.com/2075-4418/14/11/1156>
- <https://www.elsevier.es/en-revista-clinics-22-articulo-a-meta-analysis-on-efficacy-endoscopic-S1807593224000255>
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9914551/>

5.2 Revision History

Date	Change(s)
27/12/2022	Release of V1.0
19/12/2024	Release of V2.0 <ul style="list-style-type: none"> • Clinicians and Content reviewed • References updated

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