



Medical Policies

 **Print**

Policy Number:	S-204		
Policy Name:	Endoscopic Radiofrequency Ablation/Cryotherapy		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

In Barrett's esophagus (BE), the normal squamous epithelium is replaced by specialized columnar-type epithelium, known as intestinal metaplasia. Intestinal metaplasia is a precursor to adenocarcinoma and may be treated with mucosal ablation techniques such as radiofrequency ablation (RFA) or cryotherapy.

Gastric antral vascular ectasia (GAVE) is an uncommon cause of chronic gastrointestinal bleeding and iron deficiency anemia.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

* See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

RFA when performed using a U.S. Food and Drug Administration approved device may be considered medically necessary for treatment of BE in individuals with low-grade or high-grade dysplasia.

The diagnosis of low-grade and high-grade dysplasia must be confirmed by two (2) pathologists preferably including gastroenterologist pathologist prior to RFA.

RFA not meeting the criteria as indicated in this policy is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer reviewed literature.

Surveillance guidelines following RFA of dysplastic BE

The following surveillance intervals are recommended following an ablation procedure for individuals with dysplastic BE.

High-grade dysplasia

- Esophagogastroduodenoscopy (EGD) and four (4)-quadrant biopsies one to two (1-2) cm every three (3) months for the first year; and
- EGD every six (6) months for the second year; and
- EGD yearly after the second year if BE with no dysplasia or squamous epithelium is found.

Low-grade dysplasia

- EGD every six (6) months for the first year and then yearly.

No dysplasia

- Individuals without dysplasia who had two (2) endoscopic examinations a year apart and have shown no evidence of disease progression, the surveillance interval may be extended to three (3) - five (5) years.

Procedure Codes

43229	43270
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Cryotherapy for the treatment of BE is considered medically necessary as a second line treatment for individuals who do not fully respond to RFA or if there is a clinical contraindication to using RFA.

Cryotherapy not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer reviewed literature.

Gastric Antral Vascular Ectasia (GAVE)

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated

revision effective dates in effect on the date of processing, regardless of service date; or

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

RFA is considered medically necessary in individuals with GAVE that are difficult to control with recurrent bleeds despite treatment with Argon Plasma Coagulation (APC)/frequent hospitalizations requiring transfusions.

RFA for the treatment of GAVE not meeting the criteria as indicated in this policy is considered experimental/investigational and, therefore, non-covered because the safety **and/or** effectiveness of this service cannot be established by the available published peer reviewed literature.

Procedure Codes

43229	43270	43499
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Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 43270 and 43229

K22.710	K22.711	K22.719	K31.811	K31.819
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CURRENT CODING

CPT:

43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	Medicaid Expansion
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	Medicaid Expansion
43499	UNLISTED PROCEDURE ESOPHAGUS	Medicaid Expansion
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	Commercial
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	Commercial
43499	UNLISTED PROCEDURE ESOPHAGUS	Commercial

References

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and esophagogastric junction cancers. Version 4.2021.

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ND Committee Review

Internal Medical Policy Committee 11-19-2020 New Policy for ND

Internal Medical Policy Committee 11-23-2021 Annual Review, no changes in criteria

Internal Medical Policy Committee 3-23-2022 Revised with clarifying language.

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 5-14-2024 Annual Review-no changes in criteria

- **Added** Policy Application

Internal Medical Policy Committee 9-17-2024 Annual Review-no change in criteria

- **Updated** References

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.