Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Benefit Information

Category: Surgery

Title: Endoscopic Laser Treatment for Gastrointestinal Bleeding

Procedure Code(s): 43255

Description / Background

In this procedure, a laser beam is directed to the specific site of gastrointestinal bleeding via a fiberglass fiber inserted through a flexible endoscope. The laser then converts light to heat energy to coagulate bleeding sites within the gastrointestinal tract.

Thermal coagulation is used to heat and seal the bleeding blood vessel. In coaptive coagulation, a probe (such as the heater or bipolar probe) is used to physically compress and tamponade the vessel, followed by thermal sealing of the vessel. Coaptive thermal endoscopic treatments include bipolar coagulation and heater probe. Noncoaptive thermal techniques include argon and neodymium-yttrium aluminum garnet (Nd:YAG) laser, argon plasma coagulation and microwave.

CPT / HCPCS Level II Codes and Description

43255 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method.

Diagnoses / Medical Conditions

- Duodenal ulcer, acute with hemorrhage
- Duodenal ulcer, chronic or unspecified with hemorrhage
- Peptic ulcer, site unspecified, acute with hemorrhage
- Peptic ulcer, site unspecified, chronic or unspecified with hemorrhage
- 5Gastrojejunal ulcer, acute with hemorrhage 534.4 (0-1) Gastrojejunal ulcer, chronic or unspecified with hemorrhage
- Acute gastritis with hemorrhage

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- Atrophic gastritis with hemorrhage
- Gastric mucosal hypertrophy with hemorrhage
- Alcoholic gastritis with hemorrhage
- Other specified gastritis, with hemorrhage
- Unspecified gastritis and gastroduodenitis, with hemorrhage
- Duodenitis, with hemorrhage
- Angiodysplasia of stomach and duodenum with hemorrhage
- Ulceration of intestine
- Angiodysplasia of intestine with hemorrhage
- Hemorrhage of gastrointestinal tract, unspecified

Medical Policy Statement

The safety and effectiveness of endoscopic laser treatment for gastrointestinal bleeding have been established. It may be considered a useful therapeutic option for control of persistent and severe bleeding of gastrointestinal lesions due to gastroduodenal ulcers, angiodysplasia or other conditions.

Rationale

This procedure is less invasive than surgical means of controlling gastrointestinal bleeding.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The safety and effectiveness of endoscopic laser treatment for gastrointestinal bleeding have been established. It may be considered a useful therapeutic option for control of persistent and severe bleeding of gastrointestinal lesions due to gastroduodenal ulcers, angiodysplasia or other conditions.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

N/A

Related Policies

Hyperlink

Medicare Information

Medicare does not have a specific policy on this subject. However, endoscopic laser therapy for gastrointestinal bleeding is payable for Medicare.

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(The above Medicare information is current as of the review date for this policy's review date. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services (CMS, formerly HCFA) on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.)

References

- Blue Cross Blue Shield Association Medical Policy # 701.42, "Endoscopic Laser for Gastrointestinal Bleeding", effective date 3/31/96, archived on 8/18/00.
- Cook DJ, Guyatt GH, Salena BJ, Laine LA. "Endoscopic therapy for acute nonvariceal upper gastrointestinal hemorrhage: a meta-analysis," *Gastroenterology*. 1992 Jan;102:139-48.
- Fallah, Mark MD, "Acute Gastrointestinal Bleeding," *Medical Clinics of North America*, Volume 84 • Number 5 • September 2000, Copyright © 2000 W. B. Saunders Company
- http://www.hopkins-gi.org/pages/latin/templates/index.cfm?pg=disease3&organ=5&disease=16&lang_id=1&pagetype=13&pagenum=80 The Johns Hopkins Medical Institutions, Gastroenterology and Hepatology Resource Center, Digestive Disease Library, Stomach and Duodenum, "Peptic Ulcer Disease," Copyright 2002.
- Medicare Part B Freedom of Information policy, number GI-400 "Endoscopy", effective 1/1/93.
- Savides, Thomas J., MD and Jensen Dennis M. MD, "Therapeutic Endoscopy for Nonvariceal Gastrointestinal Bleeding," *Gastroenterology Clinics*, Volume 29, Number 2, June 2000, Copyright © 2000, W. B. Saunders Company.

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
4/16/02	Joint medical policy established
11/18/03	See comment below

Next Review: This is an established policy and no longer subject to routine review

Pre-Consolidation Medical Policy History

Original Policy Date		Comments
BCN	N/A	Revised: N/A
BCBSM	2/17/97	Revised: 11/1/00

Hyperlink Secured for internal use only (Internal information, e.g., Medical Policy Committee meeting minutes, etc.)

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BLUE CARE NETWORK
POLICY: ENDOSCOPIC LASER FOR GASTROINTESTINAL BLEEDING

I. Coverage Determination:

The use of an endoscopic laser is a covered benefit for control of persistent and severe bleeding of gastrointestinal lesions due to a gastroduodenal ulcer, angiodysplasia or other condition.

II. Benefit Information:

Appropriate hospital copayments will apply

- BCN 1, BCN 5, BCN 5 Michigan Catholic Conference, FEP – no copayment
- BCN 10, BCN Non-Group, Personal Plus – The hospital copayment is 25% of all hospital-billed fees for facility, professional and related services received while an inpatient and for outpatient surgery. All copayments made for hospital-billed fees apply to a hospital copayment maximum. Once the maximum is reached, no copays will be taken for hospital-billed services for the rest of the year.
- BCN Basic – All hospital inpatient and outpatient services are subject to a 20% copayment. Where more than one service is provided at one time, all the applicable copayments apply. Certain copayments will accumulate toward an annual copayment. Once the annual copayment maximum is reached in any calendar year, the copayments for benefits that are described as applicable toward the annual copayment maximum are waived.

Requires plan approval with clinical review? ☐ Yes ☒ No ☐ N/A (Not covered)

III. Benefit Exclusions:

N/A

IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP.
- Services must be performed by a BCN-contracted provider, if available.
- Appropriate copayments will apply.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits, and certificate riders.
- Duplicate (back-up) equipment is not a covered benefit.

V. Effective Date:

Policy taken off routine review schedule: 11/18/03
Joint policy effective date: 4/16/02
Supersedes benefit information of: N/A

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