**Feasibility Assessment for Capturing and Reporting systematic biopsies during surveillance EGD in patients with Barrett’s esophagus without dysplasia**

Barrett’s esophagus (BE) is a risk factor for esophageal adenocarcinoma and EGDs with systematic biopsies are recommended after BE is diagnosed. Systematic biopsies are recommended to be taken every 2cm in 4 quadrants of the entire BE length on surveillance EGD (AG Seattle Biopsy guideline for Management of Barrett’s esophagus). The AGA is assessing the feasibility of reporting the percentage of patients aged 18 years and older with a diagnosis of BE without dysplasia who undergo surveillance EGD with systematic biopsies.

Please complete this brief questionnaire below to inform us of the difficulty of collecting and reporting this information. We will use this information in measure development efforts. You do not need to be reporting these measures to CMS to answer the survey.

**Please answer the following questions regarding your practice:**

1. What is the name of your practice?
2. How many gastroenterology providers are in your practice?
3. How many primary care providers are in your practice?
4. What is the name of your EHR (please enter brands/names of all EHRs you use)?
5. Does your practice own the EHR and/or can generate reports directly from the EHR? Or do you need to ask a hospital to run reports from the EHR?
6. Are pathology results, laboratory results, radiology reports, endoscopy reports, and coding located on the same EHR?
7. How many facilities/hospitals does your practice work with?
8. Does your health system have a centralized quality office? Or does your practice report quality outcomes separately?

**The surveillance EGD for non-dysplastic BE with systematic biopsies measure requires several individual data elements, so we need to know how easy or hard it is to capture these elements. Things we are looking for include whether you routinely capture the information as part of your work, whether this information is entered into your EHR, and if it is, how easy it is to get the data back out. Below is a list of all the data elements needed for testing this measure. Please complete the table for the listed data elements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Element** | **Do you routinely capture this information already as part of your work?** | **Is this information available in your EHR?** | **How does this information show up in the report: as text/notes or in defined data fields (e.g., dropdown box)?** | **Are the data captured using codes (e.g. SNOMED, LOINC, ICD-10)?** | **Is the data a result of clinician assessment or self-reported by the patient?** |
| Diagnosis: Barrett’s esophagus without dysplasia |  |  |  |  |  |
| Diagnostic test: EGD |  |  |  |  |  |
| Diagnostic test: 4 quadrant biopsies taken at least every 2cm of the entire BE length, documented |  |  |  |  |  |
| Medical reason for obtaining less than 4 quadrant biopsies of the entire BE length (see below)\* |  |  |  |  |  |
| Documentation of the use of endoscopic imaging enhancement technology for in-vivo optical diagnosis of BE histology (see below)# |  |  |  |  |  |
| Reason not otherwise specified for obtaining less than 4 quadrant biopsies every 2cm of the entire BE length |  |  |  |  |  |
| Results documented: 4 quadrant biopsies taken at least every 2cm of the entire BE length |  |  |  |  |  |

\*Medical reason documented obtaining less than four quadrant biopsies every 2cm of the entire Barrett’s esophagus length include, but are not limited to: erosive esophagitis, coagulopathy, thrombocytopenia, esophageal varices, esophageal stricture, gastrointestinal bleeding, gastrointestinal perforation, patient instability, visible lesion within Barrett’s segment suspicious for neoplasia, no Barrett’s esophagus seen.

# Documentation of the use of endoscopic image enhancement technology for in-vivo optical diagnosis of Barrett’s esophagus histology include, but are not limited to chromoendoscopy, optical endomicroscopy.

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**Appendix A: Relevant Codes**

**ICD10-CM:**

K22.70 - Barrett's esophagus without dysplasia

**CPT:**

43191, 43193, 43197, 43198, 43200, 43202, 43206, 43216, 43211, 43235, 43239, 43250, 43252, 43254

WITHOUT

**CPT Category I Modifiers:**

52, 53, 73 or 74