

Endoscopy/Barrett's esophagus surveillance: Esophagoscopy or esophagogastroduodenoscopy (EGD) interval for patients with Barrett's esophagus without dysplasia

Based on AGA Seattle Biopsy guideline for Management of Barrett's Esophagus

DESCRIPTION:

Percentage of patients aged 18 years and older receiving a surveillance esophagoscopy or esophagogastroduodenoscopy (EGD), with a history of Barrett's esophagus without dysplasia, who had an interval of 3 or more years from their last esophagoscopy or EGD with systematic surveillance biopsies.

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for **all** patients with a diagnosis of Barrett's esophagus without dysplasia undergoing a surveillance esophagoscopy or EGD during the reporting period. This measure is intended to reflect the quality of services provided for patients with Barrett's esophagus without dysplasia. This measure may be reported by physicians or other qualified healthcare professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:

ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR

All patients aged 18 years and older with a history of Barrett's esophagus without dysplasia receiving an esophagoscopy or EGD for indication of Barrett's esophagus surveillance.

Denominator Instructions: Clinicians who indicate that the esophagoscopy or EGD was incomplete or discontinued should use modifier 52, 53, 73, or 74 (as appropriate) in addition to the procedure code. Patients who have a coded esophagoscopy or EGD procedure including modifier 52, 53, 73, or 74 will be **excluded** from the denominator.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis of Barrett's esophagus without dysplasia (ICD-10-CM): K22.70

AND

Patient encounter during the reporting period (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

NUMERATOR:

Patients with an interval of 3 or more years since their last esophagoscopy or EGD with systematic surveillance biopsies

Numerator Options:

OR **Performance Met:** Interval of 3 or more years since patient's last systematic surveillance biopsies, documented

Medical Performance Exclusion: Documentation of medical reason(s) for an interval of less than 3 years since last systematic surveillance biopsies (e.g. prior endoscopy did not include systematic surveillance biopsies, prior endoscopy not conducted with high definition endoscope, visible lesion within Barrett's segment suspicious for neoplasia on last endoscopy, visible esophagitis on last endoscopy, prior history of Barrett's esophagus with dysplasia)

OR

System Performance Exclusion: Documentation of system reason(s) for an EGD interval of less than 3 years since last systematic surveillance biopsies (e.g. unable to locate previous report, previous report incomplete).

OR

Performance Not Met: EGD interval of less than 3 years since patient's last surveillance biopsies, reason not otherwise specified.

Rationale:

Barrett's esophagus is the pre-malignant condition for esophageal adenocarcinoma.¹ Barrett's esophagus can progress in a step-wise fashion from Barrett's esophagus without dysplasia, to Barrett's esophagus with low grade dysplasia, to Barrett's esophagus with high grade dysplasia, and then to esophageal adenocarcinoma. Esophagoscopy or esophagogastroduodenoscopy (EGD) with systematic biopsies of the Barrett's esophagus segment is the recommended method of surveillance after a diagnosis of Barrett's esophagus is made. The recommended time interval between surveillance examinations is based on the degree of dysplasia. Inappropriate interval recommendations can result in overuse of resources and can lead to significant patient harm. Performing esophagoscopy or EGD too often not only increases patients' exposure to procedural harm, but also drains resources that could be more effectively used elsewhere.

CLINICAL RECOMMENDATION STATEMENTS:

Published guidelines from the American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy all recommend endoscopic surveillance of patients with Barrett's esophagus.²⁻⁴ Patients with Barrett's esophagus without dysplasia should have their next surveillance EGD in 3-5 years. Patients with Barrett's esophagus with low grade dysplasia should have their next surveillance EGD in 6-12 months. Patients with Barrett's esophagus with high grade dysplasia who are not candidates for eradication therapy should have their next surveillance EGD in 3 months.

References:

1. Spechler SJ, Souza RF. Barrett's esophagus. N Engl J Med 2014;371:836-45.
2. Shaheen NJ, Falk GW, Iyer PG, Gerson LB. ACG Clinical Guideline: Diagnosis and Management of Barrett's Esophagus. Am J Gastroenterol 2016;111:30-50; quiz 51.
3. Evans JA, Early DS, Fukami N, Ben-Menachem T, Chandrasekhara V, Chathadi KV, Decker GA, Fanelli RD, Fisher DA, Foley KQ, Hwang JH, Jain R, Jue TL, Khan KM, Lightdale J, Malpas PM, Maple JT, Pasha SF, Saltzman JR, Sharaf RN, Shergill A, Dornitz JA, Cash BD. The role of endoscopy in Barrett's esophagus and other premalignant conditions of the esophagus. Gastrointest Endosc 2012;76:1087-94.



4. Spechler SJ, Sharma P, Souza RF, Inadomi JM, Shaheen NJ. American Gastroenterological Association medical position statement on the management of Barrett's esophagus. *Gastroenterology* 2011;140:1084-91.