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## Local Coverage Determination (LCD) for Upper Gastrointestinal Endoscopy and Visualization (L31585)

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### **Contractor Information**

**Contractor Name**  
Palmetto GBA

**Contractor Number**  
11401

**Contractor Type**  
MAC - Part A

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### **LCD Information**

#### Document Information

**LCD ID Number**  
L31585

**LCD Title**  
Upper Gastrointestinal Endoscopy and Visualization

**Contractor's Determination Number**  
J11A-11-012-L

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**Primary Geographic Jurisdiction**  
West Virginia

**Oversight Region**  
Region IV

**Original Determination Effective Date**  
For services performed on or after 01/24/2011

**Original Determination Ending Date**

**Revision Effective Date**  
For services performed on or after 10/01/2011

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#### Revision Ending Date

### **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act §1833(e) prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act §1862(a)(7) excludes routine physical examinations.

42 CFR 410.32 indicates that diagnostic tests may only be ordered by a treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

65 Federal Register 18434 is the Medicare Program Prospective Payment System for Hospital Outpatient Services Final Rule

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §100.2

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §100.4

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §100.10

CMS Manual System, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §§13.1.1-13.13.14

CMS Manual System, Pub. 100-20, One-Time Notification, Transmittal 477, dated April 24, 2009, Change request 6338

### **Indications and Limitations of Coverage and/or Medical Necessity**

Diagnostic and therapeutic EGD is a common endoscopic procedure done for suspected and proven lesions of the upper gastrointestinal tract. The endoscope, a long, flexible tube-like instrument, is passed from the patient's mouth into the upper gastrointestinal tract and allows direct visualization of the entire esophagus, stomach, and up to the second portion of the duodenum and jejunum as appropriate. Using this diagnostic tool, the physician can identify sources of bleeding, tumors, or ulcers, and can obtain biopsy specimens. Therapeutic procedures, such as removal of tumors or polyps, sclerotherapy, and dilation of strictures can be performed through the scope.

Wireless capsule endoscopic imaging is intended as an adjunctive tool in the detection of abnormalities of the small bowel. This procedure requires that a patient ingest a small capsule containing a disposable light source, miniature color video camera, battery,

antenna and a data transmitter. The self-contained capsule is made of specially sealed biocompatible material that is resistant to the digestive fluids throughout the gastrointestinal (GI) tract. Following ingestion of the capsule, natural contraction and relaxation of the gastrointestinal tract propels the camera forward. The camera contained in the capsule records images of the intestinal mucosa as it travels the length of the digestive system. During the entire procedure, which normally takes approximately 8 hours, the patient wears a data recorder around the waist, which captures and stores the images transmitted by the capsule's camera. After completion of the procedure, the patient data recorder is connected to a computer workstation where the images are downloaded, reviewed, and interpreted by the physician. The capsule is designed to be disposable and is excreted naturally from the body.

#### **Indications for diagnostic EGD(s):**

- upper abdominal distress which persists despite an appropriate trial of therapy
- upper abdominal distress associated with symptoms and/or signs suggesting serious organic disease (e.g., anorexia and weight loss)
- dysphagia or odynophagia
- esophageal reflux symptoms which are persistent or recurrent
- persistent vomiting of unknown cause
- other symptoms of disease in which the presence of upper GI pathology might modify other planned management. Examples include patients with a history of GI bleeding who are scheduled for organ transplantation; long-term anticoagulation; and chronic non-steroidal therapy for arthritis. Other examples include patients with cirrhosis being considered for liver transplantation and those with cancer of the neck.

#### **Radiologic findings of:**

- a suspected neoplastic lesion, for confirmation and specific histologic diagnosis
- gastric or esophageal ulcer
- evidence of upper gastrointestinal tract stricture or obstruction
- gastrointestinal bleeding:
  - in most actively bleeding patients
  - when surgical therapy is contemplated
  - when rebleeding occurs after acute self-limited blood loss
  - when portal hypertension or aorto-enteric fistula is suspected
  - for presumed chronic blood loss and for iron deficiency anemia when colonoscopy is negative
- when sampling of duodenal or jejunal tissue or fluid is indicated
- to assess acute injury after caustic agent ingestion
- intraoperative EGD when necessary to clarify location or pathology of a lesion

**Indications for sequential or periodic diagnostic EGD:**

- follow-up of selected esophageal, gastric or stomal ulcers to demonstrate healing
- follow-up in patients with prior adenomatous gastric polyps
- follow-up for adequacy of prior sclerotherapy and/or band ligation of esophageal varices
- follow-up of Barrett's esophagus
- follow-up in patients with familial adenomatous polyposis

**Indications for therapeutic EGD(s):**

- treatment of bleeding from lesions such as ulcers, tumors, vascular malformations (e.g., electrocoagulation, heater probe, laser photocoagulation or injection therapy)
- sclerotherapy and/or band ligation for bleeding from esophageal or proximal gastric varices
- foreign body removal
- removal of selected polypoid lesions
- dilation of stenotic lesions (e.g., with transendoscopic balloon dilators or dilating systems employing guide wires)
- palliative therapy of stenosing neoplasms (e.g., laser, bipolar electrocoagulation, stent placement)
- management of achalasia (e.g., botulinum toxin, balloon dilatation)

**Indications for endoscopic ultrasound:**

- staging tumors of the gastrointestinal tract, pancreas and bile ducts
- evaluating abnormalities of the gastrointestinal tract wall or adjacent structures
- tissue sampling of lesions within, or adjacent to, the wall of the gastrointestinal tract
- evaluation of abnormalities of the pancreas, including masses, pseudocysts and chronic pancreatitis
- evaluation of abnormalities of the biliary tree
- providing endoscopic therapy under ultrasonographic guidance
- staging of tumors shown to be metastatic **only** when the results are the basis for therapeutic decision

**Indications for capsule endoscopy:**

- documented continuous blood loss and anemia secondary to obscure bleeding of the small bowel and radiographic exams of the small bowel have failed to reveal a source
- the site of bleeding could not be previously identified by colonoscopy, endoscopy, and

push enteroscopy

- intraoperative enteroscopy is being considered

### **Limitations for capsule endoscopy:**

- Wireless capsule endoscopy is not reimbursable for colorectal cancer screening

- This test is covered only for services using FDA approved devices

- Wireless capsule endoscopy is not indicated for the confirmation of lesions of pathology normally within the reach of upper and lower endoscopes (proximal to the ligament of Treitz, or distal to the ileum)

- The use of wireless capsule endoscopy should not be used in patients with a cardiac pacemaker, or other implanted electromagnetic device

- This test is not indicated for patients in whom a radiological exam of the small bowel has confirmed an intestinal blockage, a significantly narrow small bowel, or an abnormal connection between the bowel and another organ

- An x-ray exam of the small bowel should be done if there is concern that it may be too narrow for the camera

- The capsule should be ingested at least 12 hours after the last meal, and the patient should not be allowed to eat for an additional 3 hours after the capsule is swallowed. Stool in the bowel may cause obstruction of images and result in failure of the study

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## **Coding Information**

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient

071x	Clinic - Rural Health
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0320	Radiology - Diagnostic - General Classification
0330	Radiology - Therapeutic and/or Chemotherapy Administration - General Classification
0360	Operating Room Services - General Classification
0361	Operating Room Services - Minor Surgery
0750	Gastro-Intestinal (GI) Services - General Classification

### CPT/HCPCS Codes

43200	Esophagus endoscopy
43201	Esoph scope w/submucous inj
43202	Esophagus endoscopy biopsy
43204	Esoph scope w/sclerosis inj
43205	Esophagus endoscopy/ligation
43215	Esophagus endoscopy
43216	Esophagus endoscopy/lesion
43217	Esophagus endoscopy
43219	Esophagus endoscopy
43220	Esoph endoscopy dilation
43226	Esoph endoscopy dilation
43227	Esoph endoscopy repair

43228	Esoph endoscopy ablation
43231	Esoph endoscopy w/us exam
43232	Esoph endoscopy w/us fn bx
43234	Upper gi endoscopy exam
43235	Uppr gi endoscopy diagnosis
43237	Endoscopic us exam esoph
43238	Uppr gi endoscopy w/us fn bx
43239	Upper gi endoscopy biopsy
43240	Esoph endoscope w/drain cyst
43241	Upper GI endoscopy with tube
43242	Uppr gi endoscopy w/us fn bx
43243	Upper gi endoscopy & inject
43244	Upper GI endoscopy/ligation
43245	Uppr gi scope dilate strictr
43247	Operative upper GI endoscopy
43248	Uppr gi endoscopy/guide wire
43249	Esoph endoscopy dilation
43250	Upper GI endoscopy/tumor
43251	Operative upper GI endoscopy
43255	Operative upper GI endoscopy
43256	Uppr gi endoscopy w/stent
43258	Operative upper GI endoscopy
43259	Endoscopic ultrasound exam
44376	Small bowel endoscopy
74235	Remove esophagus obstruction
74360	X-ray guide gi dilation
76975	GI endoscopic ultrasound

91022	Duodenal motility study
91035	G-esoph reflux tst w/electrod
91110	Gi tract capsule endoscopy
91111	Esophageal capsule endoscopy

### ICD-9 Codes that Support Medical Necessity

<u>008.00 - 008.09</u>	INTESTINAL INFECTION DUE TO E. COLI UNSPECIFIED - INTESTINAL INFECTION DUE TO OTHER INTESTINAL E. COLI INFECTIONS
008.1	INTESTINAL INFECTION DUE TO ARIZONA GROUP OF PARACOLON BACILLI
008.2	INTESTINAL INFECTION DUE TO AEROBACTER AEROGENES
008.3	INTESTINAL INFECTION DUE TO PROTEUS (MIRABILIS) (MORGANII)
008.41	INTESTINAL INFECTION DUE TO STAPHYLOCOCCUS
008.42	INTESTINAL INFECTION DUE TO PSEUDOMONAS
008.43	INTESTINAL INFECTION DUE TO CAMPYLOBACTER
008.44	INTESTINAL INFECTION DUE TO YERSINIA ENTEROCOLITICA
008.45	INTESTINAL INFECTION DUE TO CLOSTRIDIUM DIFFICILE
008.46	INTESTINAL INFECTION DUE TO OTHER ANAEROBES
008.47	INTESTINAL INFECTION DUE TO OTHER GRAM-NEGATIVE BACTERIA
008.49	INTESTINAL INFECTION DUE TO OTHER ORGANISMS
008.65	ENTERITIS DUE TO CALCIVIRUS
009.3	DIARRHEA OF PRESUMED INFECTIOUS ORIGIN
040.2	WHIPPLE'S DISEASE
041.41	SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC) O157
112.84	CANDIDAL ESOPHAGITIS
<u>150.0 - 150.9</u>	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS - MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE



<u>151.0 - 151.9</u>	MALIGNANT NEOPLASM OF CARDIA - MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.0	MALIGNANT NEOPLASM OF DUODENUM
152.1	MALIGNANT NEOPLASM OF JEJUNUM
152.2	MALIGNANT NEOPLASM OF ILEUM
152.3	MALIGNANT NEOPLASM OF MECKEL'S DIVERTICULUM
152.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF SMALL INTESTINE
152.9	MALIGNANT NEOPLASM OF SMALL INTESTINE UNSPECIFIED SITE
156.2	MALIGNANT NEOPLASM OF AMPULLA OF VATER
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200.36	MARGINAL ZONE LYMPHOMA, INTRAPELVIC LYMPH NODES
200.37	MARGINAL ZONE LYMPHOMA, SPLEEN
200.38	MARGINAL ZONE LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
200.40	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES
200.43	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
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200.47	MANTLE CELL LYMPHOMA, SPLEEN
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200.57	PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA, SPLEEN
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202.76	PERIPHERAL T CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
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211.7	BENIGN NEOPLASM OF ISLETS OF LANGERHANS
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456.20	ESOPHAGEAL VARICES IN DISEASES CLASSIFIED ELSEWHERE WITH BLEEDING
456.21	ESOPHAGEAL VARICES IN DISEASES CLASSIFIED ELSEWHERE WITHOUT BLEEDING
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555.0	REGIONAL ENTERITIS OF SMALL INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
<u>557.0 - 557.9</u>	ACUTE VASCULAR INSUFFICIENCY OF INTESTINE - UNSPECIFIED VASCULAR INSUFFICIENCY OF INTESTINE
558.1	GASTROENTERITIS AND COLITIS DUE TO RADIATION
558.2	TOXIC GASTROENTERITIS AND COLITIS
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
560.9	UNSPECIFIED INTESTINAL OBSTRUCTION
562.02	DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE
562.03	DIVERTICULITIS OF SMALL INTESTINE WITH HEMORRHAGE



569.62	MECHANICAL COMPLICATION OF COLOSTOMY AND ENTEROSTOMY
569.79	OTHER COMPLICATIONS OF INTESTINAL POUCH
569.81	FISTULA OF INTESTINE EXCLUDING RECTUM AND ANUS
569.82	ULCERATION OF INTESTINE
569.84	ANGIODYSPLASIA OF INTESTINE (WITHOUT HEMORRHAGE)
569.85	ANGIODYSPLASIA OF INTESTINE WITH HEMORRHAGE
569.86	DIEULAFOY LESION (HEMORRHAGIC) OF INTESTINE
569.87	VOMITING OF FECAL MATTER
571.0	ALCOHOLIC FATTY LIVER
571.2	ALCOHOLIC CIRRHOSIS OF LIVER
571.5	CIRRHOSIS OF LIVER WITHOUT ALCOHOL
571.6	BILIARY CIRRHOSIS
571.8	OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
572.3	PORTAL HYPERTENSION
573.5	HEPATOPULMONARY SYNDROME
577.0	ACUTE PANCREATITIS
577.1	CHRONIC PANCREATITIS
577.2	CYST AND PSEUDOCYST OF PANCREAS
578.0	HEMATEMESIS
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED
<u>579.0 - 579.3</u>	CELIAC DISEASE - OTHER AND UNSPECIFIED POSTSURGICAL NONABSORPTION
579.8	OTHER SPECIFIED INTESTINAL MALABSORPTION
579.9	UNSPECIFIED INTESTINAL MALABSORPTION
694.0	DERMATITIS HERPETIFORMIS
747.61	GASTROINTESTINAL VESSEL ANOMALY

750.3	CONGENITAL TRACHEOESOPHAGEAL FISTULA ESOPHAGEAL ATRESIA AND STENOSIS
750.4	OTHER SPECIFIED CONGENITAL ANOMALIES OF ESOPHAGUS
750.5	CONGENITAL HYPERTROPHIC PYLORIC STENOSIS
750.6	CONGENITAL HIATUS HERNIA
750.7	OTHER SPECIFIED CONGENITAL ANOMALIES OF STOMACH
751.69	OTHER CONGENITAL ANOMALIES OF GALLBLADDER BILE DUCTS AND LIVER
759.6	OTHER CONGENITAL HAMARTOSES NOT ELSEWHERE CLASSIFIED
780.94	EARLY SATIETY
782.4	JAUNDICE UNSPECIFIED NOT OF NEWBORN
783.0	ANOREXIA
783.21	LOSS OF WEIGHT
783.3	FEEDING DIFFICULTIES AND MISMANAGEMENT
786.50	UNSPECIFIED CHEST PAIN
787.01	NAUSEA WITH VOMITING
787.02	NAUSEA ALONE
787.03	VOMITING ALONE
787.04	BILIOUS EMESIS
787.1	HEARTBURN
787.20	DYSPHAGIA, UNSPECIFIED
787.21	DYSPHAGIA, ORAL PHASE
787.22	DYSPHAGIA, OROPHARYNGEAL PHASE
787.23	DYSPHAGIA, PHARYNGEAL PHASE
787.24	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE
787.29	OTHER DYSPHAGIA
787.7	ABNORMAL FECES
787.91	DIARRHEA

<u>789.00 - 789.09</u>	ABDOMINAL PAIN UNSPECIFIED SITE - ABDOMINAL PAIN OTHER SPECIFIED SITE
789.30	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP UNSPECIFIED SITE
789.31	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP RIGHT UPPER QUARDANT
789.32	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP LEFT UPPER QUADRANT
789.35	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP PERIUMBILIC
789.36	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP EPIGASTRIC
789.37	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP GENERALIZED
789.39	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP OTHER SPECIFIED SITE
789.7	COLIC
792.1	NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT
793.6	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM
862.22	INJURY TO ESOPHAGUS WITHOUT OPEN WOUND INTO CAVITY
862.32	INJURY TO ESOPHAGUS WITH OPEN WOUND INTO CAVITY
874.4	OPEN WOUND OF PHARYNX WITHOUT COMPLICATION
874.5	OPEN WOUND OF PHARYNX COMPLICATED
935.1	FOREIGN BODY IN ESOPHAGUS
935.2	FOREIGN BODY IN STOMACH
936	FOREIGN BODY IN INTESTINE AND COLON
938	FOREIGN BODY IN DIGESTIVE SYSTEM UNSPECIFIED
947.2	BURN OF ESOPHAGUS
996.79	OTHER COMPLICATIONS DUE TO OTHER INTERNAL PROSTHETIC DEVICE IMPLANT AND GRAFT
997.41	RETAINED CHOLELITHIASIS FOLLOWING CHOLECYSTECTOMY

997.49	OTHER DIGESTIVE SYSTEM COMPLICATIONS
997.71	VASCULAR COMPLICATIONS OF MESENTERIC ARTERY
V10.03	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF ESOPHAGUS
V10.04	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF STOMACH
V47.3	OTHER DIGESTIVE PROBLEMS
V55.1	ATTENTION TO GASTROSTOMY
V58.61	LONG-TERM (CURRENT) USE OF ANTICOAGULANTS
V58.68	LONG TERM (CURRENT) USE OF BISPHOSPHONATES
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V71.1	OBSERVATION FOR SUSPECTED MALIGNANT NEOPLASM

**Diagnoses that Support Medical Necessity**

N/A

**ICD-9 Codes that DO NOT Support Medical Necessity**

N/A

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation****Diagnoses that DO NOT Support Medical Necessity**

N/A

[Back to Top](#)**General Information****Documentations Requirements**

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the Intermediary upon request.

**Appendices**

N/A

**Utilization Guidelines**

N/A

**Sources of Information and Basis for Decision**

American Society for Gastrointestinal Endoscopy. Appropriate Use of Gastrointestinal Endoscopy, A Consensus Statement. *Gastrointestinal Endoscopy*. 2000; 52(6): 831-837.

Appleyard M, Glukhovskiy A, Swain, P. Wireless-Capsule Diagnostic Endoscopy for Recurrent Small-Bowel Bleeding. *New England Journal of Medicine*. 2001; 344: 232-233.

Eisen G, Dominitz J, Faigel D, et al. Guidelines for Advanced Endoscopic Training. *Gastrointestinal Endoscopy*. 2001; 53: 846-848.

Isselbacher KJ, et al. *Harrison's Principles of Internal Medicine*. 14th Edition. McGraw-Hill, Inc.

U.S. Department of Health and Human Services, Food and Drug Administration, Center for Devices and Radiological Health (2001). *Class II Special Controls Guidance Document: Ingestible Telemetric Gastrointestinal Capsule Imaging Systems; Final Guidance for Industry and FDA*. (Online). Internet. Available at <http://www.fda.gov/cdrh/ode/guidance/1385.html>. Accessed July 24, 2002.

Zuckerman GR, Prakash C, Askin MP, and Lewis BS. American Gastroenterological Association Practice Guidelines: AGA Technical Review on the Evaluation and Management of Occult and Obscure Gastrointestinal Bleeding. *Gastroenterology*. 2000;118: 201-221.

### **Advisory Committee Meeting Notes**

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, including include representatives from the provider community.

Contractor Advisory Committee meeting dates:

South Carolina -  
North Carolina -  
Virginia –  
West Virginia –

### **Start Date of Comment Period**

### **End Date of Comment Period**

### **Start Date of Notice Period**

12/09/2010

### **Revision History Number**

Revision #3, 10/24/2011

### **Revision History Explanation**

Revision #3, 10/24/2011

Under **ICD-9 Codes That Support Medical Necessity** the following ICD-9 code was added: 573.5

Revision #2, 10/01/2011

Under **ICD-9 Codes That Support Medical Necessity** the following ICD-9 codes were added: 041.41, 539.01, 539.09, 539.81, 539.89, 573.5 and V58.68. ICD-9 code 997.4 expanded to 997.41 and 997.49. This revision becomes effective on 10/01/2011

Revision #1, 05/16/2011

**Per scheduled J11 implementation, contractor numbers 11301 (Virginia) and 11401 (West Virginia) were added to this LCD.** This revision becomes effective on 05/16/2011.

**01/24/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, in compliance with the J11 AB MAC Statement of Work (SOW), C.5.1.8.2 – Consolidation of Local Coverage Determinations, this LCD has been selected for implementation within the Palmetto GBA J11 AB MAC territory. Effective date of this implementation is January 24, 2011.**

**Reason for Change**

ICD9 Addition/Deletion

**Related Documents**

This LCD has no Related Documents.

**LCD Attachments**

There are no attachments for this LCD.

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** All Versions**

Updated on 10/24/2011 with effective dates 10/01/2011 - N/A

Updated on 09/23/2011 with effective dates 10/01/2011 - N/A

Updated on 03/17/2011 with effective dates 05/16/2011 - 09/30/2011

Updated on 03/16/2011 with effective dates 05/16/2011 - N/A

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