



## Medica Central Coverage Policy

**Policy Name:** Endoscopic Radiofrequency Ablation for Barrett's Esophagus MP9628

**Effective Date:** 11/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

Endoscopic radiofrequency ablation is **COVERED** for Barrett's esophagus with high-grade or low-grade dysplasia.

Endoscopic radiofrequency ablation is investigative and unproven and therefore **NOT COVERED** for Barrett's esophagus without dysplasia. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the effects on health care outcomes.

### Description

Barrett's esophagus (BE) is a condition in which the normal squamous epithelium of the esophagus is replaced by an abnormal, specialized columnar type epithelium, similar to the lining of the intestine. This process is called intestinal metaplasia. No signs or symptoms are associated with BE, but it is commonly found in people with gastroesophageal reflux disease (GERD). Confirmation of BE requires biopsy of the esophagus and microscopic identification of intestinal metaplasia. Intestinal metaplasia can progress to dysplasia, which is a precursor to esophageal adenocarcinoma (EAC). Persons with BE are at a 40-fold increased risk for developing EAC compared to the general population.

Management of BE is dependent on the progression of the disease and may include medical treatment of GERD, surveillance, and a number of endoscopic or surgical procedures.

Radiofrequency ablation (RFA) is a non-invasive therapy for BE. RFA consists of a sizing balloon, an energy generator, and an ablation catheter, which deliver radiofrequency energy under endoscopic guidance, purportedly removing the diseased tissue lining the esophagus. Endoscopic RFA is usually performed in the outpatient setting under conscious sedation.

### FDA Approval

In June 2005, the U.S. Food and Drug Administration (FDA) granted 510(k) clearance for the Barrx Ablation system (formerly HALO<sup>360</sup> Coagulation System, the HALO<sup>90</sup> System received FDA clearance in April 2006 and the HALO<sup>FLEX</sup> Energy Generator received 510(k) clearance in November 2009).



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### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

#### CPT Codes:

- **43229** - Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- **43270** - Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

	<b>Committee/Source</b>	<b>Date(s)</b>
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