

EGD Clinical Worksheet

Please utilize this worksheet to become familiar with the clinical information required during the clinical review for an EGD.

	Patient Name:
Diagnosis	Diagnosis, if known or ruled out:
	ICD-10 Codes:
	CPT code for procedure that's planned to be performed:
	Date of last visit:

General Clinical Information	
	<p>What is the primary reason for this EGD request (Please select one)?</p> <ul style="list-style-type: none"> <input type="radio"/> Dyspepsia/upper abdominal symptoms <input type="radio"/> GERD <input type="radio"/> Barrett's Esophagus <input type="radio"/> Gastric ulcer Surveillance <input type="radio"/> Duodenal Ulcer Surveillance <input type="radio"/> Gastric Intestinal Metaplasia (GIM) Surveillance <input type="radio"/> Evaluation of dysphagia or odynophagia <input type="radio"/> Persistent vomiting of unknown cause <input type="radio"/> GI Bleeding <input type="radio"/> Assess acute injury after caustic ingestion <input type="radio"/> Screening for esophageal cancer after caustic ingestion <input type="radio"/> Other diseases in which the presence of UGI pathology would modify other planned management (such as history of ulcer disease in an individual scheduled for organ transplantation) <input type="radio"/> Persons with cirrhosis/portal hypertension to assess or treat esophageal varices <input type="radio"/> To assess diarrhea in individuals suspected of having small bowel disease (e.g. celiac) <input type="radio"/> Removal of foreign bodies <input type="radio"/> Removal or endoscopic treatment of known lesions <input type="radio"/> Placement of a feeding or drainage tube <input type="radio"/> Dilation and stenting of stenotic lesions <input type="radio"/> Management of achalasia <input type="radio"/> Diagnosis and management of eosinophilic esophagitis <input type="radio"/> Intra-operative evaluation of anatomic reconstructions <input type="radio"/> For confirmation and specific histologic diagnosis of radiologically demonstrated lesions <input type="radio"/> For sampling of tissue or fluid when clinically appropriate (this is an indication to be used when there might be a need to biopsy a known lesion, or collect acid to check for pH, etc.) <input type="radio"/> For treatment and/or follow-up of gastric polyps <input type="radio"/> Pernicious anemia <input type="radio"/> GIST (Gastrointestinal Stromal Tumor follow-up) <input type="radio"/> Gastric Neuroendocrine Neoplasm follow-up <input type="radio"/> MALT (Mucosa-Associated Lymphoid Tissue Lymphoma) follow-up <input type="radio"/> Evaluation and treatment of gastric outlet obstruction <input type="radio"/> Bariatric Surgery <input type="radio"/> Follow-up of known esophageal, gastric, or duodenal malignancy <input type="radio"/> Screening and surveillance of Genetic Syndromes
	<p>Please refer to the following pages for applicable questions based on the primary reason for the EGD.</p>

Additional Clinical Information
Please refer to applicable sections:

Please only answer the following questions if the primary reason for EGD is “Dyspepsia/Upper Abdominal Symptoms”:

Does the member have any of the following? (Select all that apply)

- New-onset symptoms in an individual > 60 years of age
- Family history of UGI malignancy in a first-degree relative
- Unintended weight loss > 5%
- Anorexia
- GI bleeding or iron-deficiency anemia
- Dysphagia
- Odynophagia
- Persistent vomiting
- An abnormal imaging study (e.g. CT scan, etc.) suggesting organic disease
- Clinical suspicion of malignancy
- A palpable mass or lymphadenopathy
- None of the above
- Unknown

If the answer is “none of the above” or “unknown”, has the member had one for the following treatments:

- Test and treat approach for H. pylori
- Empiric therapy with a proton pump inhibitor for at least 4 weeks
- None of the above
- Unknown

Please only answer the following questions if the primary reason for EGD is “GERD”:

Do any of the following apply?

- Dysphagia
- Unintentional weight loss > 5%
- Hematemesis
- Other evidence of GI bleeding or anemia
- Multiple risk factors for Barrett’s esophagus (see Section on Barrett’s Esophagus)
- Failure to respond to appropriate anti-secretory medical therapy
- Finding of a mass, stricture, or ulcer on imaging studies
- Persistent vomiting (> 7 days)
- Evaluation of individuals before, or with recurrent symptoms after, endoscopic or surgical anti-reflux procedures
- Placement of wireless pH monitoring
- Repeat EGD in individuals found to have erosive esophagitis (Los Angeles Classification B, C, or D) after an 8-12 week course of PPI therapy, to exclude Barrett’s esophagus or dysplasia
- Non-cardiac chest pain (cardiac etiology has been ruled out) after a 4 week trial of twice daily PPI therapy

Additional Clinical Information
Please refer to applicable sections:

Please only answer the following questions if the primary reason for EGD is "Barrett's Esophagus":

This EGD request is for:

- Screening
- Surveillance

Please answer the following six questions about Barrett's Esophagus if you answered "Screening":

Has a previous endoscopy been performed for this reason?

- Yes
- No
- Unknown

Please note the date of the most recent EGD:

If known, please mark the result of the previous EGD:

- Visual inspection suggests Barrett's Esophagus (i.e., extension of salmon-colored mucosa into the tubular esophagus >1cm) but biopsy is negative
- No findings to suggest Barrett's Esophagus
- Biopsies confirm Barrett's esophagus (go to Barrett's Surveillance)
- Unknown

If the member is male, does the member have > 5 years and/or weekly symptoms of GERD, including heartburn, dysphagia, regurgitation, and unexplained chest pain thought to be reflux-induced?

- Yes
- No

If the answer yes, please note which risk factors are present:

- Age > 50 years
- Caucasian race
- Presence of central obesity
- Current or past history of smoking
- Confirmed history of Barrett's esophagus or esophageal adenocarcinoma in a first degree relative
- None of the above
- Unknown

If the member is female, please note which risk factors are present:

- Age > 50
- Caucasian race
- Chronic and/or frequent GERD
- Central obesity
- Current or past smoking
- Confirmed family history of Barrett's Esophagus or esophageal adenocarcinoma in a first degree relative

Additional Clinical Information:
Please refer to any applicable sections.

Please answer the following ten questions about Barrett's Esophagus if you answered "Surveillance":

Please note the date of the INITIAL EGD:

Please indicate the pathology result for which surveillance is indicated:

- Initial EGD suggested Barrett's Esophagus (defined as an extension of salmon-colored mucosa into the tubular esophagus ≥ 1 cm), but the biopsy was negative for intestinal metaplasia
- Nondysplastic Barrett's esophagus (intestinal metaplasia confirmed, but no dysplastic findings)
- Indefinite for dysplasia
- Low grade dysplasia
- High grade dysplasia
- Intramucosal adenocarcinoma
- None of the above
- Unknown

If ANY level of dysplasia was found, has there been confirmation by a second pathologist?

- Yes
- No

Has the member been on therapy for Barrett's Esophagus?

- Yes
- No
- Unknown

If member has been on therapy, please indicate the type (Select all that apply):

- Proton-pump inhibitors (PPI)
- Mucosal ablation or resection
- Surgical resection
- Other type of therapy not listed (Please specify)

Has there been a follow-up EGD?

- Yes
- No
- Unknown

If Yes, please indicate the date of the most recent EGD:

If the member has been treated with mucosal ablation or resection, is this treatment still active?

- Yes
- No

If No, has complete eradication been achieved?

If Yes, please provide the date of the EGD at which complete eradication was confirmed (*Complete eradication is defined as 2 consecutive negative EGDs, following therapy*):

Additional Clinical Information:
Please refer to any applicable sections.

Please only answer the following questions if the primary reason for EGD is “Gastric Ulcer Surveillance”:

Please indicate which of the following apply:

- Biopsies are benign pathologically, but the ulcer appears endoscopically suspicious for malignancy AND the member has completed 8-12 weeks of treatment with a PPI and/or H. pylori therapy
- Member remains symptomatic despite an appropriate course of PPI and/or H. pylori therapy
- There is a gastric ulcer, but a biopsy was not performed initially
- The member has undergone a radiologic study suggesting a gastric ulcer and the EGD is being requested to assess this finding
- The member has a giant ulcer (>3cm) and the EGD is being requested to document healing
- The member has undergone surveillance EGD for gastric ulcer, but the ulcer has failed to heal despite 8-12 weeks of therapy

Please only answer the following questions if the primary reason for EGD is “Duodenal Ulcer Surveillance”:

Please indicate which of the following apply:

- Known duodenal ulceration with persistent symptoms despite an appropriate course of therapy, to rule out refractory peptic ulcer and ulcer with non-peptic etiology
- A giant duodenal ulceration (>2cm) to document healing
- Known refractory ulcer

Please only answer the following questions if the primary reason for EGD is “Gastric Intestinal Metaplasia Surveillance”:

Please note the indication:

- Surveillance of at-risk individual with known GIM (Asian heritage or family history of gastric malignancy)
- Surveillance of GIM with high-grade dysplasia
- Surveillance of GIM with low-grade dysplasia
- Other: Please specify

Please note the approximate date of diagnosis and date of most recent EGD:

Please note the location of GIM:

- Body of stomach
- Antrum
- Fundus
- Pylorus
- Unknown

Additional Clinical Information:
Please refer to any applicable sections.

Please only answer the following questions if the primary reason for EGD is “Dysphagia or Odynophagia”:

Has a previous EGD been performed for dysphagia or odynophagia?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Persistent Vomiting of Unknown Cause”:

Has a previous EGD been performed for persistent vomiting?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “GI Bleeding”

Has a previous EGD been performed for GI Bleeding?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “To Assess acute injury after caustic ingestion”

Has a previous EGD been performed for this episode of acute injury after caustic ingestion?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Screening for esophageal cancer after caustic ingestion”

Has a previous EGD been performed for this reason?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Other diseases in which the presence of UGI pathology would modify other planned management (such as history of ulcer disease in an individual scheduled for organ transplantation)”

Will the presence of upper GI pathology modify other planned management:

- Yes.
- No
- Unknown

Additional Clinical Information:
Please refer to any applicable sections.

Please only answer the following questions if the primary reason for EGD is “ Persons with cirrhosis/portal hypertension to assess or treat esophageal varices ”:

Has a previous EGD been performed for this reason?

- Yes
- No
- Unknown

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “To assess diarrhea in individuals suspected of having small bowel disease”

If the EGD is for the evaluation of diarrhea due to suspected small bowel disease, please check all that apply:

- There is a positive celiac serology and EGD is being performed for confirmation
- A colonoscopy with biopsy has been performed and the findings are inconclusive
- There is suspected HIV or Graft-vs. Host Disease and a flexible sigmoidoscopy or colonoscopy are inconclusive
- There is known celiac disease and the EGD is being requested to assess for mucosal healing, or there are recurrent symptoms despite 6 months of a gluten-free diet.

Has a previous EGD been performed for this reason persistent vomiting?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Removal of foreign bodies”

Has a previous EGD been performed for this reason?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Removal or endoscopic treatment of known lesions”

Has a previous EGD been performed for this reason?

- Yes
- No

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Management of Achalasia”

Has a previous EGD been performed for this reason?

- Yes
- No

If Yes, please provide date of most recent EGD:

Additional Clinical Information:
Please refer to any applicable sections.

Please only answer the following questions if the primary reason for EGD is “ Diagnosis and management of Eosinophilic Esophagitis ”:

Has a previous EGD been performed for this reason?

- Yes
- No
- Unknown

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “For confirmation and specific histologic diagnosis of radiologically demonstrated lesions”

Please supply the results of the abnormal study

Please only answer the following questions if the primary reason for EGD is “For treatment and/or follow-up of known gastric polyps”

Is this procedure for surveillance of a previously resected gastric polyp?

- Yes
- No

If Yes, please provide date of most recent EGD:

If yes, please indicate the pathology of the resected polyp:

- Adenomatous
- Hyperplastic without dysplasia
- Hyperplastic with dysplasia
- Unknown

Please only answer the following questions if the primary reason for EGD is “Pernicious Anemia”

Has a previous EGD been performed for this reason?

- Yes
- No

If Yes, please provide date of most recent EGD:

If Yes, is the EGD being performed for the development of new symptoms?

- Yes.
- No.

Please only answer the following questions if the primary reason for EGD is “GIST”

Is this procedure being performed for surveillance of a GIST that has not been resected

- Yes
- No

If Yes, please provide date of most recent EGD:

**Additional Clinical Information:
Please refer to any applicable sections.**

Please only answer the following questions if the primary reason for EGD is “ Gastric neuroendocrine neoplasms”

Is this procedure being performed for the surveillance of a resected gastric neuroendocrine neoplasm?

- Yes
- No

If Yes, when was the neoplasm initially resected?

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Mucosa-Associated Lymphoid Tissue Lymphoma (MALT)”

Is this procedure being performed for the surveillance of MALT following H. pylori treatment?

- Yes
- No

If Yes, please provide date of initial diagnosis:

If Yes, please provide date of most recent EGD:

Please only answer the following questions if the primary reason for EGD is “Evaluation and treatment of gastric outlet obstruction”

Please attach justifying clinical notes/history.

Please only answer the following questions if the primary reason for EGD is “Bariatric Surgery”

EGD is being requested for:

- The pre-operative endoscopic evaluation for planned bariatric surgery
- Post-bariatric endoscopic evaluation due to symptom development

If EGD is requested for post-bariatric endoscopic evaluation due to symptom development, please note the appropriate indication:

- Nausea or vomiting
- Abdominal pain
- Post-op GERD
- Dumping Syndrome
- Diarrhea and nutritional deficiencies
- Endoscopic intervention for treatment of stenosis, removal of foreign body material, bezoars, management of fistulae or leaks
- Bleeding or anemia
- Failure to lose weight or a regain of weight after an initial post-operative weight loss.

Please only answer the following questions if the primary reason for EGD is “Known Esophageal/Gastric/Duodenal/Small Bowel Malignancy”

Please attach justifying clinical information.

Additional Clinical Information:
Please refer to any applicable sections.

Please only answer the following questions if the primary reason for EGD is “Screening and Surveillance of Genetic Syndromes”

Please indicate which genetic syndrome is being screened or surveilled with EGD?

- Lynch Syndrome
- Familial Adenomatous Polyposis (FAP)
- Attenuated Familial Adenomatous Polyposis (AFAP)
- MUTYH-Associated Polyposis (MAP)
- Juvenile Polyposis Syndrome
- Peutz-Jeghers Syndrome
- Hereditary Gastric Cancer (Hereditary Diffuse Gastric Cancer-HDGC Syndrome)
- BMMRD (Biallelic Mismatch Repair Deficiency)
- Tylosis

Please indicate if this is an initial or follow-up EGD:

- Initial
- Follow-up

If follow-up, please indicate the date of the most recent EGD:

If follow-up, please indicate if any polyps or other significant findings were noted on the most recent examination:

- Yes
- No

For FAP, AFAP, or MAP, please indicate the Spigelman Stage:

- 0
- I
- II
- III
- IV
- Not known