

CMS Barrett's Esophagus (EGD-1.3)

Screening with upper endoscopy is indicated in individuals with chronic gastroesophageal reflux disease (symptoms for 5 or more years) and at least 3 established risk factors for Barrett's esophagus (BE) and esophageal adenocarcinoma, including individuals who are male, non-Hispanic white, age >50 years, have a history of smoking, obesity, or a family history of BE or esophageal adenocarcinoma. Salmon-colored mucosa of at least 1 cm in length is necessary for a diagnosis of BE. Endoscopy can be repeated in 1-2 years in those with visual changes of BE but negative pathology. Individuals with nondysplastic BE should undergo surveillance endoscopy in 3 to 5 years. Endoscopic surveillance is indicated in individuals with BE at intervals dictated by the degree of dysplasia noted on previous biopsies. Endoscopy can be repeated within 6 months in individuals with BE indefinite for dysplasia, any length. If opting for endoscopic surveillance in individuals with BE with low-grade dysplasia (LGD), repeat EGD at 6 month, 12 months and annually thereafter. Endoscopic eradication therapy (EET) is indicated in individuals with BE with confirmed LGD and high-grade dysplasia (HGD). Endoscopic surveillance indicated as per EviCore Guidelines, in individuals with BE who have completed successful EET. Timeframe for endoscopic surveillance is based on National Society Guidelines.

References

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