



Authorization criteria: Endoscopy, upper gastrointestinal for gastroesophageal reflux disease

For Blue Care Network commercial and BCN AdvantageSM

Clinical review is required for adult members (age ≥ 18). The medical necessity criteria are outlined below.

CPT codes: *43191, *43192, *43193, *43195, *43196, *43197, *43198, *43200, *43202, *43214, *43231, *43233, *43235, *43237, *43238, *43239, *43241, *43242, *43248, *43249, *43250, *43253 and *43259

ICD codes: K21.0 and K21.9

Chronic or recurrent heartburn and regurgitation and EITHER of the following must be met:

1. ONE OR MORE of the following:
 - a. Unintentional weight loss ($>5\%$ of the patient's usual body weight)
 - b. Dysphagia or odynophagia
 - c. Early satiety or recurrent vomiting (7 days)
 - d. Evidence of gastrointestinal bleeding by history or physical exam or anemia
 - e. Family history of Barrett's esophagus and/or cancer of the esophagus
2. Continued symptoms or findings after acid suppression treatment with medication that was optimized for dosing and frequency FOR AT LEAST 8 weeks with EITHER histamine blockers (such as cimetidine, ranitidine or famotidine) OR proton pump inhibitors (such as omeprazole or lansoprazole)

References

Change Healthcare's InterQual[®] 2021 Procedures Criteria, Upper Gastrointestinal (GI) Endoscopy for gastroesophageal reflux disease (GERD)

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