Authorization criteria: Endoscopy, upper gastrointestinal for gastroesophageal reflux disease
For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members only

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


ICD codes: K21.0 and K21.9

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
McKesson’s InterQual<sup>®</sup> 2017 Procedures Criteria, Endoscopy, Upper Gastrointestinal, for Gastroesophageal Reflux Disease (GERD)

*The role of endoscopy in the management of premalignant and malignant conditions of the stomach. GASTROINTESTINAL ENDOSCOPY Volume 81, No. 6 : 2015. http://dx.doi.org/10.1016/j.gie.2015.03.1967

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