



Authorization criteria: Endoscopy, upper gastrointestinal for gastroesophageal reflux disease For BCN HMOSM (commercial) and BCN AdvantageSM members only

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

CPT codes: *43180, *43191, *43193, *43197, *43198, *43200, *43202, *43235, *43239 and *43254

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® 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](http://dx.doi.org/10.1016/j.gie.2015.03.1967)

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