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


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® 2022 Procedures Criteria, Upper Gastrointestinal (GI) Endoscopy for gastroesophageal reflux disease (GERD)

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