



# Authorization criteria: Endoscopy, upper gastrointestinal for gastroesophageal reflux disease

For Blue Care Network commercial and BCN Advantage<sup>SM</sup>

Clinical review is required for adult members (age  $\geq 18$ ). 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<sup>®</sup> 2022 Procedures Criteria, Upper Gastrointestinal (GI) Endoscopy for gastroesophageal reflux disease (GERD)

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Current authorization criteria effective date: Nov. 1, 2022