

Upper GI Endoscopy Authorization Form

This form should be completed by the person who has a thorough knowledge of the member's current clinical presentation and his/her treatment history. Please complete all sections. Omissions, generalities, and illegibility will result in the form being returned for completion or clarification. Please refer to the Medical Necessity Guidelines Upper GI Endoscopy: Certain Elective Procedures for further information.

Patient Name:	Patient DOB:	Date of Request:
Patient ID#	Dx/ICD-9:	Procedure Code(s):
Provider Name:	Provider ID#	Provider Phone #:
Provider Fax #:	Provider Signature	

Tufts Health Plan may authorize coverage of an Upper GI Endoscopy when the Member meets one of the following criteria sets. Please check all that apply.

A) Esophageal Disease

- 1) Dysphagia (difficulty swallowing) or odynophagia (pain with swallowing) associated with **one** of the following:
 - a) New onset of symptoms of difficulty or pain with swallowing
 - b) Weight loss
 - c) Dilatation of benign stricture
 - d) Pneumatic dilatation for achalasia

- 2) GERD with:
 - a) Persistent symptoms of GERD such as heartburn or regurgitation, and inadequate response to maximum PPI dosing (twice daily) for one month **or**;
 - b) History of GERD for one year or longer at time of EGD request **or**;
 - c) Weight loss, anemia, abnormal radiological study of esophagus or stomach, GI bleeding, early satiety or recurrent vomiting

- 3) Surveillance in members with established Barrett's esophagus*, according to intervals based on pathology :
 - a) high-grade dysplasia on prior biopsies: EGD with biopsy will be covered every 3 months
 - b) low grade dysplasia on prior biopsies: EGD 6 months after initial biopsy and if still low grade dysplasia will be covered annually thereafter if no change in pathology
 - c) no dysplasia on prior biopsy: cover 2 EGD's with biopsy in one year and if normal pathology remains, every three years thereafter

PLEASE NOTE: *Barrett's esophagus changes consist of the replacement of squamo-columnar mucosa with columnar epithelium, with intestinal metaplasia, which has malignant potential for esophageal cancer. The Barrett's esophagus is identified by gross examination, but the potential for malignancy is based on changes in biopsy, the degree of dysplasia. The rationale for one-month Prescription PPI prior to evaluation of chronic esophagitis for Barrett's is that inflammation due to GERD, acid reflux, can confuse the biopsy appearance and delay a true estimation of dysplasia and cancer risk. The intervals for re-examination of esophagus are based on most recent recommendations by the American College of Gastroenterology (in Am J Gastroenterology 2008; 103: 788-797)

- 4) Abnormal radiological study of esophagus or stomach

- 5) Esophageal varices:
 - d) Initial screening for esophageal or gastric varices in member with a new diagnosis of cirrhosis who is not on a beta blocker **or**;
 - e) Treatment of varices by sclerotherapy or endoscopic variceal ligation (EVL) in member who has had documented bleeding from esophageal varices (active or in past) **or**;

- f) For members with high risk of esophageal variceal bleed, with no prior history of bleeding. The member must have **one or more** of the high risk factors listed below, and the member must not be on beta blockers
 - i. medium to large varices on prior screening EGD
 - ii. Red marks such as red wale lines or red spots seen on screening or on prior EGD
 - iii. Child's B or C cirrhosis (significant functional compromise or decompensated liver disease)
 - g) Repeat screenings can be covered under the following conditions:
 - i. If compensated cirrhosis (stable clinically and without bleeding) and no varices on initial screen, EGD may be covered every THREE years
 - ii. If compensated cirrhosis and varices on initial EGD repeat EGD will be covered every TWO years, only for members not on beta blockers
 - iii. If decompensated cirrhosis (unstable clinical status) EGD may be covered ANNUALLY
- 6) Corrosive injuries to esophagus

B) Anemia

- 1) Vitamin B-12 deficiency **or**;
- 2) Iron deficiency** with positive FOBT **or**;
- 3) Iron deficiency** anemia without positive FOBT and **one** of the following
 - a) Suspected PUD or history of GERD
 - b) Weight loss that is involuntary
 - c) Abnormal UGI/SBFT study or CT scan
 - d) In patient who is about to start anticoagulation for another condition (DVT, PE, cardiac)
 - e) Associated with other evidence of celiac sprue (see CELIAC SPRUE, below)
- 4) Iron deficiency anemia with or without FOBT in a member 50 years old or older with negative colonoscopy within three (3) years of planned EGD (including prior to EGD at the same session.)

PLEASE NOTE: *For the purposes of this criteria Iron deficiency anemia is defined as a documented ferritin below normal for laboratory and/or Ferritin/Total iron blood count with transferrin saturation below 20%

C) Gastric Ulcer

Follow-up after one-two month of treatment with PPI or H-2 blocker (to confirm healing and/or rule out Malignant ulcer)

D) Persistent Upper Abdominal Symptoms

- 1) Symptoms for at least 4 weeks (e.g. pain, nausea or vomiting) and **either**
 - a) Fails to respond to maximum PPI's (twice daily dosing) OR reinstatement of PPI therapy after one successful course **or**;
 - b) Symptoms are associated with weight loss, GI bleeding, anemia, anorexia or early satiety

E) Celiac Sprue

- 1) Positive serology for celiac sprue by IgA tissue transglutaminase (IgA-tTG), IgA endomysial antibody (IgA-EMA) or IgG-tTG or IgG-EMA may be substituted for members with IgA deficiency
- 2) Any **one** of the following criteria:
 - a) GI symptoms consistent with chronic malabsorption, including chronic diarrhea or steatorrhea, abdominal distension, and weight loss **or**;
 - b) Otherwise unexplained iron, folate, or vitamin D deficiency, calcium deficiency, or secondary hyperparathyroidism with osteoporosis or osteomalacia **or**;
 - c) In absence of other causes: persistent aminotransferase elevation, short stature, delayed puberty, recurrent fetal loss/infertility, epilepsy or ataxia **or**;

d) GI symptoms, with a diagnosis of an associated high-risk conditions, such as, Type-1 Diabetes Mellitus or other autoimmune endocrinopathies (such as autoimmune thyroiditis); first and second degree relatives with celiac disease; Turner, Down or William syndromes; IgA deficiency, or Dermatitis Herpetiformis (skin condition strongly associated with celiac disease)

3) A repeat Upper GI Endoscopy may be covered with one of the following indications:

- a) The member fails to respond to gluten-free diet
- b) Diagnosis of celiac sprue is uncertain on initial testing and needs to be confirmed by re-biopsy

F) Involuntary Weight Loss

- 1) Weight loss of 10 pounds or more in 12 weeks or less without dietary or illness related explanation

G) Diarrhea

If all guidelines below are met:

- 1) greater than 3 weeks duration **and**
- 2) negative stool studies for infection, including O & P if indicated **and**
- 3) after completion of lower bowel work-up, including flexible sigmoidoscopy or colonoscopy **and**
- 4) for members under 40 years old with a history consistent with irritable bowel syndrome, failure of fiber and anti spasmodic to relieve diarrhea

H) Increased Risk Factor for Gastric Cancer

When the member has **one** of the following risk factors:

- 1) Pernicious anemia **or**;
- 2) S/P partial gastrectomy **or**;
- 3) Positive diagnosis of familial adenomatous polyposis **or**;
- 4) Positive diagnosis of hereditary nonpolyposis colorectal cancer **or**;
- 5) Positive family history of gastric cancer