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III. ADDENDUM
ACHALASIA (530.0), ESOPHAGEAL STRicture (530.3), OBSTRUCTION (530.3) OR BARRETT'S ESOPHAGUS (530.2)

CRITERIA

→ 1) Obstruction due to foreign object or benign neoplasm, resolved without complications.
→ 2) Barrett's Esophagus without Dysplasia (Endoscopy within 6 mos. before departure)

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
MRB/MED ADVISOR
DEFER

RESTRICTIONS/DEFER

Endoscopy yearly with Gastroenterologist, if needed.

RATIONALE


Treated Achalasia, 2 yrs. post treatment without recurrence.

MEDICAL INFORMATION NEEDED:

Generic Information.
Gastroenterologist evaluation.
Endoscopy results for Barrett's Esophagus.

1) Barrett's with Dysplasia
2) Stricture
3) Obstruction with permanent damage to esophagus.

Two yrs. post treatment and asymptomatic

1) Barrett's Esophagus with Dysplasia is at high risk for developing CA. Requires close F/U.

2 & 3) Requires intensive medical regimen with repeated dilatation. Care not available in PCMU's.

5/4/93
ESOPHAGEAL TEAR (MALL-Y-WEISS SYNDROME) (530.7)

CRITERIA

- History of, > 6 mos. ago.
- N/A
- Period < 6 mos. post episode.

ACTION

- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- MNQ

RESTRICTIONS/DEFER

RATIONALE

Tear is caused by vomiting, hiccupping or wretching.

Associated with Esophageal varices.

Esophageal Varices are life threatening.

MEDICAL INFORMATION NEEDED:

Generic information

5/4/93
ESOPHAGITIS (530.1)

**CRITERIA**

1. Single episode, 6 mos. asymptomatic without meds.
2. Recurrent episodes, readily controlled with meds or meds for prophylaxis.

**ACTION**

CLEAR

CLEAR WITH RESTRICTIONS

MRB/MED ADVISOR

DEFER

MNQ

**RESTRICTIONS/DEFER**

UNTIL:

1) Six months asymptomatic, off meds.
2) Six mos. controlled with meds. (continuous or intermittent)
3) Six mos. post surgery.

**RATIONALE**

98% of Esophagitis is caused by reflux by gastric contents into the esophagus.

Medications used are Zantac, Tagmet & Prilosec. They are very effective and safe, require no special lab. work. The patient usually stays on the medication for 6 mos. to life, first to cure the disease then prevent any recurrence.

Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.

Appropriate medical care not available in PCMU’s. At risk for severe exacerbation.

**MEDICAL INFORMATION NEEDED:**

Generic information

F/U needed next 3 yrs.; Diet restrictions;

Endoscopy, UGI results, if available.

Gastrointestinal

GI-3

5/4/93
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RATIONALE</th>
<th>RESTRICTIONS/DEFER</th>
<th>MEDICAL INFORMATION NEEDED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Single episode, 6 mos. asymptomatic, with or without meds.</td>
<td>CLEAR</td>
<td>Avoid NSAIDs and aspirin in the future.</td>
<td>N/A</td>
<td>Generic information; F/U needed next 3 yrs.</td>
</tr>
<tr>
<td>2) Recurrent episodes, readily controlled with meds or meds for prophylaxis.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>Meds. include Zantac, Tagamet, and Prilosec. They require no special F/U.</td>
<td>MRB/MED ADVISOR</td>
<td>Stool for occult blood X 3; Diet limitations.</td>
</tr>
<tr>
<td>1) GI bleeding associated with gastritis.</td>
<td>N/A</td>
<td>Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.</td>
<td>DEFER</td>
<td></td>
</tr>
<tr>
<td>2) Treatment with Prilosec (acid pump inhibitor).</td>
<td>UNTIL: Six months asymptomatic, meeting clearance requirements.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Single episode not due to NSAIDs &lt; 6 mos.</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Recurrent episode, symptoms unresolved with medications. Possibly alcohol related.</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gastrointestinal

GL-4
PEPTIC ULCER DISEASE (PUD), GASTRECTOMY (43.89)

RATIONALE

Meds Include Zantac, Tagamet, Prilosec (<1% failure rate). Meds are used initially as treatment, then often for 1 yr. to lifetime for prophylaxis. <10% relapse rate in first year with meds as prophylaxis.

GI bleeding associated 1) Duodenal ulcer < 1 yr ago
2) Treatment with prilosec (acid pump inhibitor) 3) Gastrectomy < 1 yr ago.

DEFER UNTIL:
4) Porlod > 1 yr, resolved.
5) Period > 1 yr., resolved; endoscopy shows complete healing.
6) Period > 1 yr. Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.

MRB/MED ADVISOR
1) History of perforation or hemorrhage while on treatment.
2) Partial gastrectomy with complications.
3) Treatment failure: at risk for life threatening hemorrhage.

Medical Information Needed:
Generic Information: FlU needed next 3 yrs. meds.
Diet limitation.
Stool for occult blood X 3; Endoscopy results for gastric ulcer.

Gastrointestinal (GI-5)
12/27/94
PYLORIC STENOSIS (750.5)

CRITERIA → History of, repair in infancy → N/A → N/A → N/A

ACTION ➔ CLEAR ➔ CLEAR WITH RESTRICTIONS ➔ DEFER ➔ MNQ

RATIONALE

MEDICAL INFORMATION NEEDED:

Gastrointestinal
### Criteria

- **1) Single episode bowel obstruction, resolved medically, period > 2 yrs. post**
- **2) Bowel obstruction resolved surgically without ostomy or with no exterior appliance required for period > 6 mos.**
- **3) Intussusception in childhood**
- **4) Intussusception due to polyp or Meckles diverticulum which was surgically removed.**

### Action

- **CLEAR**
- **CLEAR WITH RESTRICTIONS**
- **DEFER**
- **MNQ**

### Restrictions/Defer

- **1) Bowel obstruction, benign cause, < 2 yrs. post medical treatment.**
- **2) Bowel obstruction, benign cause, < 6 mos. post surgical**
- **3) Cancer**
- **1) Intussusception (adult episode) unless caused by a polyp or Meckles diverticulum.**
- **2) Recurrent obstruction unresolved by surgery.**

### Rationale

- **Bowel obstruction can be caused by simple mechanical obstructions. Adhesions, and strangulated hernia are the most common. Can also occur assoc. with malignant neoplasms.**

### Medical Information Needed:

- **Gastrointestinal**

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**Generic information**

2/28/94
## COLITIS, ULCERATIVE (556), PROCTITIS (569.49)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RESTRICTIONS/DEFER</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Acute infectious proctitis, resolved. (excluding ulcerative colitis or Crohn's colitis)</td>
<td>CLEAR</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>Proctocolectomy is total cure. In colitis, risk of developing colon CA increases 10% per yr. Requires yearly colonoscopy starting 10 yrs. post diagnosis.</td>
</tr>
<tr>
<td>2) Acute colitis, one episode, 2 yrs. asymptomatic, no evidence of recurrence, (excluding ulcerative colitis or Crohn's colitis).</td>
<td>N/A</td>
<td>MRB/MED ADVISOR</td>
<td>10% of patients with ulcerative proctitis progress to colitis.</td>
</tr>
<tr>
<td>3) Post Proctocolectomy one yr. Returned to normal functioning.</td>
<td>N/A</td>
<td>DEFER</td>
<td>Pan-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.</td>
</tr>
</tbody>
</table>

### MEDICAL INFORMATION NEEDED:
- Generic information; Proctosigmoidoscopy results if done;
- Gastroenterologist evaluation for ulcerative colitis; extent of disease;
- Monitor next 3 yrs.
COLITIS, ULCERATIVE (556), PROCTOSIGMOIDOSCOPY (569.49)

**CRITERIA**

1. Acute infectious proctitis, resolved. (excluding ulcerative colitis or Crohn's colitis)
2. Acute colitis, one episode, 2 yrs. asymptomatic, no evidence of recurrence, (excluding ulcerative colitis or Crohn's colitis).
3. Post proctocolectomy, one yr. Returned to normal functioning.

**ACTION**

- CLEAR
- CLEAR WITH RESTRICTIONS
- MRB/MED ADVISOR
- DEFER
- MNQ

**RESTRICTIONS/DEFER**

- Post proctocolectomy < 1 yr.
- Post proctocolectomy > 1 yr. See GI-14 for specific procedure
- Pan-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.

**RATIONALE**

- Proctocolectomy is total cure. In colitis, risk of developing colon CA increases 10% per yr. Requires yearly colonoscopy starting 10 yrs. post diagnosis.
- 10% of patients with ulcerative proctitis progress to colitis.
- Complete remission in only 10% of cases. Numerous complications occur: hemorrhage, toxic colitis, toxic megacolon, CA of colon, fistulas. However, disease can be well-controlled with proper treatment.

**MEDICAL INFORMATION NEEDED**

- Generic information; Proctosigmoidoscopy results if done;
- Gastroenterologist evaluation for ulcerative colitis; extent of disease; F/U needed next 3 yrs.

10/25/93
CROHN'S DISEASE (ILEITIS) (555.0)

CRITERIA

1. Minor disease, only 1 episode > 5 yrs. ago, no meds, asymptomatic 5 yrs.
2. Single episode, mild disease, period < 5 yrs., asymptomatic.

ACTION

1. CLEAR
2. CLEAR WITH RESTRICTIONS
3. MRB/MED ADVISOR
4. DEFER

RATIONALE

1. Single incident sometimes caused by bacteria (Yersinia Enterocolitica). Then likely to have complete remission.
2. Surgery is not total cure. Additional surgery is sometimes required after 7 - 10 yrs. However, if asymptomatic after 5 yrs., risk for relapse lessens.
3. Crohn's Disease varies in severity. Individual GI evaluation required.
4. Disease likely to exacerbate and progress, placing PCV at risk for life threatening episode.
5. Unlike colitis, no proven therapy for prophylaxis exists.

RESTRICTIONS/DEFER

1. Single episode, mild disease, period < 5 yrs., asymptomatic.
2. Complications: Renal, arthritis, fistula, abscesses.

MEDICAL INFORMATION NEEDED:

1. Generic information

5/4/93
DIVERTICULAR DISEASE DIVERTICULOSIS (562.10), DIVERTICULITIS (562.11)

1. Diverticulosis incidental diagnosis on X-ray or endoscopy; no Hx of pain or bleeding.
2. Partial colectomy to remove involved portion of colon.

- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER UNTIL:
- MNQ

ALE 1) 30 - 40% of people > 50 y.o. have diverticula. The incidence increases by 10% with each decade of life.

Revised episodes of diverticulitis have potential for perforation, abscess, obstruction, fistula formation. Places PCV at risk for life threatening event.

Generic information

GI-10
IRRITABLE BOWEL SYNDROME (IBS) (564.1)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RESTRICTIONS/DEFER</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self managed by diet, stress management, with or without PM meds</td>
<td>CLEAR</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>Usually benign condition that does not progress to colitis or ileitis. Does not place PCV at risk for dehydration or life threatening event.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>DEFER</td>
<td>IBS is a variable, chronic condition. Some individuals function totally normally and others miss time from work and do not function well. Each applicant must be evaluated individually. IBS does not place the PCV at added risk for dehydration.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>MNQ</td>
<td></td>
</tr>
</tbody>
</table>

 Until:
Self managed as per "Clear" criteria.

MEDICAL INFORMATION NEEDED:
Generic information
LACTOSE INTOLERANCE (271.3)

No milk product diet

ALE

Lactose intolerance occurs in approx. 75% of adults in all ethnic groups except those of northwest European origin for whom the incidence is < 20%.

Generic information