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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

UNTIL:

 Endoscopy yearly with Gastroenterologist, if needed.

Two yrs. post treatment and asymptomatic

RATIONAL E

Barrett's Esophagus: Precancerous condition caused by chronic esophageal reflux. Incidence of CA is low (10%). Needs 1 - 2 yr. endoscopic exam.

Treated Achalasia, 2 yrs. post treatment is successful in 60 - 80% of people.

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.

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 PCMUs.
ESOPHAGEAL TEAR (MALLORY-WEISS SYNDROME) (530.7)

CRITERIA
→ History of, > 6 mos. ago. → N/A → Period < 6 mos. post episode. → Associated with Esophageal varices.

ACTION
CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER

RATIONALE
Tear is caused by vomiting, hiccupping or wretching.

MEDICAL INFORMATION NEEDED:
Generic information

Esophageal Varices are life threatening.

Gastrointestinal
GI-2

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**
- **Deferred**
- **MNQ**

## Restrictions/Defer

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

## Rationale

- **98% of Esophagitis is caused by reflux by gastric contents into the esophagus.**
- **Pill induced or trauma induced Esophagitis heals rapidly when the offending substance is removed or the medication is stopped.**
- **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.**
- **History of Esophageal Hemorrhage due to varices.**
- **Corrosive Esophagitis with strictures.**

## Medical Information Needed:

- Generic information
- F/U needed next 3 yrs.; Diet restrictions;
- Endoscopy, UGI results, if available.

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5/4/93
CRITERIA

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

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
MRB/MED ADVISOR
DEFER

RESTRICTIONS/DEFER

MEDICATIONS/DEFER

RATIONALE

Avoid NSAIDs and aspirin in the future.
Meds. include Zantac, Tagamet, and Prilosec. They require no special F/U.
Prilosec cannot be used continuously. Often is used for severe, refractory peptic conditions.

MEDICAL INFORMATION NEEDED:

Generic information; F/U needed next 3 yrs.
Stool for occult blood X 3; Diet limitations.
PEPTIC ULCER DISEASE (PUD) (533), GASTRECTOMY (43.89)

**CRITERIA**
- 1) Duodenal ulcer, resolved > 1 yr. on or off continuous meds.
- 2) Benign gastric ulcer, resolved > 1 yr., with complete healing on endoscopy or on or off continuous meds.
- 3) Partial Gastrectomy > 1 yr ago, no complications.

(See Heme-3 if associated B12 deficiency.)

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

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

**MEDICAL INFORMATION NEEDED:**
- Generic Information;
- F/U needed next 3 yrs. meds.; Diet limitation.
- Stool for occult blood X 3; Endoscopy results for gastric ulcer.

Gastrointestinal 12/27/94

**DEFER UNTIL:**
1) Period > 1 yr, resolved.
2) Period > 1 yr, resolved; endoscopy shows complete healing.
3) Period > 1 yr.

**ACTION:**
- History of perforation or hemorrhage while on treatment.
- Partial gastrectomy with complications.

**RATIONALE**
- GI bleeding associated with peptic ulcer.
- Treatment with prilosec (acid pump inhibitor).
- Ulcer < 1 yr ago (H. pylori)
- Duodenal ulcer < 1 yr ago
- Benign gastric ulcer < 1 yr ago.
- Gastrectomy < 1 yr ago.

**MEDS ADV**
- 4/3/97
**PYLORIC STENOSIS (750.5)**

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<th>RATIONALE</th>
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<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>N/A</td>
<td>MNQ</td>
<td>N/A</td>
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**MEDICAL INFORMATION NEEDED:**
- Gastrointestinal GI-6
**BOWEL OBSTRUCTION (560.9), INTUSSUSCEPTION (560.0)**

**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**

→ N/A

**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.

**RESTRICTIONS/DEFER**

1) Five years post all treatment (incl. radiation and chemotherapy) and CA free.
2) Can meet clear criteria.

**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:**

Generic information

Gastrointestinal

**GI-7**

2/28/94
### 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

- Ulcerative proctitis or ulcerative colitis, asymptomatic > 10 yrs without medication.
- Post proctocolectomy < 1 yr.
- Ulcerative proctitis or ulcerative colitis.

### RATIONALE

1. Proctocolectomy is total cure. In colitis, risk of developing colon CA increases 10% per yr. Requires yearly colonoscopy starting 10 yrs. post diagnosis.
2. PAN-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.
3. 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
### 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

- H N/A Ulcerative proctitis or ulcerative colitis, asymptomatic > 10 yrs without medication.
- H Post proctocolectomy < 1 yr.
- H MNQ Ulcerative proctitis or ulcerative colitis.

### 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.
- Pan-colon Disease: disease affects entire colon, with history of steroid therapy, indicates high risk for relapse.
- 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 → N/A → N/A → Minor disease, only 1 episode > 5 yrs. ago, no meds, asymptomatic 5 yrs. → Single episode, mild disease, period < 5 yrs., asymptomatic.

ACTION CLEAR → CLEAR WITH RESTRICTIONS → MRB/ MED ADVISOR → DEFER → MNQ

RESTRICTIONS/DEFER

RATIONALE Single incident sometimes caused by bacteria (Yersinia Enterocolitica). Then likely to have complete remission.

Surgery is not total cure. Additional surgery is sometimes required after 7 - 10 yrs. However, if asymptomatic after 5 yrs., risk for relapse lessens.

CROHN'S DISEASE likely to exacerbate and progress, placing PCV at risk for life threatening episode.

Unlike colitis, no proven therapy for prophylaxis exists.

MEDICAL INFORMATION NEEDED:

Generic information

Gastrointestinal

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

A

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

UNTIL:

DEFER

MNQ

-> 1) Diverticulitis, any episode not surgically corrected.

-> 2) Diverticulosis, Hx of bleeding episode

ALE

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

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

Generic information
IRRITABLE BOWEL SYNDROME (IBS) (564.1)

**CRITERIA**
- Self managed by diet, stress management, with or without PM meds
- N/A
- Not controlled with diet, stress management, or medications.

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

**RESTRICTIONS/DEFER**
- UNTIL:
  - Self managed as per "Clear" criteria.

**RATIONALE**
- Usually benign condition that does not progress to colitis or ileitis. Does not place PCV at risk for dehydration or life threatening event.
- 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.

**MEDICAL INFORMATION NEEDED:**
- Generic information
**LACTOSE INTOLERANCE (271.3)**

A → N/A → Lactose intolerance → N/A → N/A

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

**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%.

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**GI-12**

5/4/93