

CHAPTER 3
SECTION 8.1

DIGESTIVE SYSTEM

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I. DESCRIPTION

The digestive system involves the organs associated with the ingestion, digestion, and absorption of nutrients, and the elimination of solid waste.

II. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the digestive system are covered, subject to the provisions of DoD 6010.8-R and the provisions of the "Policy Considerations" section below.

III. POLICY CONSIDERATIONS

A. Services Related to Obesity.

For coverage information, see [Chapter 3, Section 8.4](#).

B. Esophagoscopy.

1. When an esophagoscopy is performed in conjunction with a laryngoscopy (31505-31579) during the same surgical session, reimbursement will be in accordance with the multiple surgery policy as stated in [Chapter 13, Section 3.7](#).

2. When an esophagoscopy (43200-43228) is performed in conjunction with a laryngoscopy (31505-31579) and a bronchoscopy (31622-31656) during the same surgical session, reimbursement will be in accordance with the multiple surgery policy as stated in [Chapter 13, Section 3.7](#).

C. Esophagogastroscopy.

Esophagogastroscopy (43200-43258) is a covered service and includes an esophagoscopy and a gastroscopy. If performed during the same surgical session, reimbursement will be for the procedure with the greater value only.

D. Esophagogastroduodenoscopy.

Esophagogastroduodenoscopy (43235-43264) is a covered service and includes an esophagoscopy (43200-43228), gastroscopy (43235-43272), and duodenoscopy (44360-44369). If performed during the same surgical session, reimbursement will be for the procedure with the greater value only.

E. Gastroscopy/Laryngoscopy.

When a gastroscopy is performed in conjunction with a laryngoscopy (31505-31579) during the same surgical session, reimbursement will be 100% of the allowance for the procedure with the greater value and 50% of the allowance for the procedure with the lesser value.

F. Gastroscopy/Laryngoscopy/Bronchoscopy.

When a gastroscopy (43235-43272) is performed in conjunction with a laryngoscopy (31505-31579) and a bronchoscopy (31622-31656) during the same surgical session, only the gastroscopy and bronchoscopy will be reimbursed. Allow 100% of the allowance for the procedure with the greater value and 50% of the allowance for the procedure with the lesser value.

G. Small Intestinal Endoscopy/Proctosigmoidoscopy.

Small intestinal endoscopy beyond the second portion of the duodenum is a covered service. When a small intestinal endoscopy is performed in conjunction with a proctosigmoidoscopy during the same surgical session, reimbursement will be 100% of the allowance for the procedure with the greater value and 50% of the allowance for the procedure with the lesser value.

H. Small Intestinal Endoscopy/Colonoscopy.

When a small intestinal endoscopy beyond the second portion of the duodenum is performed in conjunction with colonoscopy (45355-45385) during the same surgical session, reimbursement will be 100% of the allowance for the procedure with the greater value and 50% of the allowance for the procedure with the lesser value.

I. Colonoscopy/Proctosigmoidoscopy or Anoscopy.

When a colonoscopy (45330-45385) is done in conjunction with a proctosigmoidoscopy (45300-45321) or an anoscopy (46600-46615) during the same surgical session, reimbursement will be for the procedure with the highest value only.

J. Anoscopy.

Anoscopy (46600-46615) is a covered service. When performed in conjunction with other surgery, multiple surgery guidelines will apply.

K. Proctosigmoidoscopy/Anoscopy.

Proctosigmoidoscopy (45300-45321) is a covered service. When a proctosigmoidoscopy is performed in conjunction with an anoscopy (46600-46615) during

the same surgical session, reimbursement will be for the procedure with the highest value only.

L. Laparoscopy (Peritoneoscopy).

Peritoneoscopy (56300-56344, 56362-56363, 56399) is a covered service. When performed in conjunction with other surgery, multiple surgery guidelines will apply.

M. Cinematography of the Digestive Tract.

Claims for cinematography (cineradiography) of the digestive tract must be documented as to medical necessity and referred to Medical Review.

N. Tonsillectomy and/or Adenoidectomy.

1. Tonsillectomy (42820-42826) is a covered service.

2. When an adenoidectomy (42830-42836) is performed in conjunction with a tonsillectomy during the same surgical session, there will be no reimbursement for the adenoidectomy.

3. An adenoidectomy, when performed as an independent procedure, is a covered service.

4. Excision of a lingual tonsil (42870) is a covered service when performed as an independent procedure. When performed in conjunction with other related procedures, no additional payment may be made.

5. Excision of a tonsillar tag (42860) is a covered service when performed as an independent procedure.

O. Teflon Injection.

Teflon injection into the posterior pharyngeal wall to correct velopharyngeal insufficiency is a covered service.

P. Gastrostomy/Intra-Abdominal Surgery.

1. A gastrostomy (43830-43832, 43246) is a covered service when performed as an independent procedure.

2. When performed in conjunction with any major intra-abdominal surgery (except gastric procedures), reimbursement will be at 100% of the allowance for the major procedure and 50% of the allowance for the gastrostomy.

3. When a portion of the bowel is removed during the same surgical session, reimbursement will be 100% of the allowance for the procedure with the higher value and 50% of the allowance for the procedure with the lesser value.

Q. Exploratory Laparotomy.

1. An exploratory laparotomy (exploratory celiotomy, 49000), retroperitoneal exploration (49010), enterolysis (lysis of adhesions, 44005), and biopsy of intra-abdominal organs (43600-43605, 45100, 48100, 48102) are covered services.

2. When done in conjunction with other intra-abdominal surgery, reimbursement will be for the surgery with highest value only.

R. Hernia Repair.

1. Hernias are characterized primarily by the type of hernia (incisional, inguinal, femoral, etc.). Some are further characterized as primary or recurrent. Examples of hernias are:

a. Groin hernias:

- (1) Femoral hernia
- (2) Scrotal hernia
- (3) Inguinal hernia.

b. Other hernias:

- (1) Ventral hernia
- (2) Incisional hernia
- (3) Gastric hernia
- (4) Umbilical hernia
- (5) Bilateral (or double) hernia
- (6) Stoma hernia
- (7) Hiatus hernia (see [Chapter 3, Section 7.1](#) for additional information on hiatus hernias).

2. Hernia repair with an incarcerated or strangulated bowel (49500-49611) is a covered service.

3. Hernia mesh repair is a covered service. An additional allowance may be made for this type of hernia repair.

4. Laparoscopic hernia repair may be considered for TRICARE cost-sharing in lieu of open hernia repair when determined to be medically necessary. (See [Chapter 3, Section 1.5](#) for additional information on laparoscopic procedures.)

S. Appendectomy.

1. An appendectomy (44950-44960) is a covered service when performed as an independent procedure.

2. An appendectomy that is considered incidental. Reimbursement will follow the instructions in [Chapter 13, Section 3.7](#) performed incidental to any other intra-abdominal procedure.

T. Omentectomy.

An omentectomy (49255) is a covered service only when the omentum is diseased. The claim must be documented by operative report and referred to Medical Review.

U. Complete Proctectomy/Colostomy or Cecostomy.

When a complete proctectomy (45110) is performed in conjunction with a colostomy (44320) or a cecostomy (44320), reimbursement will be for the procedure with the highest value only.

V. Suprapubic Cystotomy/Complete Proctectomy.

When a suprapubic cystotomy (51520) is performed in conjunction with a complete proctectomy (45110), reimbursement will be 100% of the allowance for the procedure with the higher value and 50% of the allowance for the procedure with the lesser value.

W. Laparoscopic Cholecystectomy with or without laser.

1. Laparoscopic cholecystectomy (56340-56342) with or without laser, may be cost-shared when determined to be medically necessary.

2. See [Chapter 3, Section 1.5](#) for reimbursement guidelines.

IV. POLICY REAFFIRMED May 8, 1997.

- END -

