

Digestive System

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Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

1.0 CPT¹ PROCEDURE CODES

40490 - 40831, 40899 - 43644, 43647, 43648, 43651 - 43761, 43800, 43810, 43820, 43842, 43846, 43848, 43880 - 43882, 43999, 44005 - 47362, **47370**, 47371, 47379 - **47382**, 47399 - 49999, 91123, 96570, 96571

2.0 DESCRIPTION

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

3.0 POLICY

3.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the digestive system are covered.

3.2 Gastric electrical stimulation (CPT¹ procedure codes 43647, 43648, 43881, and 43882) for treatment of symptoms of nausea and vomiting from chronic gastroparesis that is refractory to medical management may be considered for coverage as a Humanitarian Use Device (HUD).

3.3 Radiofrequency Ablation (RFA) (CPT¹ procedure codes **47370**, **47380**, and **47382**) for treatment of unresectable hepatocellular carcinoma or unresectable liver metastases from colorectal cancer is proven and may be covered when all of the following conditions are met:

3.3.1 Tumors are less than five centimeters in diameter;

3.3.2 There are five or fewer tumors; and

3.3.3 There is no evidence of extrahepatic metastasis.

All procedures must be performed using an U.S. Food and Drug Administration (FDA) approved electrosurgical cutting and coagulation device.

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4.0 EXCLUSIONS

4.1 Vestibuloplasty (CPT² procedure codes 40840 - 40845) EXCEPT for adjunctive dental care (see Chapter 8, Section 13.1).

4.2 The Stretta System (Curon Medical, Sunnyvale, CA) and Bard Endoscopic Suturing System for treatment of refractory Gastro-Esophageal Reflux Disease (GERD) is unproven (CPT² procedure codes 43201 and 43257).

4.3 For bariatric procedures, see Section 13.2.

5.0 EFFECTIVE DATE

RFA (CPT² procedure codes 47370, 47380, and 47382) for treatment of unresectable hepatocellular carcinoma or unresectable liver metastases from colorectal cancer is proven and covered, effective April 28, 2004.

- END -

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