

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 11.1
TITLE: **BLOOD AND LYMPHATIC SYSTEMS**

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

August 26, 1985

II. PROCEDURE CODE(S)

|| **37765-37766**, 38100-38200, 38204-38242, and 38300-38999 ||

III. DESCRIPTION

The lymphatic system involves the lymphatic vessels and lymphoid tissue, considered collectively. Hemic refers to the blood.

IV. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the hemic and lymphatic system are covered.

V. POLICY CONSIDERATIONS

Splenectomy.

1. A splenectomy (CPT 38100) is a covered procedure when performed:
 - a. as an independent procedure; or
 - b. in conjunction with other surgery, when the spleen is diseased or trauma has occurred prior to surgery, subject to multiple surgery guidelines.
2. A splenectomy necessitated by an injury occurring during abdominal or retroperitoneal operative procedures is not covered when performed by the same surgeon. A splenectomy performed by a physician other than the primary surgeon may be processed routinely.

END OF POLICY