

## SURGERY FOR MORBID OBESITY

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### I. CPT<sup>1</sup> PROCEDURE CODES

43644, 43770 - 43774, 43842, 43846, 43848

### II. HCPCS PROCEDURE CODE

S2083

### III. DESCRIPTION

A. Surgery for morbid obesity, termed bariatric surgery, is based on two principles:

1. Divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur (i.e., malabsorptive surgical procedures); or

2. Restrict the size of the stomach and decrease intake (i.e., restrictive surgical procedures). Surgery can combine both types of procedures.

B. Bariatric surgery is performed for the treatment of morbid obesity. Morbid obesity is a Body Mass Index (BMI) equal to or greater than 40 kilograms per meter squared (kg/m<sup>2</sup>), or a BMI equal to or greater than 35 kg/m<sup>2</sup> in conjunction with high-risk co-morbidities, which is based on the guidelines established by the National Heart, Lung and Blood Institute on the Identification and Management of Patients with Obesity.

C. BMI, which describes relative weight for height, is significantly correlated with total body fat content and is a practical indicator of the severity of obesity with a direct calculation based on height and weight regardless of gender. BMI is equal to weight in kilograms divided by height in meters squared.

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#### IV. POLICY

A. Bariatric surgery, using a covered procedure outlined in [paragraph IV.B.](#) is covered for the treatment of morbid obesity when all the following conditions are met:

1. The patient has completed growth (18 years of age or documentation of completion of bone growth).

2. The patient has been previously unsuccessful with medical treatment for obesity. Failed attempts at non-surgical medical treatment for obesity must be documented in the patient's medical record.

a. Commercially available diet programs or plans, such as Weight Watchers®, Jenny Craig, or similar plans are acceptable methods of dietary management, if there is concurrent documentation of at least monthly clinical encounters with the physician.

NOTE: These programs are not covered by TRICARE.

b. Physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement.

3. The patient has evidence of either of the following:

a. A body-mass index greater than or equal to 40 kg/m<sup>2</sup>.

b. A body-mass index of 35-39.9 kg/m<sup>2</sup> with one clinically significant co-morbidity, including but not limited to, cardiovascular disease, type 2 diabetes mellitus, obstructive sleep apnea, pickwickian syndrome, hypertension, coronary artery disease, obesity-related cardiomyopathy, or pulmonary hypertension.

B. When the specific medical necessity criteria stated in [paragraph IV.A.](#) have been met for bariatric surgery, TRICARE shall cost share any of the following open or laparoscopic surgical procedure:

1. Roux-en-Y gastric bypass

2. Vertical banded gastroplasty

3. Gastroplasty (stomach stapling)

4. Adjustable gastric banding (i.e., adjustable LAP-BAND®)

C. Revision Bariatric Surgery.

1. Medically necessary surgical reversal (i.e., takedown or revision) of the bariatric procedure is covered when the beneficiary develops a complication (e.g., stricture or obstruction) from the original covered surgery.

2. Replacement of an adjustable band because of complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments is covered.

3. Repeat/revision of a covered bariatric surgical procedure due to technical failure of the original procedure is covered when all of the following criteria are met:

a. The patient has failed to achieve adequate weight loss, which is defined as failure to lose at least 50% of excess body weight or failure to achieve body weight to within 10% of ideal body weight at least two years following the original surgery.

b. The patient met all the screening criteria, including BMI requirements of the original procedure, and has been compliant with a prescribed nutrition and exercise program following the original surgery.

c. The requested procedure is a covered bariatric surgery.

NOTE: Inadequate weight loss due to individual noncompliance with postoperative nutrition and exercise recommendations is not a medically necessary indication for revision or conversion surgery and is not payable under TRICARE.

D. Any device utilized for a bariatric surgical procedure must have the U.S. Food and Drug Administration (FDA) approval specific to the indication, otherwise the device is considered unproven and not payable under TRICARE.

## V. LIMITATIONS

A. Coverage is limited to one bariatric surgery per lifetime, except in those conditions addressed in [paragraph IV.C.3](#).

B. The following are examples of conditions that are always denied a second bariatric surgical procedure because they do not qualify as a complication or technical failure:

1. Weight gain or weight plateau resulting from failure to follow the regimen of diet and exercise recommended after the initial bariatric surgery.

2. Weight gain or weight plateau resulting from the dilation and other stabilization of the gastric pouch as a natural and ordinary occurrence in the aftermath of the initial bariatric surgery.

## VI. POLICY CONSIDERATIONS

Benefits are authorized for otherwise covered medical services and supplies directly related to complications of obesity when such services and supplies are an integral and necessary part of the course of treatment that was aggravated by the obesity (e.g. excision of redundant skin folds after weight loss in areas such as, but not limited to, the abdomen, lumbar region, arms, and/or thighs). TRICARE payment shall be considered for medically

necessary services when the beneficiary has met the following criteria:

A. The beneficiary had a covered bariatric surgical procedure with subsequent weight loss, is at least 18 months postoperative, and has maintained weight for at least six months.

B. The beneficiary's medical record documents a redundant skin fold or excessive skin that significantly interferes with mobility (e.g., a large hanging abdominal pannus - a Grade 2 panniculus or greater) or causes a physical functional impairment such as uncontrollable inflammation and/or infection resulting in pain, ulceration, or otherwise complicates medical conditions, persistent and refractory to medical treatment. (Examples of agents that may be used for conservative treatment are antifungal, antibacterial or moisture-absorbing agents, topically applied skin barriers, and supportive garments.)

NOTE: In this policy, physical functional impairment means a limitation from normal (or baseline) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, skin integrity, or distortion of nearby body parts. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

#### VII. EXCEPTIONS

A. Benefits for adjustments to the gastric banding device by injection or aspiration of saline, including any adjustment-related complications, shall be allowed for patients who underwent the laparoscopic adjustable gastric banding (e.g., LAP-BAND®) surgery before the effective date of coverage only if the patient criteria discussed in paragraph IV.A. were met or would have been met at the time of surgery.

NOTE: TRICARE will not cost-share any complication resulting from the initial surgery, including band-related complications, for those patients who surgeries were performed prior to the effective date of coverage. If, however, a complication results from a separate medical condition, benefits shall be allowed for the otherwise covered treatment. A separate medical condition exists when it causes a systemic effect, or occurs in a different body system from the noncovered treatment.

B. Documentation must be submitted that gives the patient's history and shows that the patient met or would have met the criteria for the morbid obesity benefit at the time of surgery. The contractor shall conduct a medical review to assure compliance with paragraph IV.A. Where necessary, additional clinical documentation shall be obtained as part of this review.

#### VIII. EXCLUSIONS

A. Nonsurgical treatment related to obesity, morbid obesity, or weight reduction (e.g., weight control services, weight control/loss programs, exercise programs, food supplements, weight loss drugs, etc.).

B. Redundant skin surgery when performed solely for the purpose of improving appearance or to treat psychological symptomatology or psychosocial complaints related to one's appearance.

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C. Biliopancreatic bypass (jejunioileal bypass, Scopinaro procedure) for treatment of morbid obesity is unproven (CPT<sup>2</sup> procedure codes 43645, 43845, 43847, or 43633).

D. Gastric bubble or balloon for treatment of morbid obesity is unproven.

E. Gastric wrapping/open gastric banding (CPT<sup>2</sup> procedure code 43843) for treatment of morbid obesity is unproven.

F. Sleeve gastrectomy (CPT<sup>2</sup> procedure code 43775) for treatment of morbid obesity is unproven.

G. Unlisted CPT<sup>2</sup> procedure codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum, and omentum) for gastric bypass procedures.

IX. EFFECTIVE DATES

A. Laparoscopic surgical procedure for gastric bypass and gastric stapling (gastroplasty), including vertical banded gastroplasty are covered, effective December 2, 2004.

B. Laparoscopic adjustable gastric banding is covered, effective February 1, 2007.

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