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TRICARE  
MANAGEMENT ACTIVITY

MB&RS

CHANGE 66  
6010.54-M  
DECEMBER 10, 2007

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/  
revision(s) to the 6010.54-M, issued August 2002.

**CHANGE TITLE:** LAPAROSCOPIC ADJUSTABLE GASTRIC BANDING

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** The LAP-Band for treatment of morbid obesity is  
now proven and a covered benefit (evolving technology).

**EFFECTIVE DATE:** February 1, 2007.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

Reta Michak  
Chief, Office of Medical Benefits  
and Reimbursement Systems

**ATTACHMENT(S):** 2 PAGE(S)

**DISTRIBUTION:** 6010.54-M

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**CHANGE 66**  
**6010.54-M**  
**DECEMBER 10, 2007**

**REMOVE PAGE(S)**

**CHAPTER 4**

Section 13.2, pages 1 and 2

**INSERT PAGE(S)**

Section 13.2, pages 1 and 2

## SURGERY FOR MORBID OBESITY

ISSUE DATE: November 9, 1982

AUTHORITY: [32 CFR 199.4\(e\)\(15\)](#)

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

43644, ~~43770 - 43774~~, 43842, 43846, 43848, ~~43886 - 43888~~, S2083

### II. DESCRIPTION

Morbid obesity means the body weight is 100 pounds over ideal weight for height and bone structure, according to the most current Metropolitan Life Table, and such weight is in association with severe medical conditions known to have higher mortality rates in association with morbid obesity; or, the body weight is 200% or more of ideal weight for height and bone structure.

### III. POLICY

A. Gastric bypass, gastric stapling or gastroplasty, to include vertical banded gastroplasty is covered when one of the following conditions is met:

1. The patient is 100 pounds over the ideal weight for height and bone structure and has one of these associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders and severe arthritis of the weight-bearing joints.

2. The patient is 200% or more of the ideal weight for height and bone structure. An associated medical condition is not required for this category.

3. The patient has had an intestinal bypass or other surgery for obesity and, because of complications, requires a second surgery (a takedown).

B. In determining the ideal body weight for morbid obesity using the Metropolitan Life Table, contractors must apply 100 pounds (or 200%) to both the lower and higher end of the weight range. Payment will be allowed when beneficiaries meet all requirements for morbid obesity surgery including the ideal weight within the newly determined range.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 13.2

SURGERY FOR MORBID OBESITY

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IV. EXCLUSIONS

A. Nonsurgical treatment of obesity, morbid obesity, dietary control or weight reduction.

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

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

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

E. 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.

F. Adjustable gastric band (open or laparoscopically) (CPT<sup>2</sup> procedure codes 43770 - 43774, 43886 - 43888, and 90772).

V. EFFECTIVE DATES

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

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

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