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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 67
6010.54-M
DECEMBER 13, 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): This is an administrative correction to the August
2002 TRICARE Policy Manual (TPM), Change 66, dated December 10, 2007.
Deleted paragraph IV.F. "Adjustable gastric band (open or laparoscopically) (CPT
procedure codes 43770 - 43774, 43886 - 43888, and 90772)." Corrected misspelling in
paragraph V.B.

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

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 67
6010.54-M
DECEMBER 13, 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\(e\)\(15\)](#)

I. CPT¹ 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

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 (CPT² 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 (CPT² procedure code 43843) for treatment of morbid obesity is unproven.
- E. Unlisted CPT² procedure codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum, and omentum) for gastric bypass procedures.

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

- END -

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