



DEFENSE
HEALTH AGENCY

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**CHANGE 154
6010.57-M
JANUARY 28, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

CHANGE TITLE: CORRECTION: EVOLVING PRACTICES 15-004

CONREQ: 17734

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change is a correction to Feb 2008 TPM, Change No.150, dated December 10, 2015. Code 43635 in Change Package 150 was the wrong code, the correct code should be code 43645.

EFFECTIVE DATE: September 1, 2014.

IMPLEMENTATION DATE: February 29, 2016.

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DN: c=US, o=U.S. Government, ou=DoD,
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Date: 2016.01.28 13:57:27 -07'00'

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**ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.57-M**

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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 199.2\(b\)](#) and [32 CFR 199.4\(e\)\(15\)](#)

1.0 CPT¹ PROCEDURE CODES

43633, 43644, 43645, 43770 - 43775, 43842, 43845 - 43848

2.0 HCPCS PROCEDURE CODE

S2083

3.0 DESCRIPTION

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

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

3.2 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/m²), or a BMI equal to or greater than 35 kg/m² 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.

3.3 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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4.0 POLICY

4.1 Bariatric surgery, using a covered procedure outlined in [paragraph 4.2](#) is covered for the treatment of morbid obesity when all the following conditions are met:

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

4.1.2 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.

4.1.2.1 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.

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

4.1.3 The patient has evidence of either of the following:

- A body-mass index greater than or equal to 40 kg/m².
- A body-mass index of 35-39.9 kg/m² 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.

4.2 When the specific medical necessity criteria stated in [paragraph 4.1](#) have been met for bariatric surgery, TRICARE shall cost share any of the following open or laparoscopic surgical procedure:

- Roux-en-Y gastric bypass
- Vertical banded gastroplasty
- Gastroplasty (stomach stapling)
- Adjustable gastric banding (i.e., adjustable LAP-BAND®)
- Biliopancreatic diversion with or without duodenal switch for individuals with a BMI greater than or equal to 50 kg/m²
- Sleeve Gastrectomy
- Stand-alone laparoscopic sleeve gastrectomy

4.3 Revision Bariatric Surgery

4.3.1 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.