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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 26
6010.57-M
JANUARY 25, 2010**

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

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: MORBID OBESITY - ADJUSTMENT OF LAP BANDING

CONREQ: 14950

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change allows medically necessary adjustments to the banding device for individuals who underwent the Laparoscopic Adjustable Gastric Banding (LAP Band) surgical procedure prior to the effective date of coverage and who met, or would have met, the coverage criteria.

EFFECTIVE DATE: February 1, 2007.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


**John A. D'Alessandro
Chief, Medical Benefits and
Reimbursement Branch**

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

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

CHANGE 26
6010.57-M
JANUARY 25, 2010

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\(e\)\(15\)](#), [\(g\)\(15\)](#), and 10 USC 1079(a)(11)

1.0 CPT¹ PROCEDURE CODES

43644, 43770 - 43774, 43842, 43846, 43848

2.0 HCPCS PROCEDURE CODES

S2083

3.0 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.

4.0 POLICY

4.1 Gastric bypass, gastric stapling or gastroplasty by laparotomy or laparoscopy, to include vertical banded gastroplasty is covered when one of the following conditions is met:

4.1.1 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.

4.1.2 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.

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

4.2 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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5.0 EXCEPTIONS

5.1 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 LAP-Band surgery before the effective date of coverage only if the patient criteria discussed in [paragraph 4.1](#) 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.

5.2 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 4.1](#). Where necessary, additional clinical documentation shall be obtained as part of this review.

6.0 EXCLUSIONS

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

6.2 Biliopancreatic bypass (jejunioileal bypass, Scopinaro procedure) for treatment of morbid obesity is unproven (CPT² procedure codes 43645, 43845, 43847, or 43633).

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

6.4 Gastric wrapping/open gastric banding (CPT² procedure code 43843) for treatment of morbid obesity is unproven.

6.5 Unlisted CPT² procedure codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum and omentum) for gastric bypass procedures.

7.0 EFFECTIVE DATES

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

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

- END -

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