

**Medical Coverage Policy**

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## Bariatric surgery

**Definition**

Bariatric surgery is performed for weight loss in morbid obesity. Surgical procedures can be restrictive, which reduce the size of the stomach and decrease food intake, malabsorptive, which reduce the absorption of food, or both.

**Policy statement**

*Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.*

Bariatric surgery may be covered if the following criteria are met:

- I. Age 18 years or completion of bone growth
- II. Body Mass Index (BMI) greater than or equal to 40 kg/m<sup>2</sup> **OR**
- III. BMI greater than or equal to 35 kg/m<sup>2</sup> **AND** at least one clinically significant comorbidity including but not limited to the following:
  - a. Cardiovascular disease as evidenced by hypertension, hyperlipidemia, prior history of coronary artery disease
  - b. Diabetes mellitus
  - c. Evidence of fatty liver disease
  - d. Osteoarthritis
  - e. Obstructive sleep apnea
  - f. Obesity hypoventilation syndrome
  - g. Obesity related cardiomyopathy
  - h. Pulmonary hypertension
  - i. Family history of premature coronary heart disease (myocardial infarction or sudden death experienced by the father or other male first-degree relative at or before 55 years of age, or experienced by the mother or other female first degree relative at or before 65 years of age)
- IV. Medical record showing failed attempts to lose weight with medical treatment for obesity
- V. Documentation of failed attempts at weight loss despite appropriate diet and exercise

**Revision of bariatric surgery**

Revision or repair of bariatric surgery may be covered if one of the following criteria are met:

- I. Correction of a complication resulting from the original, covered bariatric procedure
- II. Replacement of an adjustable band because of complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments is covered.

- III. Post-sleeve gastrectomy gastroesophageal reflux disease (GERD) which meets ALL the following criteria:
  - a. GERD is proven by esophageal pH monitoring
  - b. Helicobacter pylori breath test is negative
  - c. GERD is refractory to maximum medical treatment with proton pump inhibitors for three consecutive months

### Repeat bariatric surgery

Repeat bariatric surgery, with either the same procedure, or a conversion to a different procedure may be covered if ALL the following conditions are met:

- I. Technical failure of the original, covered bariatric procedure
- II. Failure 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.
- III. Compliance with diet and regular physical exercise

### Limitations of coverage

- I. Coverage is limited to one bariatric procedure per lifetime, except for conditions outlined under the [revision](#) and [repeat](#) sections above
- II. Non-compliance of diet and regular physical exercise is not considered a technical failure of the bariatric procedure. Weight gain due to non-compliance is not a covered criteria for repeat bariatric surgery
- III. Intragastric balloon device (43290) is not covered due to insufficient evidence of clinical benefit

## TRICARE Policy Manual Chapter 4, Section 13.2

**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/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.

**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.

## 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/m<sup>2</sup>.
- 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.

**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/m<sup>2</sup>
- 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.

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

**4.3.3** 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:

- 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.
- 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.
- 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.

**4.4** 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.

## 5.0 LIMITATIONS

**5.1** Coverage is limited to one bariatric surgery per lifetime, except in those conditions addressed in [paragraph 4.3.3](#).

**5.2** 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:

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

**5.2.2** 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.

## 6.0 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:

**6.1** 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.

**6.2** 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.

## 7.0 EXCEPTIONS

**7.1** 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 laparoscopic adjustable gastric banding (i.e., 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.

**7.2** 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.

**7.3** 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.

## 8.0 EXCLUSIONS

**8.1** 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.).

**8.2** 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.

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

**8.4** Gastric wrapping/open gastric banding for treatment of the morbid obesity is unproven.

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

### Coding information

43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon – NOT COVERED
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) – NOT COVERED

43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

## References

1. TRICARE Policy Manual Chapter 4, Section 13.2 [TRICARE Manuals - Manual Information \(health.mil\)](#)
2. NHLBI Obesity Education Initiative. The Practical Guide Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. [Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults \(nih.gov\)](#)
3. MCG Health. Obesity Referral Management. Ambulatory Care. 27th edition. RMH: R-0021 (AC) Last reviewed: 06/27/2023
4. MCG Health. Intra-gastric Balloon Device. Ambulatory Care 27th edition ACG:A-0970 (AC). Last updated: 06/27/2023

5. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) L33411. Surgical Management of Morbid Obesity. Effective date: 10/21/2019
6. Centers for Medicare and Medicaid Services. Local Coverage Article A57145. Billing and Coding: Surgical Management of Morbid Obesity. Effective date: 10/01/2021

**Review History:**

May 2024: Updated references

July 2023: Updated references

**Approved by:**



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Chief Medical Officer

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