

Policy Key: Bariatric Surgery

TriWest Clinical Operations

TRICARE West

SCOPE

This Policy Key provides criteria to be used during medical necessity review of bariatric surgery, procedures, and services for the treatment of morbid obesity.

NOT COVERED

- Nonsurgical treatment related to obesity, morbid obesity, or weight reduction (e.g., weight control services, weight control/loss programs such as Weight Watcher and Jenny Craig, exercise programs, food supplements, weight loss drugs, liquid protein diets). [1]
- Gastric bubble or balloon for treatment of morbid obesity is unproven.
- Gastric wrapping/open gastric banding for treatment of the morbid obesity is unproven.
- Unlisted Current Procedural Terminology (CPT) codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum and omentum) for gastric bypass procedures.
- Any device for a bariatric surgical procedure that is not FDA approved is considered unproven.
- Inadequate weight loss, weight gain, or weight plateau resulting from failure to follow the diet regimen and recommended exercise after the initial bariatric surgery is not covered.
- 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.
- Any complication resulting from the initial surgery, including band-related complications, for those patients who surgeries were performed before the effective coverage date.

COVERAGE CRITERIA

General

- Bariatric surgery is limited to one per lifetime unless meets criteria for revision below.
- When medical necessity is met the following open or laparoscopic surgical procedures can be approved.
 - 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.

Initial Bariatric Surgery

Initial Level of Review may approve if ALL of the following criteria are met:

- 18 years of age or has documentation of completion of bone growth if less than 18.
- Evidence of ONE of the following:
 - A body-mass index greater than or equal to 40 kg/m².
 - A body-mass index greater than or equal to 50 kg/m².-for Biliopancreatic Diversion
 - 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.
- 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.
 - 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: Physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement.

Revision of Bariatric Surgery

Medical Director may approve if ONE of the following criteria is met: [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.
- Replacement of an adjustable band because of complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments.
- 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 the original procedure's BMI requirements, and has been compliant with a prescribed nutrition and exercise program following the original surgery.
 - The requested procedure is a covered bariatric surgery.

Gastric Band Adjustments [1, 2]

Gastric band adjustments are achieved by the injection or aspiration of saline into the band via a port under the skin.

Initial Level of Review may approve gastric band adjustments, including any adjustment related complication if the following criteria is met:

- Adjustment is performed in a doctor's office or outpatient facility if fluoroscopy is required.
- Adjustment is performed for a clinical consideration (e.g., nausea, pain, difficulty eating, weight



gain, stalled weight loss before goal is met).

Note: This included adjustments for gastric band surgery performed before TRICARE coverage if meets or would have met the medical necessity criteria at the time of the surgery. [1]

Excision of Redundant Skin Folds Post Surgery [1]

- Includes, but not limited to, the abdomen, lumbar region, arms, and/or thighs.
- Medical Director may approve if ALL the following criteria are met:
- The surgery was a covered benefit with subsequent weight loss.
 - 18 months or more post op.
 - Has maintained weight for at least 6 months.
- Medical documentation shows a redundant skin fold or excessive that that meets ONE or more of the following criteria:
 1. Significant interference with mobility (e.g., a large hanging abdominal pannis, Grade 2 or more).
 2. 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 such as antifungal, antibacterial, or moisture-absorbing agents, topical skin barriers, and/or 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.

DEFINITIONS

NA

CODES

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

HCPCS - S2083

REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 17 (September 20, 2024, Chapter 4, Section 13.2, Morbid Obesity, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S13_2.html)