

## SURGERY FOR MORBID OBESITY

ISSUE DATE: November 9, 1982

AUTHORITY: [32 CFR 199.4\(e\)\(15\)](#)

---

### I. CPT<sup>1</sup> PROCEDURE CODE RANGE

43842 - 43848

### 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 percent 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 percent 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.

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

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 (CPT<sup>2</sup> procedure code 43847 or 43633).

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

D. Gastric wrapping/gastric banding (CPT<sup>2</sup> procedure code 43843) for treatment of morbid obesity is unproven.

**E. Laparoscopic bariatric surgical procedures.**

- END -

---

<sup>2</sup> CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.