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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: **CONSOLIDATED CHANGE 21-004**

CONREQ: 21828

SUMMARY OF CHANGE(S): See page 2.

EFFECTIVE DATE: See page 2.

IMPLEMENTATION DATE: December 27, 2021.

This change is made in conjunction with Feb 2008 TOM, Change No. 287.

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Chief, Manuals Change Section
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WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

SUMMARY OF CHANGES

CHAPTER 4

1. Section 13.2. Clarifies that the "one per lifetime" restriction on bariatric surgery only applies to surgeries cost- shared by TRICARE. EFFECTIVE DATE: As stated in issuance.

2. Section 22.2. Clarifies that both unilateral and bilateral cochlear implantation is covered, updates the codes listed and clarifies that the effective date of April 4, 2005, applies to coverage of bilateral implantation. EFFECTIVE DATE: 3/2/1988.

CHAPTER 7

3. Section 12.1. Redefines the Podiatrists exception to the Non-Invasive Vascular Diagnostic Studies. EFFECTIVE DATE: 12/27/ 2021.

4. Section 22.2. Adds correction to the recently published Updated to Telemedicine/Telehealth (ConReq 21624) by removing language and chapter reference. EFFECTIVE DATE: 12/27/2021.

Chapter 4 Section 13.2

Surgery For Morbid Obesity

Issue Date: November 9, 1982
Authority: 32 CFR 199.2(b) and 32 CFR 199.4(e)(15)

1.0 CPT[1] 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 the TRICARE Program.

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, the TRICARE Program will cost share any of the following open or laparoscopic surgical procedures:

- 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.

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 the TRICARE Program.

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 the TRICARE Program.

5.0 LIMITATIONS

5.1 Coverage is limited to one bariatric surgery per lifetime, except in those conditions addressed in paragraph 4.3.3. The limitation of one bariatric surgery per lifetime refers only to bariatric surgical procedures cost-shared by the TRICARE Program.

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 pannis - 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.

Chapter 4 Section 22.2

Cochlear Implantation

Issue Date: March 2, 1988
Authority: 32 CFR 199.4(c)(2), (c)(3), (d)(3), and 32 CFR 199.5(c)(2)

1.0 CPT[1] PROCEDURE CODES

69930, 90732, 92601 - 92604, 92626, 92627

2.0 HCPCS PROCEDURE CODES

Level II Codes L8614 - L8629

3.0 DESCRIPTION

A cochlear implant device is an electronic instrument, part of which is implanted surgically to stimulate auditory nerve fibers, and part of which is worn or carried by the individual to capture and amplify sound. Cochlear implant devices are available in single channel and multi-channel models. Implanting the device provides awareness and identification of sounds and facilitates communication for persons who are hearing impaired.

4.0 POLICY

4.1 Cochlear implantation using a United States (U.S.) Food and Drug Administration (FDA) approved single or multichannel cochlear implant is a covered benefit when all of the following criteria are met:

4.1.1 The cochlear implant is used in accordance with FDA approved labeling for the specific device prescribed; and

4.1.2 The individual has had an assessment by an audiologist and from an otolaryngologist experienced in this procedure indicating the likelihood of success with this device; and

4.1.3 The individual has the cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation. A post-cochlear implant rehabilitation program is necessary to achieve benefit from the cochlear implant. The rehabilitation program consists of six to 10 sessions that last approximately 2.5 hours each. The rehabilitation program includes development of skills in understanding running speech, recognition of consonants and vowels, and tests of speech perception ability. See Chapter 7, Sections 7.1 and 18.1.

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4.1.4 In addition to the above, the recipient of a cochlear implant should be up-to-date on age appropriate pneumococcal vaccination at least two weeks prior to the implant, in accordance with the Centers for Disease Control and Prevention (CDC).

4.2 Unilateral cochlear implantation is a covered benefit.

4.3 Simultaneous or sequential bilateral cochlear implantation is a covered benefit for:

4.3.1 Adults aged 18 years and older with bilateral, pre or post-linguistic, sensorineural, moderate to profound hearing impairment who have received limited benefit from appropriately fitted binaural hearing aids. Limited benefit from amplification is defined by test scores of 40% correct or less in best-aided listening condition on open-set sentence cognition (e.g., Central Institute for the Deaf (CID) sentences, Hearing in Noise Test (HINT) sentences).

4.3.2 Children with bilateral sensorineural hearing impairment who meet both of the following criteria:

4.3.2.1 Child has limited benefit from appropriately fitted binaural hearing aids. For children four years of age or younger, limited benefit is defined as failure to reach developmentally appropriate auditory milestones measured using the Infant-Toddler Meaningful Auditory Integration Scale, the Meaningful Auditory Integration Scale, or the Early Speech Perception test, or less than 20% correct on open-set word recognition test (Multisyllabic Lexical Neighborhood Test (MLNT)) in conjunction with appropriate amplification and participation in intensive aural habilitation over a three to six month period. For children older than four years of age, limited benefit is defined as less than 12% correct on the Phonetically Balanced-Kindergarten Test, or less than 30% correct on the Hearing in Noise Test for children, the open-set MLNT or Lexical Neighborhood Text (LNT), depending on the child's cognitive ability and linguistic skills; and

4.3.2.2 A three to six month hearing aid trial has been undertaken and failed by a child without previous experience with hearing aids.

4.4 Replacement of the cochlear implant external speech processor device is covered.

5.0 EXCLUSIONS

5.1 Cochlear implantation is contraindicated when preoperative radiographic evidence indicates an underdeveloped internal auditory canal, the absence of cochlear development or a physical condition which precludes placement of the electrode array or receiver-stimulator (e.g., cochlear ossification that prevents electrode insertion).

5.2 Cochlear implantation is contraindicated when there is a middle ear infection, the cochlear lumen is structurally unsuited to implantation, or there is a lesion in the auditor nerve or acoustic area of the central nervous system.

5.3 Cochlear implantation is not cost-shared when there is a contraindication to surgery and implantation, such as poor anesthetic risk, severe mental retardation, severe psychiatric disorders, and organic brain syndrome.

6.0 EFFECTIVE DATES

6.1 April 4, 2005, for simultaneous or sequential bilateral cochlear implantation.

6.2 July 27, 2012, for children under 12 months of age.

- END -

Chapter 7 Section 12.1

Non-Invasive Vascular Diagnostic Studies

Issue Date: April 25, 1988
Authority: 32 CFR 199.4(b) and (c)

1.0 CPT[1] PROCEDURE CODE RANGE

93875 - 93990

2.0 POLICY

Cerebrovascular Arterial Studies, Extremity Arterial Studies (including digits), Extremity Venous Studies (including digits), Visceral and Penile Vascular Studies, and Extremity Arterial-Venous Studies are covered.

3.0 EXCLUSION

In conjunction with podiatry services when the podiatrist's license to practice in the particular state does not include performing non-invasive vascular testing.

- END -

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Chapter 7 Section 22.1

Telemedicine/Telehealth

Issue Date: April 17, 2003
Authority: 32 CFR 199.4 and 32 CFR 199.14

1.0 DESCRIPTION

1.1 Telemedicine or telehealth refers to the use of information and telecommunications technology to provide medically and psychologically necessary diagnostic and treatment services across distances. The term "telehealth" is often used interchangeably with "telemedicine", although telehealth typically refers to a broader range of services. The Military Health System (MHS) uses the terms "virtual health", "telehealth", and "telemedicine" interchangeably. Overall, telehealth facilitates the exchange of medical information between providers and/or providers and patients through electronic means. Medical information includes, but is not limited to, medical images, output data from medical devices, and verbal diagnostic information. The telehealth interaction may involve a variety of technologies, including real-time two-way audio and video modalities (e.g., clinical video-teleconferencing (VTC) between patients at the "originating site" and providers at the "distant site"). Telehealth may be provided in many clinical specialties including, but not limited to, primary care, specialty care, tele-critical care and behavioral health. See the TRICARE Operations Manual (TOM), Appendix B for telehealth definitions.

1.2 Synchronous telehealth services involve interactive, electronic information exchange in at least two directions in the same time period. A common type of synchronous encounter is clinical VTC. Clinical VTC supports the delivery of health care at a distance via real-time, two-way transmission of digitized video images between two or more locations. Providers and/or providers and patients can exchange medical information via clinical VTC for the purpose of obtaining an expert opinion, diagnostic support regarding the care of a patient, and/or direct patient care.

1.3 Asynchronous, or store and forward, telehealth encounters transmit medical images, or other medical information in one direction at a time via electronic communications. Common types of asynchronous services include teleconsultations involving radiology, pathology, cardiology, and dermatology. Teleconsultation supports the delivery of healthcare at a distance via the asynchronous transmission of electronic medical information and associated or stand-alone digital images or video over a secure connection between healthcare providers for the purpose of obtaining an expert opinion or diagnostic support regarding the care of a patient. In the process of teleconsultation, the remote consultant does not interact directly with the patient. The consultant prepares and transmits comments, recommendations, or an official interpretation back to the referring provider for their review and consideration. A teleconsultation is not a traditional patient referral whereby patient care is transferred to the consultant.

1.4 Remote Physiologic Monitoring (RPM) of physiologic parameters is a telehealth service that involves synchronous and asynchronous modalities. Medically necessary RPM is covered when

ordered and provided by a TRICARE-authorized provider and when certain coverage criteria are met. See Chapter 2, Section 8.1 RPM for coverage criteria.

2.0 POLICY

2.1 Telemedicine/Telehealth

2.1.1 Scope of Coverage

2.1.1.1 For care provided before July 26, 2017, the use of interactive telecommunications systems may be used to provide diagnostic and treatment services when such services are medically or psychologically necessary and appropriate. These services and corresponding Current Procedure Terminology (CPT) codes are listed below:

- Office or other outpatient visits (CPT[1] procedure codes 99201-99215)
- End Stage Renal Disease (ESRD) (CPT[1] procedure codes 90951-90952, 90954-90955, 90957-90958, 90960-90961)
- Individual psychotherapy (CPT[1] procedure codes 90832-90838)
- Psychiatric diagnostic evaluation (CPT[1] procedure codes 90791-90792)
- Pharmacologic management (CPT[1] procedure code 90863)

2.1.1.2 For care provided on or after July 26, 2017, the use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care.

2.1.2 Any applicable referral and/or preauthorization requirements that apply for services under the TRICARE Program also apply when such services are delivered via telehealth.

2.1.3 Ancillary services (e.g., laboratory tests, Durable Medical Equipment (DME)) may be ordered/prescribed in conjunction with a telehealth visit to the same extent as during an in-person visit. All ancillary services that are ordered or prescribed must conform to TRICARE regulation(s) and state law(s) at both the originating site and the distant site. All ancillary orders or prescriptions must be medically or psychologically necessary and appropriate and prescribed by a licensed clinician who is directly involved in the patient's current telehealth episode of care.

2.1.4 All prescriptions for pharmaceuticals must conform to TRICARE regulation(s) and states law(s) at both the originating site and the distant site. Prescription(s) for pharmaceutical(s) must be medically or psychologically necessary and appropriate and prescribed by a licensed clinician who is directly involved in the patient's current telehealth episode of care.

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