

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.15
TITLE: SURGERY FOR MORBID OBESITY

AUTHORITY: 32 CFR 17.270(a) and 17.272(a)(22)(37)

RELATED AUTHORITY: 32 CFR 199.4(e)(15)

I. EFFECTIVE DATE

November 9, 1982

II. PROCEDURE CODE(S)

43659, 43842-43848, 43999

III. DESCRIPTION

Morbid obesity is defined as a body weight 100 pounds over ideal weight for height and bone structure, according to the most current Metropolitan Life Table. Such weight is associated with severe medical conditions known to have higher mortality rates in association with morbid obesity; the body weight is 200 percent or more of ideal weight (e.g., for ideal body weight of 117 lbs., 200% would be 234 lbs.) for height and bone structure according to the most current Metropolitan Life Table; the body mass index (BMI) is over 40 or, BMI over 35 with serious medical conditions exacerbated or caused by obesity.

BMI is calculated using the following formula:

- a. weight times 705
- b. divided by
- c. height squared

For example:

- (i) 110 pounds times 705 equals 77,550
- (ii) 62 inches times 62 equals 3,844
- (iii) 77,550 divided by 3,844 equals 20.17

B. Bariatric surgery. Surgery for morbid obesity produces weight loss by either limiting the amount of food the stomach can hold (a restrictive procedure), or by creating a small pouch and bypassing part of the small intestine to limit the food that is absorbed by the body (a gastric bypass).

IV. POLICY

A. CHAMPVA benefits for surgery for morbid obesity is limited to:

1. vertical banded gastroplasty (VBG) or gastric stapling, without gastric bypass (CPT 43842) this is an open procedure;
2. gastric restrictive procedure, without gastric bypass, other than vertical banded gastroplasty (CPT 43843);
3. adjustable silicone gastric banding (CPT 43843); for patients who are at risk of adverse consequences of a Roux-en-Y gastric bypass due to any co-morbid medical condition, (i.e., hepatic cirrhosis, bowel disease, radiation enteritis, complications from extensive adhesions involving intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma); using the FDA approved LAP-BAND® Adjustable Gastric Banding (open or laparoscopic procedure);
4. gastric restrictive procedure, with gastric bypass; with short limb (less than 100 cm) Roux-en-Y gastrojejunostomy (CPT 43846); (open or laparoscopic approach);
5. gastric restrictive procedure, with gastric bypass for morbid obesity; with small bowel reconstruction to limit absorption (CPT 43847);
6. partial biliopancreatic bypass (with or without duodenal switch) (CPT 43999); and
7. revision of gastric restrictive procedure for morbid obesity (CPT 43848).

B. Surgery benefits for morbid obesity may be extended only 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, severe arthritis of the weight-bearing joints, or Body Mass Index (BMI) is over 40 or, BMI over 35 with serious medical conditions exacerbated or caused by obesity.

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). The surgeon will, in many cases, do a gastric bypass, gastric stapling or gastroplasty at the same time as the takedown to help the patient avoid regaining the weight that was lost. In this situation, payment is authorized even though the patient's condition may not technically meet the definition of morbid obesity because of the weight that was already lost following the initial surgery.

C. Each claim related to the surgical treatment of morbid obesity will be medically reviewed to ensure that **documentation supports the** medical necessity and appropriateness of the surgical procedure. **When** necessary, additional clinical documentation **will be requested**.

D. The surgery is an integral and necessary part of a course of treatment for a patient with one of the following life threatening or disabling c0-morbid conditions:

- 1. Poorly controlled type II diabetes mellitus.**
- 2. Poorly controlled dyslipidemia.**
- 3. Poorly controlled hypertension.**
- 4. Serious cardiopulmonary disorder (e.g., coronary artery disease, cardiomyopathy, pulmonary hypertension).**
- 5. Obstructive sleep apnea.**
- 6. Severe arthroplasty or weight-bearing joints (treatable but for the obesity).**
- 7. Pseudotumor cerebri.**

V. POLICY CONSIDERATIONS

A. Even though the beneficiary may meet the morbid obesity criteria, gastric procedures are usually contraindicated when any of the conditions listed below are present. Cases in these groups shall not be categorically excluded. **A** special review of the **medical** circumstances and medical appropriateness will be performed. If the documentation does not support the medical appropriateness of the surgery, the claim **will** be denied.

1. Active hepatitis.
2. Chronic alcoholism.

3. Cirrhosis of the liver.
4. Dental disease.
5. History of anorexia nervosa, bulimia or related eating disorder.
6. Infection, particularly in the skin or elsewhere in the body.
7. Inflammatory bowel disease.
8. Malignant tumors.
9. Mental retardation.
10. Organic brain syndrome.
11. Profound psychotic disturbance.
12. Pulmonary embolization.
13. Renal failure.

B. CHAMPVA will cost share procedures that are medically necessary to correct skin complications (e.g., severe intertrigo, skin chafing, pain, abrasions, pockets of superficial ulceration, or scar revision), which may occur as a result of approved surgery for morbid obesity.

VI. EXCLUSIONS

- A. Payment may not be made for non-surgical treatment of:
 1. Obesity.
 2. Morbid obesity.
 3. Dietary control.
- B. Biliopancreatic bypass (the Scopinaro procedure).
- C. Mini-gastric bypass (gastric bypass using a Billroth II type of anastomosis).
- D. Small intestinal bypass (jejunoileal bypass).
- E. Gastric balloon.
- F. Prescription medications used for weight reduction. [38 CFR 17.272(a)(22)]

TRANSMITTAL #: 76
DATE: 08/04/2004
TRICARE CHANGE #: N/A

G. Services and supplies in connection with cosmetic surgery that is performed to primarily improve physical appearance or for psychological purposes or to restore form without correcting or materially improving a bodily function. [38 CFR 17.272(a)(19)(78)]

G. Weight reduction clinics, programs, or health club memberships. [38 CFR 17.272(a)(22)(37)]

END OF POLICY