



Subject: Gastric Bypass and Other Bariatric Surgical Procedures*

Effective Date: March 1, 2000

Department(s): Utilization Management

Policy: Medically necessary bariatric surgical procedures are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define the medical criteria and guidelines used to determine medical necessity for the surgical management of morbid obesity (ICD-9 278.01; ICD- 10 E66.01).

Procedure:

A. Information required in determining medical necessity of bariatric surgery includes the following:

1. Age 18 years or older, or documentation of completed skeletal growth
2. BMI: $\frac{\text{weight (kg)}}{[\text{height (m)}]^2}$
3. Prior non-invasive attempts at weight loss
4. Result of screen by a licensed mental health professional to determine psychological suitability for bariatric surgery and the rigorous postoperative regimen.
5. Nutritional assessment and documentation of pre-operative

counseling for post-operative dietary management.

B. The BMI criteria necessary for eligibility for a bariatric surgery are: ≥ 40 without co-morbidities (see below) or ≥ 35 with co-morbidities.

C. Co-morbidities to be considered in determining when the lower BMI shall apply as a criterion for medical necessity of bariatric surgery shall include but not be limited to:

1. In a weight-bearing joint (including the spine)
2. Gastro-esophageal reflux
3. Asthma
4. Hypertension
5. Diabetes mellitus
6. Lower extremity lymphedema or venous stasis disease
7. Coronary artery disease
8. Congestive heart failure
9. Obstructive sleep apnea

D. Repeat bariatric surgery is authorized under the following circumstances:

1. There is a complication related to the initial surgery that requires modification of the original surgical site, such as stricture or obstruction; or for gastric bands, leakage or slippage of the device.
2. The member met criteria for the initial bariatric surgery and
 - a. Has not achieved loss of at least 50% of excess weight (excess weight as documented in the initial bariatric work up)

OR

- b. The patient had achieved loss of at least 50% of excess weight and after two years the gastric pouch had become dilated enough to result in weight gain of at least 4 BMI units
3. A repeat behavioral health evaluation shall be required of all individuals being considered for repeat bariatric surgery other than those covered by section D.1. above.

E. CPT codes included as bariatric surgical surgery are

1. 43644 (Roux-en-Y gastroenterostomy – laparoscopic)
2. 43645 (Roux-en-Y gastroenterostomy – laparoscopic)
3. 43770 (laparoscopic gastric banding procedure)
4. 43771 (laparoscopic revision of gastric band)
5. 43772 (laparoscopic removal of band component)
6. 43773 (laparoscopic removal and replacement of band component)
7. 43774 (laparoscopic removal of band and subcutaneous port components)
8. 43775 (sleeve gastrectomy)
9. 43842 (vertical banded gastroplasty)
10. 43843 (other gastric restrictive procedure)
11. 43845 (biliopancreatic diversion with duodenal switch)
12. 43846 (Roux-en-Y gastroenterostomy - open)
13. 43847 (Roux-en-Y gastroenterostomy - open)
14. 43848 (revision of bariatric procedure other than adjustable band - open)
15. 43886 (revision of subcutaneous port component – open)

16. 43887 (removal of subcutaneous port – open)
17. 48333 (removal and replacement of subcutaneous port – open)

F. CPT codes considered global to a laparoscopically performed bariatric surgical procedure are

1. 43659 (unlisted laparoscopy procedure, stomach)
2. 43999 (unlisted procedure, stomach)

G. Endoscopic revision procedures after gastric bypass (StomaphyX device; Rose procedure-restorative obesity surgery endoscopic, POSE™ System) are considered investigational due to inadequate documentation of efficacy in the peer reviewed medical literature.

H. Bariatric surgical procedures for the treatment of type II diabetes in individuals with a BMI <35kg/m² is considered investigational due to inadequate documentation of efficacy in the peer reviewed medical literature.

I. The following bariatric surgery procedures are considered investigational due to insufficient published evidence of effectiveness in the peer-reviewed literature:

- Vagus nerve blocking (Maestro®) (HCPCS-0312T, 0313T, 03136T, 03137T)
- Vagus nerve stimulation
- Trans-oral gastroplasty (e.g., Endobarrier™)
- Duodenojejunal bypass liner (e.g., TOGA®)
- intragastric balloon (e.g., Orbera™, ReShape™)
- AspireAssist®System (post-prandial stomach aspiration therapy)
- Mini-gastric bypass

- Single anastomosis duodenal-ileal bypass
- Endoluminal vertical gastroplasty

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.