

Obesity: Surgical Management

Bariatric/Gastric Bypass Surgery

Date of Origin: 12/1988

Last Review Date: 04/22/2021

Effective Date: 05/01/2021

Dates Reviewed: 08/1998, 01/1999, 04/1999, 06/2000, 09/2000, 06/2003, 06/2004, 06/2005, 06/2006, 06/2007, 09/2007, 09/2008, 07/2010, 07/2011, 07/2012, 05/2013, 04/2014, 04/2015, 08/2016, 08/2017, 04/2019, 04/2020, 04/2021

Developed By: Medical Necessity Criteria Committee

I. Description

Surgical interventions used for the treatment of obesity (bariatric surgery) fall into two general categories: gastric restrictive procedures and malabsorptive procedures. The purpose of gastric restrictive procedures is to restrict food intake without interfering with the normal digestive process. During the procedure, a small gastric pouch is created which results in weight loss by producing early satiety and therefore, decreasing dietary intake. Malabsorptive operations produce weight loss due to malabsorption without requiring dietary modifications. Patients must adhere to a balanced diet to avoid metabolic complications and require life-long follow-up. Moda Health promotes long-term conservative medical management for the treatment of obesity and/or weight management.

II. Criteria: CWQI HCS-0052

(This criteria is for plans that provide an obesity surgery benefit and do NOT have their own specific criteria.)

(Please refer to the member handbook for specific obesity surgery benefits and criteria. Member handbook criteria takes precedence over Moda Health medical criteria.)

- A. Moda Health will cover bariatric surgery to plan limitations when **ALL** of the following criteria are met:
- a. The patient is 18 years of age or older and has reached full skeletal maturity; **and**
 - b. Morbid obesity has persisted for at least 2 years and the patient has evidence of **1 or more** of the following:
 - i. Body mass index (BMI) is ≥ 40 ; **or**
 - ii. BMI is ≥ 35 and there is documentation by the primary treating physician of at least **1 or more** of the following co-morbid conditions:
 1. Type II diabetes mellitus; **or**

2. Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90mmHg diastolic despite optimal medical management); **or**
 3. Life threatening cardiac or pulmonary conditions (i.e. coronary artery disease, clinically significant sleep apnea, etc); **or**
 4. Debilitating joint disease in weight bearing joints
- c. Documentation of 6 consecutive months of active participation in a medically supervised weight reduction program which has failed despite documented patient compliance. Participation must have occurred within the last 2 years and program components must include diet therapy, physical activity and behavioral modification; **and**
 - d. Medical consultation prior to surgery to establish the patient’s commitment and ability to tolerate the operative trauma and risks associated with surgical intervention; **and**
 - e. Psychological consultation/evaluation with clearance for the procedures and likelihood of compliance with a post-operative program; **and**
 - f. The patient has no specifically correctable cause for obesity, such as an endocrine disorder; **and**
 - g. Weight loss surgery is not an exclusion from the member’s coverage.
 - h. The requested procedure does NOT include intragastric balloon (IGB) (i.e. ReShape, Orbera, Spatz, Elipse). This procedure is considered investigational as the safety and effectiveness over standard bariatric procedures has not been demonstrated in randomized peer-reviewed clinical studies.

B. Reoperation and Surgical Revision:

- a. Surgical revision, reversal, or removal is not covered. Medical and surgical complications may be covered if determined to be medically necessary to stabilize even if the original surgery was not a covered benefit.
- b. Revision of a previous bariatric surgical procedure or conversion to another bariatric surgical procedure due to inadequate weight loss may be considered when coverage for bariatric surgery is available under the patient’s current health plan and the above criteria are met.

***Note:** The National Heart, Lung and Blood Institute (NHLBI) (1998) defines the following classifications based on BMI. The NHLBI recommends that the BMI should be used to classify overweight and obesity and to estimate relative risk for disease compared to normal weight:

Classification	BMI
Underweight	< 18.5 kg/m ²
Normal weight	18.5-24.9 kg/m ²
Overweight	25-29.9 kg/m ²
Obesity (Class 1)	30-34.9 kg/m ²
Obesity (Class 2)	35-39.9 kg/m ²
Extreme Obesity (Class 3)	40 kg/m ²

BMI is a direct calculation based on height and weight, regardless of gender:

BMI Calculation	
<i>Pounds and inches</i>	<i>Formula: 703 x weight (lbs) / [height (in)]²</i>
<i>Kilograms and meters</i>	<i>Formula: weight (kg) / [height (m)]²</i>

III. Information Submitted with the Prior Authorization Request:

1. History and physical
2. Prescribed medications/dosages
3. Documentation of conservative therapy including the following:
 - a. Medically supervised weight loss programs including start and stop dates, weight loss, reason for quitting.
 - b. Dietary Evaluations
 - c. Behavioral evaluations
 - d. Physical Activity logs
4. Two years of chart records from the primary treating physician (s) documenting weight management and co-morbid conditions.
5. Medical consultation establishing the patient’s ability to tolerate the operative trauma and risks associated with surgical intervention.
6. Psychological Consultation

IV. CPT or HCPC codes covered:

Codes	Description
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)

43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

V. Annual Review History

Review Date	Revisions	Effective Date
05/2013	Annual Review: Added table with review date, revisions, and effective date.	05/2013
04/2014	Annual Review: Added 6 “consecutive” months of weight loss program participation and “stabilize” regarding complications from weight loss surgery	04/2014
04/2015	Annual Review: No changes	04/25/2015
08/2016	Annual Review: Added exclusion for intragastric balloon (IGB)	08/31/2016
08/2017	Annual Review: Updated to new template	08/23/2017
03/2019	Annual Review	04/01/2019
04/2020	Annual Review: Removed deleted codes. No changes	05/01/2020
04/2021	Annual Review: No changes	05/01/2021

VI. References

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33. Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
	National coverage Determination (NCD) Bariatric surgery for Treatment of Morbid Obesity (100.1)
	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=57&ncdver=5&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=iowa&Keyword=bariatric+surgery&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAABAAAAAAAAA%3D&%20CMS%20NCD%20on%20bariatric%20surgery

NCD/LCD Document (s):
Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC