

## Obesity: Surgical Management

### Bariatric/Gastric Bypass Surgery

Date of Origin: 12/1988

Last Review Date: 03/26/2025

Effective Date: 04/01/2025

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, 04/2022, 06/2023, 04/2024, 03/2025

Developed By: Medical Necessity Criteria Committee

### I. Description

Obesity is a growing epidemic in the United States; with over 60% of the population classified as overweight or obese. Overweight and obese persons have an increased risk of several diseases. Some of the common co-morbidities include hypertension; dyslipidemia; type 2 diabetes, coronary heart disease; gall bladder disease, osteoarthritis, sleep apnea, respiratory problems; endometrial, breast, prostate, and colon cancers.

Severe obesity affects the health and well-being of millions of children and adolescents in the United States and is widely considered to be an epidemic within an epidemic that poses a major public health crisis. The most common cause of obesity throughout childhood and adolescence is an inequity in energy balance, that is, excess caloric intake without appropriate caloric expenditure. The increased prevalence of childhood and adolescent obesity is associated with a rise in comorbidities previously identified in the adult population, such as Type 2 diabetes Mellitus, Hypertension, Non-alcoholic Fatty Liver disease (NAFLD), Obstructive Sleep Apnea (OSA), Dyslipidemia, idiopathic intracranial hypertension, depression and impaired quality of life. Lifestyle and medical management remain the first line of treatment for adolescent obesity; however, current evidence suggests that pharmacotherapy, dietary, and behavioral modifications rarely lead to long-term weight loss in adolescents with severe obesity. The use of metabolic and bariatric surgery in adolescents with severe obesity and its complications has shown to have superior results in both efficacy and durability.

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. There is also an emphasis to long-term conservative medical management for the treatment of obesity and/or weight management.

The traditional duodenal switch (DS) is the most effective weight loss operation. The utilization of this bariatric procedure is limited compared with Roux-en-Y gastric bypass (RYGB), one-anastomosis gastric bypass, and sleeve gastrectomy (SG) because of its technical complexity, nutritional deficiencies, and complications. Roux-en-Y gastric bypass is a restrictive-malabsorptive procedure. It involves creating a stomach pouch out of a small portion of the stomach and attaching it directly to the smaller intestine, bypassing a large part of the stomach and duodenum.

The single-anastomosis duodeno-ileal bypass with sleeve gastrectomy using (SADI-S) is a modification of the traditional Roux-en-Y DS (RYDS). Single-Anastomosis duodeno-ileal bypass or SADI-S is a weight loss procedure that combines both restrictive and malabsorptive surgery. It involves restricting food intake by reducing the stomach size and limiting food absorption by bypassing a portion of the small intestine. While similar to the BPD-DS, the SADI-S is simpler and takes less time to perform as there is only one surgical bowel connection. SADI-S is considered an effective procedure for patients with extreme obesity with a low a rate of intraoperative and postoperative complications, with good outcomes in terms of weight loss and improvement or resolution of associated comorbidities

## II. Criteria: CWQI HCS-0052

**(This criterion 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 take 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. BMI is greater or equal to 35kg/m<sup>2</sup> regardless of the presence, absence or severity of comorbidities **or**
  - ii. BMI between 30.0 and 34.9 kg/m<sup>2</sup> or greater with Type 2 diabetes Mellitus which has not met clinical glycemia targets as defined by HbA1c of 8.0% or greater, despite trials of two diabetes medications, **or**
  - iii. Individuals with BMI between 30.0 and 34.9 kg/m<sup>2</sup> who do not achieve substantial or durable weight loss or comorbidity improvement with nonsurgical weight loss methods
- 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 an intragastric balloon (IGB) (i.e., ReShape, Orbera, Spatz, Eclipse) (not an inclusive list). This procedure is considered investigational as the safety and effectiveness over standard bariatric procedures has not been demonstrated in randomized peer-reviewed clinical studies.
- i. The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center.

**B. Reoperation and Surgical Revision:**

- a. Medical and surgical complications (excluding failure to lose sufficient weight) 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, conversion to another bariatric surgical procedure, or removal of the gastric restrictive device due to inadequate weight loss may be considered when coverage for bariatric surgery is available under the patient's current health plan and the main requirements for surgery are met.

**C. Moda Health will provide coverage for bariatric surgery among adolescents (age 13-17 years) to plan limitations when **ALL** the following criteria are met**

- a. The member has evidence of either of the following;
  - i. BMI  $\geq$ 140 percent of the 95<sup>th</sup> percentile of BMI for age or  $\geq$ 40 kg/m<sup>2</sup>, whichever is lower based on age and sex) with or without obesity-related comorbidities or impaired quality of life **or**
  - ii. BMI  $\geq$ 120 percent of the 95<sup>th</sup> percentile for BMI for age or BMI  $\geq$ 35 kg/m<sup>2</sup> AND a clinically significant comorbid condition.
- b. Member has an unequivocal clearance for bariatric surgery by a mental health provider. Mental health evaluation and clearance by a licensed mental health provider to rule out any mental health disorders that may be a contraindication to bariatric surgery, rule out inability to provide informed consent, and rule out inability to comply with pre- and post-surgical requirements.
- c. Medical records document **ALL** of the following requirements 6 months prior to bariatric surgery,
  - i. Member has participated in an intensive multi-behavioral intervention designed to help participants achieve or maintain weight loss through a combination of dietary changes and increased physical activity
  - ii. The member has undergone a pre-operative medical consultation by a bariatric surgeon or another physician caring for the member (e.g., primary care provider) and is determined to be a suitable bariatric surgery candidate
  - iii. The member has received a complete explanation of the benefits, risks, and expected postoperative outcomes of the bariatric surgery
  - iv. The member has also received a treatment plan following surgery such as a dietary plan, exercise counseling, and supportive resources

- d. The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center with adolescent accreditation.

**\*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 <sup>2</sup>
Normal weight	18.5-24.9 kg/m <sup>2</sup>
Overweight	25-29.9 kg/m <sup>2</sup>
Obesity (Class 1)	30-34.9 kg/m <sup>2</sup>
Obesity (Class 2)	35-39.9 kg/m <sup>2</sup>
Extreme Obesity (Class 3)	40 kg/m <sup>2</sup>

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

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

### III. Information Submitted with the Prior Authorization Request (if available):

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, and 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
43659	Unlisted laparoscopic procedure, stomach
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
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components

C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
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### V. CPT or HCPC codes covered:

Codes	Description
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	with removal of intragastric bariatric balloon(s)

### VI. 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
04/2022	Annual Review: No changes	05/01/2022
06/2023	Annual Review: bariatric for pediatrics guidelines added, BMI for adults surgery updated as per current recommendations, references updated	07/01/2023
02/2024	Update: New codes added	
03/2024	Annual Review: Updated bariatric surgery requirements for adults-BMI is greater or equal to 35kg/m <sup>2</sup> regardless of the presence, absence or severity of comorbidities; BMI between 30.0 and 34.9 kg/m <sup>2</sup> and type 2 diabetes; Individuals with BMI between 30.0 and 34.9 kg/m <sup>2</sup> who do not achieve substantial or durable weight loss or comorbidity improvement with nonsurgical weight loss methods Removed obesity classification II and III wording under adolescent surgery requirements	04/09/2024

	Added MBSAQIP accredited center with bariatric surgery for adolescent accreditation. Added 'and a clinically significant comorbidity', removed listed comorbidities Updated statement 'Medical records document all the following requirements 6 months prior to surgery'	
07/2024	Update. Added background information on various bariatric surgical procedures for obesity.	
10/2024	Update: SADI-S CPT code added	
3/2025	Annual Review: Updated codes list	04/01/2025

## VII. References

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47. 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)	
<a href="https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=57&amp;ncdver=5&amp;CoverageSelection=Both&amp;ArticleType=All&amp;PolicyType=Final&amp;s=iowa&amp;Keyword=bariatric+surgery&amp;KeywordLookUp=Title&amp;KeywordSearchType=And&amp;bc=gAAAAABAAAAAAAAA%3D&amp;%20CMS%20NCD%20on%20bariatric%20surgery">https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDid=57&amp;ncdver=5&amp;CoverageSelection=Both&amp;ArticleType=All&amp;PolicyType=Final&amp;s=iowa&amp;Keyword=bariatric+surgery&amp;KeywordLookUp=Title&amp;KeywordSearchType=And&amp;bc=gAAAAABAAAAAAAAA%3D&amp;%20CMS%20NCD%20on%20bariatric%20surgery</a>	

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