Obesity: Surgical Management
Bariatric/Gastric Bypass Surgery

Date of Origin: 12/1988                Last Review Date: 08/23/2017                Effective Date: 08/23/2017


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 90 mmHg diastolic despite optimal medical management); or
3. Life threatening cardiac or pulmonary conditions (i.e. coronary artery disease, severe sleep apnea not responding to CPAP, 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:

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI</th>
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<tbody>
<tr>
<td>Underweight</td>
<td>&lt; 18.5 kg/m²</td>
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<tr>
<td>Normal weight</td>
<td>18.5-24.9 kg/m²</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9 kg/m²</td>
</tr>
<tr>
<td>Obesity (Class 1)</td>
<td>30-34.9 kg/m²</td>
</tr>
<tr>
<td>Obesity (Class 2)</td>
<td>35-39.9 kg/m²</td>
</tr>
<tr>
<td>Extreme Obesity (Class 3)</td>
<td>40 kg/m²</td>
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</table>
BMI is a direct calculation based on height and weight, regardless of gender:

<table>
<thead>
<tr>
<th>(\text{BMI Calculation})</th>
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<tbody>
<tr>
<td>(\text{Weight (kg)})</td>
</tr>
<tr>
<td>(\text{Height (m}^2)</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
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<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
</tr>
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</table>
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
75940 | Percutaneous placement of IVC filter, radiological supervision and interpretation
S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
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**

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Revisions</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>05/2013</td>
<td>Annual Review: Added table with review date, revisions, and effective date.</td>
<td>05/2013</td>
</tr>
<tr>
<td>04/2014</td>
<td>Annual Review: Added 6 “consecutive” months of weight loss program participation and “stabilize” regarding complications from weight loss surgery</td>
<td>04/2014</td>
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<tr>
<td>04/2015</td>
<td>Annual Review: No changes</td>
<td>04/25/2015</td>
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</tbody>
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VI. References

18. Milliman & Robertson; Healthcare Management Guidelines. Inpatient and Surgical Care, 1999


32. 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):

<table>
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<tr>
<th>Jurisdiction(s): 5, 8</th>
<th>NCD/LCD Document(s):</th>
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<tr>
<td>National coverage Determination (NCD) Bariatric surgery for Treatment of Morbid Obesity (100.1)</td>
<td><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=gAAAAABAAAAA%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=gAAAAABAAAAA%3D&amp;%20CMS%20NCD%20on%20bariatric%20surgery</a></td>
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NCD/LCD Document(s):

- Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-0250R)

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Applicable State/US Territory</th>
<th>Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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</tbody>
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