

Initial Effective Date: 02/01/2023

SUBJECT: Bariatric Surgery for Obesity

Annual Review Date:

- **Metabolic and/or Restrictive Surgery**
- **Subsequent Bariatric Surgery**
- **Gastric Band Adjustment**

Last Revised Date:

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Surgical treatment of obesity involves reducing functional gastric capacity and modifying intestinal anatomy to induce long-lasting alterations to metabolic regulatory hormones. These hormonal changes result in favorable adaptations in lipid regulation, energy storage, metabolic rate, satiety, bile acid metabolism, gut microbiota, insulin resistance, and circulating blood sugar, all of which encourage weight loss. Various surgical approaches intended for the treatment of morbid (severe) obesity have been developed, including metabolic surgical procedures (e.g., sleeve gastrectomy, gastric bypass, biliopancreatic diversion) and gastric restrictive procedures that decrease gastric capacity without intestinal modification (e.g., gastric banding, vertical banded gastroplasty).

Metabolic surgical procedures:

- *Roux-en-Y gastric bypass (RYGB)* is the most commonly performed bariatric surgery in the United States. The procedure may be performed by open surgical or laparoscopic techniques that involve partitioning the stomach and attaching a limb of the intestine to a very small gastric pouch, thereby bypassing the remaining stomach and first segment of the small intestine.
- *Sleeve gastrectomy*, usually performed laparoscopically, involves resection of a large portion of the stomach with the remaining small portion of the stomach taking the shape of a tube or “sleeve.”
- *Biliopancreatic diversion* involves removing portions of the stomach and connecting the remaining pouch directly to the ileum (or distal jejunum), thereby bypassing the upper part of the small intestines.

Gastric restrictive procedures:

- *Gastric banding* procedures are reported to induce early satiety resulting in reduced food intake and consequent weight loss. Adjustable gastric banding involves placement of an inflatable band around the upper portion of the stomach to create a small gastric pouch. An expandable balloon is in the center of the inflatable band. Adjustments are made by adding or removing saline (inflating or deflating the balloon) through an access port securely attached beneath the skin. Lifelong maintenance is required for the band and port.
- *Vertical banded gastroplasty* involves vertical division of the stomach and stapling of a band around the top portion of the stomach to decrease its size.

Morbid or severe obesity, defined as body mass index (BMI) ≥ 40 kg/m², is often associated with significant medical complications such as coronary artery disease, diabetes mellitus, obstructive sleep apnea, hypertension and premature death. Initial treatment may include a combination of dietary and lifestyle changes. Although such strategies can be effective and result in significant weight loss, individuals may regain excess weight over time. When conventional measures fail, a surgical approach may be considered to induce weight loss. A 1991 National Institutes of Health (NIH) Consensus Conference defined suitable surgical candidates as individuals with a BMI ≥ 40 kg/m² or BMI ≥ 35 kg/m² in conjunction with significant medical comorbidities.

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Medical Necessity:

I. Metabolic or restrictive bariatric surgery: The Company considers metabolic and/or restrictive bariatric surgery (CPT Codes 43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Age ≥ 18 years or minimum Tanner stage of 4; and
- Severe, clinical obesity defined as *at least one* of the following:
 1. BMI ≥ 40 kg/m² (≥ 37.5 kg/m² for Asian patients when ethnicity is confirmed by provider attestation); or
 2. BMI ≥ 35 kg/m² (≥ 32.5 kg/m² for Asian patients when ethnicity is confirmed by provider attestation) with medical record documentation of high-risk comorbid clinical conditions including *at least one* of the following (presence and extent of comorbidities will be determined based upon review of medical record documentation):
 - a. Clinically significant cardiopulmonary problems (e.g., hypertension, sleep apnea, Pickwickian syndrome, obesity-related cardiomyopathy); or
 - b. Diabetes mellitus; or
 - c. Physical problems severely interfering with function (e.g., joint disease that would be treatable except for the obesity or body size problems; employment or ambulation precluded by obesity); or
 - d. Evidence of fatty liver disease (e.g., nonalcoholic fatty liver disease [NAFLD], nonalcoholic steatohepatitis [NASH]);

AND

- **Unequivocal** clearance for bariatric surgery by a licensed mental health provider that indicates the following: no behavioral health factors preclude a successful outcome of surgery, there is an absence of any major uncontrolled psychiatric disorders, and the individual is able to comply with the recommended medical/surgical preoperative and postoperative treatment plans (**NOTE:** The following will require clearance specifically by a licensed psychologist or psychiatrist: Members with a history of severe psychiatric disturbance; members currently under the care of a psychologist or psychiatrist; or members on psychotropic medications. Depression due to obesity is not normally considered a contraindication for obesity surgery); and
- Medical clearance to proceed with surgery from appropriate specialties, such as cardiology, pulmonary medicine, or sleep medicine, related to existing comorbid disease states (providers that are board-certified in obesity medicine may meet these criteria); and
- Information regarding probable and potential postoperative complications, dietary, and medical postoperative limitations, and potential cosmetic sequelae has been received by the individual; and
- Medical record documentation or a documented clinical history by the provider of at least 12 months that supports *all* of the above criteria;

NOTE: If a patient, whose initial BMI is 40 kg/m² or greater, loses sufficient weight to fall **just** below the BMI cutoff due to participation in a preoperative weight-loss program, that patient may still be eligible for bariatric surgery based on their initial BMI determination.

Metabolic surgery may be considered as an option to treat type 2 diabetes in adults with BMI 30.0–34.9 kg/m² (27.5–32.4 kg/m² in Asian Americans) who do not achieve durable weight loss and improvement in comorbidities (including hyperglycemia) with nonsurgical methods.

The Company considers aspiration therapy, endoscopic closure or restrictive device, or laparoscopic gastric plication (**CPT Codes 43659[†], 43999[†], and applicable ICD-10 PCS Codes**) for treatment of obesity **investigational** and **not** eligible for reimbursement.

[†]When **unlisted laparoscopy procedure, stomach (CPT Code 43569)** or **unlisted procedure, stomach (CPT Code 43999)** is determined to be aspiration therapy, endoscopic closure or restrictive device, or laparoscopic gastric plication.

The Company considers **all** other bariatric surgical procedures (**CPT Codes 43659^{††}, 43999^{††}, and applicable ICD-10 PCS Codes**) for treatment of obesity **investigational** and **not medically necessary** and **not** eligible for reimbursement including, but not limited to, the following:

- Gastrointestinal liners; or
- Intra-gastric balloon (**CPT Code 43290**); or
- Loop gastric bypass; or
- Mini gastric bypass (laparoscopic mini-gastric bypass).

Benefits for investigational services are subject to each specific benefit plan.

^{††}When **unlisted laparoscopy procedure, stomach (CPT Code 43569)** or **unlisted procedure, stomach (CPT Code 43999)** is determined to be gastrointestinal liner, intra-gastric balloon, loop gastric bypass, or mini-gastric bypass.

II. Subsequent bariatric surgery procedures:

A. Surgical revision or reversal (“take down”) to correct complications: The Company considers surgical revision or reversal to correct complications **medically necessary** and eligible for reimbursement when the following medical criterion is met:

- Surgery is to correct documented clinically significant complications (e.g., obstruction, stricture, band slippage, dehiscence, anastomotic leak, marginal ulceration, malnutrition, short gut syndrome, gastroesophageal reflux disease refractory to maximum medical therapy confirmed by esophagogastroduodenoscopy or Bravo® pH studies) of previous bariatric surgery procedure.

B. Surgical conversion from a non-bypass procedure (e.g., sleeve gastrectomy) to a gastric restrictive with gastric bypass procedure (e.g., Roux-en-Y) (CPT Codes 43644, 43645, 43847, 43848, and applicable ICD-10 PCS codes): The Company considers surgical conversion from a non-bypass procedure to a gastric restrictive with gastric bypass procedure **medically necessary** and eligible for reimbursement when **at least one** of the following medical criteria is met:

- Patient has postoperative gastroesophageal reflux disease (GERD) that is refractory to maximum medical therapy, with evidence of acid reflux on esophagogastroduodenoscopy or Bravo® pH studies; or
- **All** of the following:
 - Primary bariatric surgery performed >24 months earlier; and
 - Primary bariatric surgery resulted in weight loss <50% of excess body weight (EBW)^{†††} from date of the primary bariatric surgery, or current weight >30% above ideal body weight (IBW)^{†††}; and
 - Documented full compliance with prescribed postoperative diet, exercise and behavior modification programs (since primary bariatric surgery procedure); and
 - Body weight has plateaued during previous 60 days; and

- Medical necessity criteria for bariatric surgery are met; and
- Medical record documentation includes *all* of the following:
 1. Medical necessity of the primary bariatric surgery; and
 2. Progression of weight loss beginning from date of the primary bariatric surgery.

^{†††}Excess body weight is defined as the amount of body weight exceeding BMI 25 kg/m². BMI is calculated based on height and weight, regardless of sex; normal body weight is defined as a BMI 18.5–24.9 kg/m². Ideal body weight, based on sex and height, is calculated as: (male) 106 lb for the first 5 ft + 6 lb for each additional inch; (female) 100 lb for the first 5 ft + 5 lb for each additional inch. To calculate percent overweight, the difference between the actual weight and the ideal weight is divided by the ideal weight, then times 100.

III. Gastric band adjustment: The Company considers gastric band adjustment (**CPT Codes 43659^{††††}, 43999^{††††}, HCPCS Code S2083 and ICD-10-PCS Code(s)**) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Adjustment is not within the 90-day global surgical period (adjustments performed within the 90-day global surgical period are included in reimbursement for the procedure and **not** reimbursed separately); and
- Following the 90-day global surgical period:
 1. Maximum of **six** adjustments are allowed during the first year after surgery for which prior approval is not required; and
 2. Following the first year after surgery, **one** adjustment per calendar year is allowed for which prior approval is not required; and
 3. Additional adjustments require prior approval. Medical record documentation should include history of body weight, gastric band adjustments (date, quantity of fluid instilled or removed), diet and exercise program compliance since surgery, and **at least one** of the following:
 - a. Body weight has plateaued or increased despite appropriate diet and exercise over the previous six months and further weight loss is likely; or
 - b. Restrictive symptoms (e.g., heartburn, vomiting, cough, wheezing, choking).

^{††††}When *unlisted laparoscopy procedure, stomach (43569)* or *unlisted procedure, stomach (43999)* is determined to be additional gastric band adjustments.

Limitations for gastric band adjustment: The Company considers gastric band adjustment for *any* of the following **not medically necessary** and **not** eligible for reimbursement:

- Frequency of adjustments exceed criteria as outlined above; or
- Performed for convenience (e.g., travel).

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also

reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

NOTE: A physician's written letter briefly summarizing a lengthy interval of care (including but not limited to weights, medical complications, and history of previous weight loss programs as applicable) without sufficient detail is not considered optimal documentation and may result in denial.

NOTE: The Company considers herniorrhaphy performed for the repair of a hiatal hernia at the time of the primary bariatric procedure to be integral to the procedure and not separately reimbursable. The Company considers upper gastrointestinal endoscopy performed concurrent with a bariatric surgery procedure to confirm a surgical anastomosis or to establish anatomical landmarks to be an integral part of the more comprehensive surgical procedure and not separately reimbursable.

NOTE: When undertaken for indications other than obesity or to achieve improvements in other conditions that benefit from weight loss (e.g., GERD, diabetes, etc.), the procedures detailed in this corporate medical policy are still subject to any benefit limitations or exclusions for weight loss interventions.

Prior approval is required for CPT Codes 43644, 43645, 43659^{†††}, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999^{†††}, HCPCS Code S2083 and applicable ICD-10-PCS Codes.

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 - *Impact of Preoperative Supervised Weight Loss Programs on Bariatric Surgery Outcomes*. (December 19, 2017). Annual review January 18, 2022.
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Applicable Code(s):	
CPT:	43644, 43645, 43659 [†] , 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999 [†]
HCPCS:	S2083
ICD10 Procedure Codes:	0D16079, 0D1607A, 0D1607B, 0D1607L, 0D160J9, 0D160JA, 0D160JB, 0D160JL, 0D160K9, 0D160KA, 0D160KB, 0D160KL, 0D160Z9, 0D160ZA, 0D160ZB, 0D160ZL, 0D16479, 0D1647A, 0D1647B, 0D1647L, 0D164J9, 0D164JA, 0D164JB, 0D164JL, 0D164K9, 0D164KA, 0D164KB, 0D164KL, 0D164Z9, 0D164ZA, 0D164ZB, 0D164ZL, 0D16879, 0D1687A, 0D1687B, 0D1687L, 0D168J9, 0D168JA, 0D168JB, 0D168JL, 0D168K9, 0D168KA, 0D168KB, 0D168KL, 0D168Z9, 0D168ZA, 0D168ZB, 0D168ZL, 0DB60Z3, 0DB60ZZ, 0DB63Z3, 0DB63ZZ, 0DB64Z3, 0DB67Z3, 0DB67ZZ, 0DB68Z3, 0DQ64ZZ, 0DV64CZ, 0DV67DZ, 0DV68DZ, 0DW643Z, 0DW64CZ, 3E0G3GC

Revised:

- 03/27/1996: Traditional, Super Blue Plus, Super Blue Select and HMO criteria added.
- 07/31/1996: Super Blue Select added to Traditional and Super Blue Plus criteria.
- 02/05/1999: CPT Codes 43842, 43843, 43846 and 43847 added. Definition updated. Predetermination criteria added. Corporate name changed. Five year obesity criteria omitted from medical necessity.
- 07/02/2001: Definition and Medical Necessity updated. Vice President, Care Management title updated. ICD-9-CM Surgical Code 44.99 added to the policy. Institutional Claims information, Documentation Requirements and Sources of Information added to the policy. State of Ohio information deleted.
- 03/15/2002: ICD-9-CM Surgical Codes 44.31 and 44.32 added to the policy. Corporate name changed. Documentation Requirements updated.
- 09/20/2002: Gastric banding information added to the policy.
- 03/15/2003: Definition and Medical Necessity criteria updated. CPT Code 43848 added to the policy.
- 12/21/2004: ICD-9-CM Surgical Codes 44.99 and 44.32 deleted. ICD-9-CM Surgical Code 44.39 and HCPCS Code S2085 added to the policy. CPT Codes 43644, 43645 and 43845 (effective 1/1/2005) added to the policy. Definition, Medical Necessity and TOPPS updated. Frequency limitations to banding procedure and non-surgical weight loss attempt criteria added to the policy.
- 09/01/2005: Medical Necessity, Documentation Requirements and Sources of Information updated. ICD-9-CM Surgical Procedure Code 44.38 added to the policy. Medical Mutual changed to Health Plan in the body of the policy.
- 01/01/2006: CPT Codes 43770, 43771, 43772, 43773, 43774, 43886, 43887 and 43888 added to the policy.
- 02/01/2006: HCPCS Code S2082 deleted.
- 08/21/2006: Hypertension added to Medical Necessity criteria. Frequency Limitations, Predetermination and TOPPS updated.
- 07/21/2008: Company title updated. Annual Review Date added to the policy. Revised Date changed to Last Revised Date. Definition, Medical Necessity, TOPPS, Appeals, Liability and Sources of Information updated. Health Plan changed to Company and Predetermination changed to prior approval throughout the body of the Corporate Medical Policy. Gastric band adjustment criteria revised. CPT Codes 43772, 43774 and 43887 removed from the policy.
- 08/25/2010: Subject title, Definition, Medical Necessity, Background, Prior Approval, TOPPS, Appeals, Sources of information and Medical Necessity Checklist updated. Subsequent bariatric surgery and criteria added to the policy. CPT Code 43775 and ICD-9-CM Surgical Code 44.93 added to the policy.
- 03/21/2012: Definition, Medical Necessity, Documentation Requirements, Prior approval, TOPPS, Appeals and Sources of Information updated. Participation in a medically supervised weight loss program changed from six consecutive months to three and absence of active substance abuse criteria removed from the policy. ICD-9-CM Surgical Code 43.89 added to the policy.

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- 03/27/2014: ICD-9-CM Procedure Code 43.82 added to the policy.
- 02/08/2016: Update to hypertension definition within criteria number two. Sources of Information updated.
- 11/08/2017: Removed signature page. Removed ICD-9 from Edits and Denials.
- 08/16/2019: Remove age requirement, add Tanner stage (4, 5) requirement; remove >1 year obesity requirement; increase 3-month weight program requirement to 6 months; remove 3-medication requirement for hypertension comorbidity criterion; add language clarifying these procedures are still subject to benefit limitations or exclusions for weight loss interventions; 43659 and 43999 moved to IE/NMN for intragastric balloon, loop gastric bypass, or mini-gastric bypass; 43659 and 43999 IE for aspiration therapy, endoscopic closure or restrictive device, or laparoscopic gastric plication. Added language ensuring benefit exclusions for weight loss still apply. Sources of Information updated.
- 04/13/2020: 6-month weight loss program duration requirement is no longer consecutive. Fixed last reviewed date to reflect August 2019 annual review date.
- 06/02/2020: Reduced 6-month weight loss program duration to 3 months. Sources of information updated.
- 04/14/2021: Minor spelling revision.
- 06/16/2021: Removed weight loss program requirement. Added conversion to bypass for treatment of postoperative refractory gastroesophageal reflux disease. Gastrointestinal liners added as investigational. Minor edits to definition. These changes are effective 06/28/2021.
- 11/19/2021: Appropriate specialties clarified, including board-certified in obesity medicine; clinical history requirements clarified; BMI requirements clarified. Requirements for mental health clearance updated to allow for non-psychologist/non-psychiatrist (unless in treatment or under the care of psychologist/psychiatrist).
- 11/30/2022: Sources of information updated; old references removed. Evidence of fatty liver disease added as qualifying comorbidity. BMI cutoff for Asian patients lowered. GERD added as qualifying indication for surgical revision to address complications. Lists of clinical conditions removed from policy (policy simplification initiative).
- 01/13/2023: New CPT Code 43290 added to policy.
- 00/00/2023: Customized for Federal Employees Health Benefit; customization says that metabolic surgery may be considered as an option to treat type 2 diabetes in adults with BMI 30.0–34.9 kg/m² (27.5–32.4 kg/m² in Asian Americans).

Edits and Denials

Prior Approval: Prior approval is required for bariatric surgery and gastric band adjustments exceeding the frequency limitation.

CPT:	43290, 43644, 43645, 43659, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999
HCPCS:	S2083
ICD10 Procedure Codes	0D16079, 0D1607A, 0D1607B, 0D1607L, 0D160J9, 0D160JA, 0D160JB, 0D160JL, 0D160K9, 0D160KA, 0D160KB, 0D160KL, 0D160Z9, 0D160ZA, 0D160ZB, 0D160ZL, 0D16479, 0D1647A, 0D1647B, 0D1647L, 0D164J9, 0D164JA, 0D164JB, 0D164JL, 0D164K9, 0D164KA, 0D164KB, 0D164KL, 0D164Z9, 0D164ZA, 0D164ZB, 0D164ZL, 0D16879, 0D1687A, 0D1687B, 0D1687L, 0D168J9, 0D168JA, 0D168JB, 0D168JL, 0D168K9, 0D168KA, 0D168KB, 0D168KL, 0D168Z9, 0D168ZA, 0D168ZB, 0D168ZL, 0DB60Z3, 0DB60ZZ, 0DB63Z3, 0DB63ZZ, 0DB64Z3, 0DB67Z3, 0DB67ZZ, 0DB68Z3, 0DQ64ZZ, 0DV64CZ, 0DW643Z, 0DW64CZ, 3E0G3GC

Requests for prior approval will be authorized by a nurse reviewer if a valid diagnosis is present and submitted documentation meets criteria outlined within the Corporate Medical Policy.

Requests for prior approval for bariatric surgery and gastric band adjustments exceeding the frequency limitation will be forwarded to a qualified physician reviewer if submitted documentation does not meet criteria outlined within the Corporate Medical Policy.

Requests for prior approval for *all* other bariatric surgical procedures (e.g., gastrointestinal liner, intragastric balloon, laparoscopic gastric plication, loop gastric bypass) (CPT Codes 43290, 43659, 43999 and ICD-10-CM Procedure Codes 0DV67DZ and 0DV68DZ) for treatment of obesity will be forwarded to a qualified physician reviewer.

TOPPS: Professional: Claims received with CPT Codes 43659, 43886, 43888, 43999 and HCPCS Code S2083 will pend to Medical Review with **Remark Code M6D**. If prior approval is on file, the claim will be processed according to the determination decision.

TOPPS: Professional: Claims received with CPT Codes 43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, will pend to Medical Review with **Remark Code M2M**. If prior approval is on file, the claim will be processed according to the determination decision.

If prior approval is not on file, the claim will be denied due to insufficient information to establish medical necessity with **Remark Code MNP**. If claims received with CPT Codes 43659 and 43999 are determined to be investigational (e.g., gastrointestinal liner, intragastric balloon, laparoscopic gastric plication, loop gastric bypass), the claim will be denied with **Remark Code M9E**.

Institutional: Claims received with ICD-10-CM Procedure Codes 0D16079, 0D1607A, 0D1607B, 0D1607L, 0D160J9, 0D160JA, 0D160JB, 0D160JL, 0D160K9, 0D160KA, 0D160KB, 0D160KL, 0D160Z9, 0D160ZA, 0D160ZB, 0D160ZL, 0D16479, 0D1647A, 0D1647B, 0D1647L, 0D164J9, 0D164JA, 0D164JB, 0D164JL, 0D164K9, 0D164KA, 0D164KB, 0D164KL, 0D164Z9, 0D164ZA, 0D164ZB, 0D164ZL, 0D16879, 0D1687A, 0D1687B, 0D1687L, 0D168J9, 0D168JA, 0D168JB, 0D168JL, 0D168K9, 0D168KA, 0D168KB, 0D168KL, 0D168Z9, 0D168ZA, 0D168ZB, 0D168ZL, 0DB60Z3, 0DB60ZZ, 0DB63Z3, 0DB63ZZ, 0DB64Z3, 0DB67Z3, 0DB67ZZ, 0DB68Z3, 0DQ64ZZ, 0DV64CZ, 0DW643Z, 0DW64CZ, 3E0G3GC will pend to Medical Review with **Remark Code ZMQ**. If prior approval is on file, the claim will be processed according to the determination decision. If prior approval is not on file, the claim will be denied due to insufficient information to establish medical necessity with **Remark Code MNP**.

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Claims received with **ICD-10-CM Procedure Codes 0DV67DZ and 0DV68DZ** will pend to Medical Review with **Remark Code ZE1** and will deny as investigational with **Remark Code M9E**.

Liability: A participating provider will be required to write off charges denied as not medically necessary/not diagnostically related.

CPT Code(s):	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	revision of adjustable gastric restrictive device component only
43773	removal and replacement of adjustable gastric restrictive device component only
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	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	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)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43888	removal and replacement of subcutaneous port component only
43999	Unlisted procedure, stomach

HCPCS Code(s):	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

ICD-10-CM Procedure Code(s):	
E6609	Other obesity due to excess calories
E661	Drug-induced obesity
E668	Other obesity
E669	Obesity, unspecified
E6601	Morbid (severe) obesity due to excess calories
E662	Morbid (severe) obesity with alveolar hypoventilation

ICD-10-CM Diagnosis Code(s):	
0D16079	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach
0D1607A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach
0D1607B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach
0D1607L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach
0D160J9	Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach
0D160JA	Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach
0D160JB	Bypass Stomach to Ileum with Synthetic Substitute, Open Approach
0D160JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach
0D160K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach
0D160KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach
0D160KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach
0D160KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Open Approach

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0D160Z9	Bypass Stomach to Duodenum, Open Approach
0D160ZA	Bypass Stomach to Jejunum, Open Approach
0D160ZB	Bypass Stomach to Ileum, Open Approach
0D160ZL	Bypass Stomach to Transverse Colon, Open Approach
0D16479	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1647A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1647B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D1647L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164J9	Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164JA	Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164JB	Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D164Z9	Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach
0D164ZA	Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach
0D164ZB	Bypass Stomach to Ileum, Percutaneous Endoscopic Approach
0D164ZL	Bypass Stomach to Transverse Colon, Percutaneous Endoscopic Approach
0D16879	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening
0D1687A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening
0D1687B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening En
0D1687L	Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial
0D168J9	Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168JA	Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168JB	Bypass Stomach to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168JL	Bypass Stomach to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening
0D168K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Open
0D168KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0D168KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening
0D168KL	Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial
0D168Z9	Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic
0D168ZA	Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic
0D168ZB	Bypass Stomach to Ileum, Via Natural or Artificial Opening Endoscopic

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0D168ZL	Bypass Stomach to Transverse Colon, Via Natural or Artificial Opening Endoscopic
0DB60Z3	Excision of Stomach, Open Approach, Vertical
0DB60ZZ	Excision of Stomach, Open Approach
0DB63Z3	Excision of Stomach, Percutaneous Approach, Vertical
0DB63ZZ	Excision of Stomach, Percutaneous Approach
0DB64Z3	Excision of Stomach, Percutaneous Endoscopic Approach, Vertical
0DB67Z3	Excision of Stomach, Via Natural or Artificial Opening, Vertical
0DB67ZZ	Excision of Stomach, Via Natural or Artificial Opening
0DB68Z3	Excision of Stomach, Via Natural or Artificial Opening Endoscopic, Vertical
0DQ64ZZ	Repair Stomach, Percutaneous Endoscopic Approach
0DV64CZ	Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach
0DV67DZ	Restriction of Stomach with Intraluminal Device, Via Natural or Artificial Opening
0DV68DZ	Restriction of Stomach with Intraluminal Device, Via Natural or Artificial Opening Endoscopic
0DW643Z	Revision of Infusion Device in Stomach, Percutaneous Endoscopic Approach
0DW64CZ	Revision of Extraluminal Device in Stomach, Percutaneous Endoscopic Approach
3E0G3GC	Introduction of Other Therapeutic Substance into Upper GI, Percutaneous Approach

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