

Medical Policy

Policy:	94030	Effective Date:	02/01/2024
SUBJECT:	Bariatric Surgery for Obesity	Annual Review Date:	11/29/2023
	- Metabolic and/or Restrictive Surgery	Last Revised Date:	12/08/2023
	- Subsequent Bariatric Surgery		
	- Gastric Band Adjustment		

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), gastric restrictive procedures that decrease gastric capacity without intestinal modification (e.g., gastric banding, vertical banded gastroplasty), and combined malabsorptive/restrictive procedures (e.g., single-anastomosis duodenal ileostomy-sleeve [SADI-S]).

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.

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- *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.

Combined malabsorptive/restrictive procedure:

- *SADI-S* involves the combined use of a sleeve gastrectomy with one-anastomosis duodenal ileostomy.

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. Separate guidelines published in 2022 by the American Society for Metabolic and Bariatric Surgery (ASMBS) and the American Diabetes Association (ADA) recommended that BMI thresholds be reduced for Asian patients due to higher prevalence of diabetes and cardiovascular disease at lower BMI ranges in this population.

Medical Necessity:

I. Metabolic or restrictive bariatric surgery: The Company considers metabolic and/or restrictive bariatric surgery (CPT Codes 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888 and applicable ICD-10-PCS Codes), including SADI-S, **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Age ≥ 18 years adolescent aged 13 to 17 years; 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]);

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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.

Bariatric surgery used for treatment of type 2 diabetes mellitus in individuals with BMI <35 kg/m² is considered **investigational** and **not** eligible for reimbursement.

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:

- Aspiration therapy; or
- Endoscopic closure or restrictive device; or
- Gastrointestinal liners; or
- Intra-gastric balloon (**CPT Code 43290**); or
- Laparoscopic gastric plication
- Loop gastric bypass; or
- Mini gastric bypass (laparoscopic mini-gastric bypass); or
- Natural orifice transluminal endoscopic surgery (NOTES); or
- Vagus nerve block (VBLOC).

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

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†When *unlisted laparoscopy procedure, stomach (CPT Code 43569)*, *unlisted procedure, stomach (CPT Code 43999)*, or *applicable ICD-10 PCS Codes* is determined to be aspiration therapy, endoscopic closure or restrictive device, gastrointestinal liner, intragastric balloon, laparoscopic gastric plication, loop gastric bypass, mini-gastric bypass, natural orifice transluminal endoscopic surgery (NOTES), or vagus nerve block (VBLOC).

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^{††} from date of the primary bariatric surgery, or current weight >30% above healthy body weight^{††}; 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 a weight based on a BMI of 25 kg/m². BMI is calculated based on height and weight, regardless of sex. Please see table 1 below for weights based on a BMI of 25

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kg/m², as described by the National Heart, Lung, and Blood Institute. To calculate excess body weight, find the difference between the actual weight and the weight in table 1 below, and divide that by the weight below, then multiply by 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).

Other important notes regarding bariatric surgery for obesity:

- 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.
- 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.

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- 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.
- 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.

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.

Prior approval is required for CPT Codes 43644, 43645, 43659^{†††}, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999^{†††}, HCPCS Code S2083 and applicable ICD-10-PCS Codes.

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Table 1. Healthy Weights Based on a BMI of 25 kg/m²

Height (in)	Weight (lbs)
58	119
59	124
60	128
61	132
62	136
63	141
64	145
65	150
66	155
67	159
68	164
69	169
70	174
71	179
72	184
73	189
74	194
75	200
76	205

Adapted from the National Heart, Lung, and Blood Institute Body Mass Index
Table: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm.

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Applicable Code(s):	
CPT:	43290, 43644, 43645, 43659 [†] , 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999 [†]
HCPCS:	C9784, C9785, 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

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