Subject: Bariatric Surgery (Weight Loss Surgery) Medicare

Medical Policy #: 2.82

Status: Reviewed

Original Effective Date: 06/23/2004

Last Annual Review Date: 08/21/2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

The goal for surgical treatment of obesity is to reduce the impact of serious illness or comorbidities that are induced or aggravated by obesity. Weight-loss surgery should be used only for those members who have tried and failed other methods of treatment, including a medically supervised weight loss program. Weight loss surgery is an option for carefully selected patients **with a BMI of 35 to 39.9 kg/m2** who are at a high risk for increased morbidity. A successful surgical outcome depends upon the member's motivation, education and psychological state

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Note: **Surgical treatment for primary obesity is not a covered Medicare service**.

Repeat Bariatric Procedures may be considered and will be reviewed on a case-by-case basis and will go through the same prior authorization process. See section under **Repeat Bariatric Procedures** for additional details.

PHP follows both National Coverage Determination for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1) **and** LCD Bariatric Surgical Management of Morbid Obesity (L35022) with related Article (A56422). Please review both coverage policies.

Exclusions:
  A.   Under the provisions of (NCD-100.1) the following are nationally non-covered:
  - Treatments for obesity alone remain non-covered
  - Supplemented fasting is not covered under the Medicare program as a general treatment for obesity (see section D of (NCD 100.1) for discretionary local coverage)
  - Open adjustable gastric banding
  - Open sleeve gastrectomy
  - Open vertical banded gastroplasty
  - Laparoscopic vertical banded gastroplasty
  - Intestinal bypass surgery; and
  - Gastric balloon for treatment of obesity

  B.   Under the provisions of this LCD (L35022), the following are not covered:
  - Mini-gastric bypass.
  - Silastic ring vertical gastric bypass (Fobi pouch).

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
Laparoscopic Gastric Bypass	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric **bypass** and Roux-en-Y (proximal) gastroenterostomy (roux limb 150 cm or less).
43645	Laparoscopy with gastric **bypass** and small intestine reconstruction to limit absorption (RYGB-distal). (Do not report 43645 in conjunction with 49320, 43847)

Laparoscopic Gastric Banding	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components). *Note: The diagnosis of K21.0 is not covered for CPT code 43770
43771	Revision of adjustable gastric band component only
43772	Removal of adjustable gastric band component only
43773	Removal and replacement of adjustable gastric band component only
43774	Removal of adjustable gastric band and subcutaneous port components
Laparoscopic Sleeve Gastrectomy	
43775	Laparoscopy, surgical, gastric restrictive procedure; Longitudinal Gastrectomy (i.e. sleeve gastrectomy). **Laparoscopic Sleeve Gastrectomy** for a 'stand-alone' procedure (i.e., not as part of staged procedure or part of failed attempt that moves to an open procedure)
Miscellaneous Gastric Procedures (Including Removal and Revision)	
43659	Unlisted laparoscopy procedure, stomach. (use CPT code 43659 when BOTH the gastric band and subcutaneous port components were removed AND replaced.
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- BPD/DS)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy. (RYGB (proximal- open) (For greater than 150 cm, use 43837.) (For laparoscopic procedure, use 43644.)
43847	With small intestine to limit absorption
43848	Revision, open of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure) (revision RYGB)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only (Per CPT assistant: Open procedures that involve gastric banding are 43886, 43887, 43888))
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

CPT	Non-covered services • Refer to LCA (A56422): Bariatric Surgical Management of Morbid Obesity and • NCD (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty (VBG-Open). (Under the provision of (TN1854/CR 10086) in the NCD 100.1, CPT code 43842 is non-covered when used for open vertical banded gastroplasty)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty. (e.g. Open-sleeve gastrectomy) (AGB-Open)
43999	Unlisted procedure, stomach (Under the provision of (TN1854/CR 10086) in the NCD 100.1, CPT code 43999 is non-covered when used for: Laparoscopic vertical banded gastroplasty, Open sleeve gastrectomy, Open adjustable gastric banding, Gastric balloon, Mini-gastric bypass, Long limb gastric bypass (i.e. more than 150 cm), Silastic ring vertical gastric bypass (Fobi pouch)

ICD-10 Diagnosis
Coverage for selected bariatric surgery procedures on patients who meet national and local coverage criteria set forth in the LCD requires reporting three appropriate diagnoses. Report the primary diagnosis as E66.01 (morbid obesity). Report a secondary diagnosis from ICD-10 Code group 1 and a tertiary diagnosis from ICD-10 Code group 2. Please access A56422 for covered diagnosis.

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Clinton White MD
Senior Medical Director: Jim Romero MD
Date Approved: 08/21/2024

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Reviewed by:
Brenda L. Wolfe, Ph.D., Clinical Psychologist, Albuquerque, NM, January 2006
Michael D. Lara, MD, Rio Grande Surgeons, PA, El Paso, TX. August 2007, August 2008

References

1. CMS Local Coverage Determination, Bariatric Surgical Management of Morbid Obesity (L35022), Revision R11, revision date: 05/13/2021. Accessed 05/21/2024
2. CMS Local Coverage Article, Billing and Coding: Bariatric Surgical Management of Morbid Obesity, (A56422). Original Article Effective Date 10-01-2023 R6. Accessed 05/21/2024
3. CMS, National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12), effective date 11/29/2011: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&bc=AAAAQAAAAAAA&. Cited: Accessed: 05/21/2024
4. Center for Medicare and Medicaid Services Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity" (NCD 100.1), Version Number 5. Effective Date: May 2017. Effective Date 09/24/2013. Accessed 05/21/2024
5. CMS Manual, Pub 100-20 One-Time Notification, TN 1854, CR 10086, Date May 26, 2017 [Date 05/30/2024]

Publication History

06.23 04	Original Effective Date
Reviewed	Aug 2005, May 2006, July 2007, July/Aug 2007, Aug/Sept 2008
Revision	Oct 2005, May 2006, Jan 2007, Sept 2007, Sept 2008
Jan 2007	Renumbered to ICR 2.8 (previously 8.5)
09-24-08	Transitioned to Medical Policy, Annual Review and Revision
01-28-09	Revision
01-27-10	Annual Review and Revision
02-23-12	Annual Review and Revision
08-22-12	Update of language re "All PHP members must utilize a facility approved by CMS."
01-29-14	Annual Review and Update
03-25-15	Annual Review
05-23-18	Annual Review
03-27-19	Annual Review, changed Medicare to Medicare/Medicaid in the title section. ICD-10 code E78.4 has been deleted as of 10/01/18 and ICD-10 E78.49 has been added after 10/01/2018. No change to criteria.
07-22-20	Annual review. Reviewed by PHP Medical Policy Committee on 07/08/2020. Agreed policy will be for Medicare only and Centennial coverage will be moved to MPM 2.81 (Non-Medicare). Policy to continue with LCD L35022 and criteria updated accordingly. Removed "*Medicaid*" within the title. Prior Authorization will remain for 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659.
07-28-21	Reviewed by PHP Medical Policy Committee on 06/23/2021. No change to criteria. Language clarification to say we follow both NCD 100.1 and LCD L35022. Added to policy the exclusion language from NCD 100.1. Continue PA requirement for 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659.
07-27-22	Annual review. Reviewed by PHP Medical Policy Committee on 06/22/2022. Continue to follow NCD 100.1 and LCD (L35022) and related LCA (A56422). Continue PA requirement for 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, 43845, 43846, 43847, 43848, 43842, 43843. The coverage determination guideline language removed from policy and reformatted to only include description of services with CMS Local Coverage Determination (LCD) weblinks.
07-26-23	Annual review. Reviewed by PHP Medical Policy Committee on 05-17-2023. Continue to follow NCD 100.1 and LCD (L35022) and related LCA (A56422). Continue PA requirement for 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, 43845, 43846, 43847, 43848, 43842, 43843.
08-21-24	Annual review. Reviewed by PHP Medical Policy Committee on 05/24/2024. Continue to follow National Coverage Determination, Morbid Obesity (NCD 100.1) and/or Novitas LCD (L35022) and related LCA (A56422). Continue to require PA for Medicare. Continue Group 1-Non-covered services: 43842, 43843 and 43999 for Medicare.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: **Click here for Medical Policies***

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.