**Subject:** Bariatric Surgery (Weight Loss Surgery) Medicare

**Medical Policy #:** 2.82

**Status:** Reviewed

**Original Effective Date:** 06/23/2004

**Last Annual Review Date:** 08/27/2025

## 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

Related policies:
Bariatric Surgery for Pediatric Population, MPM 40.0
Bariatric Surgery (Weight Loss Surgery) Non-Medicare, MPM 2.81

## 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.

<u>Exclusions:</u>
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)
   - The following bariatric surgery procedures are non-covered for all Medicare beneficiaries:
     a. Open adjustable gastric banding
     b. Open sleeve gastrectomy
     c. Open vertical banded gastroplasty
     d. Laparoscopic vertical banded gastroplasty
     e. Intestinal bypass surgery; and
     f. 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).

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].

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# 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<br>• 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). |
| 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 |

| ICD-10 Diagnosis |
|---|
| See LCA (A56422): 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 one of the following ICD-10-CM codes: E66.01 (morbid obesity); or E66.812 (obesity, class 2); or E66.813 (obesity, class 3). Report a secondary diagnosis from ICD-10 Code group 1 and a tertiary diagnosis from ICD-10 Code group |

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 NCD ([100.1](#)) access the following weblink and select the file for this NCD for ICD-10 listing.
https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR13939.zip

## Reviewed by / Approval Signatures

**Population Health & Clinical Quality Committee (PHCQC):** Clinton White MD
**Senior Medical Director:** Jim Romero MD
**Medical Director:** Kresta Antillon MD
**Date Approved:** 08/27/2025

**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 05/23/2025]
2. CMS Local Coverage Article, Billing and Coding: Bariatric Surgical Management of Morbid Obesity, (A56422). Original Article Effective Date 10-01-2024 R7. [Accessed 05/23/2025]
3. CMS, National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12), effective date 11/29/2011 [Accessed: 05/23/2025]
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 05-23-2025]
5. CMS Manual, Pub 100-20 One-Time Notification, (TN 12626) (CR13596) Date May 26, 2017 [Accessed 05/23/2025]

## Publication History

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|---|---|
| 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. |

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].

| 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. |
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| 08-27-25 | Annual review. Reviewed by PHP Medical Policy Committee on 05-28-2025. No change. Continue to follow National Coverage Determination, Morbid Obesity (NCD 100.1) and/or Novitas LCD (L35022) and related LCA (A56422). Continue to require PA. Continue non-coverage for: 43842, 43843 and 43999. |

*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. 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***

*<u>**Web links:**</u>*
*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.*