

Subject: Bariatric Surgery (Weight Loss Surgery) Non-Medicare

Medical Policy #2.81

Status: Reviewed

Original Effective Date: 6/23/2004

Last Review Date: 07/26/2023

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>

Bariatric surgery procedures performed to treat comorbid conditions associated with morbid obesity are a covered benefit. **ASO health plan may have their own medical necessity criteria.**

The following criteria is for Commercial and Centennial members

- I. Bariatric surgery is covered when **ALL** the following criteria are met:
 - A. The patient must be 18 years of age or older.
AND
 - B. Appropriate non-surgical treatment should have been attempted prior to surgical treatment for obesity, as evidenced by documented oversight of a structured diet program (at minimum three counseling) within the past year supervised by a physician and/or appropriately licensed nutrition specialist, such as a registered dietician or a licensed nutritionist. Physician programs which only provide pharmacological management are not sufficient. Documented oversight includes records of weight/BMI, dietary program, exercise regimen, behavioral health interventions and pharmacotherapies, if any. The documented BMI at the starting date of the diet program is the BMI used for bariatric surgery.
AND
 - C. The member will attend a weight loss seminar presented by the bariatric center where the surgery will be performed; the weight loss seminar explains the various aspects of weight loss surgery, including available surgical options, potential complications and supportive resources.
AND
 - D. Behavioral health assessment and clearance by a licensed psychologist or psychiatrist associated with or recommended by the specific surgical program to which the patient has been referred. Evaluation should address potential difficulties the patient may have in adapting to the physical/psychological and other lifestyle/eating changes that will result from the surgery. Specifically, assessment should address: a) The presence of psychiatric risks or active substance abuse that would affect the ability to follow healthcare instruction, b) eating patterns and eating disorders that may require psychotherapeutic intervention either pre- or post-operatively, and c) the patient's expectations with respect to outcome and whether those expectations are likely to facilitate or hinder adjustment to the necessary behavioral changes. Psychological testing should include objective/normed instruments for depression, anxiety, or other psychiatric risks.
AND
 - E. Must meet one of the following physiologic parameters:

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1. A BMI of **40 kg/m** or greater;
OR
2. A BMI \geq **35 kg/m²**, and one or more serious obesity-related co-morbidities that put the member clearly at risk for decreased life expectancy if weight is not lost. Member must have demonstrated adherence with all prescribed medications and treatment instructions. Appropriate documentation is required. Specific obesity-related comorbidities include, but are not limited to:
 - Cardiomyopathy.
 - Congestive heart failure with an ejection fraction of 50% or less than predicted.
 - Documentation of previous myocardial infarction requiring hospitalization.
 - Documented Type 2 diabetes mellitus
 - Uncontrolled /massive leg lymphedema.
 - Obstructive sleep apnea with a baseline AHI or RDI of 15 or greater, or currently under treatment with a positive pressure device (CPAP, BiPAP, C-Flex, etc.)
 - Obesity related osteoarthritis of the lower extremities for which joint replacement surgery of the knee or ankle has been recommended but deferred due to obesity.
 - Pickwickian syndrome or cor pulmonale.
 - Obesity related hypertension that is clinically significant and unresponsive to medical therapy – Systolic BP 140 or greater and/or diastolic BP 90. Documentation must be provided proving that these conditions persist despite optimal medical treatment as prescribed by the practitioner and member adherence to treatment.
 - LDL cholesterol that is clinically significant and unresponsive to medical therapy – greater than 150. Documentation must be provided proving that these conditions persist despite optimal medical treatment as prescribed by the practitioner and member adherence to treatment.

II. Bariatric surgery for all covered members must be performed by an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as a Comprehensive Center.

III. **The following bariatric surgery procedures are covered:**

- Open and laparoscopic Roux-n-Y gastric bypass (RYGBP)
- Laparoscopic adjustable gastric banding (LAGB)
- Open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS)
- Laparoscopic 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) (code 43775)
- Single Anastomosis Duodenal Switch, Laparoscopic (code 43659)

Exclusions

The following bariatric surgery procedures are **NOT** covered:

Under the provisions of ([NCD-100.1](#)) the following are nationally non-covered:

- Intestinal bypass surgery
- Gastric balloon for treatment of obesity
- Open or laparoscopic vertical banded gastroplasty (VBG)
- Open adjustable gastric banding
- Open sleeve gastrectomy

Under the provisions of this LCD ([L35022](#)), the following are not covered:

- Mini-gastric bypass
- Silastic ring vertical gastric bypass (Fobi pouch)

For Centennial members, see also, New Mexico Administrative Code (NMAC):

- Alternative Benefit Program, MAD Administered Benefits, and Limitation of Services: [8.309.4.12.O.\(2\)](#) – bariatric surgery is **limited to one per lifetime**; meeting additional criteria to assure medical necessity may be required prior to accessing services.
- Health Care Professional Services General Benefit Description, [8.310.2.13.L](#), Bariatric surgery services: Bariatric surgery services are covered only when medically indicated and alternatives are not successful.

Additional Exclusions:

- Life-threatening multisystemic organ failure
- Uncontrolled or metastatic malignancy or other serious medical condition where caloric restriction may compromise the member
- Severe or unstable psychiatric illness that would prevent adjustment post-surgery
- Untreated endocrine dysfunction
- Pregnancy or lactation
- Active systemic infection
- Uncontrolled HIV infection
- History of unresolved noncompliance, either medical or psychosocial

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- History of alcohol or substance abuse within the last six months
- History of smoking within the last three months
- Coverage plans that exclude bariatric surgery as a benefit

Background

There are two major types of weight loss surgery. One type diverts food from the stomach to a lower portion of the digestive tract, creating malabsorption (Malabsorption Procedure). The other type restricts the size of the stomach and decreases intake (Restrictive Procedure). Some weight loss surgeries combine both types of procedures (Combined Malabsorption and Restrictive Procedure). Reduction in the size of the stomach or malabsorption leads to decreased caloric intake, and results in significant weight loss.

The surgeon performing the bariatric surgery should be substantially experienced and be working within an integrated program that provides for adequate and appropriate oversight, assessment, and management of these procedures. This multidisciplinary program should include guidance on diet, exercise and psychosocial concerns before and after surgery. Presbyterian Health Plan's Clinical Guidelines for the treatment of obesity follow the "Practical Guide to the Identification, Evaluation and Treatment of Overweight and Obesity in Adults," developed cooperatively by the North American Association for the Study of Obesity and the National Heart, Lung and Blood Institute. These guidelines describe how healthcare professionals can provide their patients with the direction and support needed to effectively lose weight. The guidelines provide information on lifestyle changes, and the appropriate use of pharmacotherapy and surgery as treatment options.

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 gastroenterostomy (roux limb 150 cm or less).
43645	Laparoscopy with gastric bypass and small intestine reconstruction to limit absorption. (Do not report 43645 in conjunction with 49320, 43847)
Gastric Bypass, Open	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy. (For greater than 150 cm, use 43837.) (For laparoscopic procedure, use 43644.)
43847	Gastric restrictive procedure ((Roux-en-Y gastrojejunostomy), with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
Laparoscopic Gastric Banding, Revision and Removal of Band	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components). Example: Adjustable gastric banding (laparoscopic adjustable silicone gastric banding)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device (band) component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device (band) component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device (band) component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device (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)
Gastric Band, Revision and Removal of Port	
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

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CPT Codes	Description
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) (Biliopancreatic Diversion (without Duodenal Switch)
43848	Revision, open of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)

CPT	Non-covered services
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.
43999	Unlisted procedure, stomach. Not otherwise classified (NOC) CPT code 43999 should be used to bill the following procedures and a note should be added to identify the specific procedure was performed in the remarks area of the claim for Part A and the Narrative area of the claim for Part B: <ul style="list-style-type: none"> • Laparoscopic vertical banded gastroplasty. • Open sleeve gastrectomy. • Laparoscopic 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 Codes	Description
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation

Reviewed by / Approval Signatures

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Date Approved: 07/26/2023

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. Hayes, a TractManager Company, Comparative Effectiveness Review of Bariatric Surgeries for Treatment of Obesity in Adolescents, Annual review: Jan 20, 2022. [Cited 05-16-2023]
2. Hayes, a TractManager Company, Comparative Effectiveness of Roux-en-Y Gastric Bypass and Sleeve Gastrectomy for Treatment of Type II Diabetics. Annual Review: Sep 10, 2021. Archived Aug 26, 2022 Accessed 07/05/2022
3. CMS. "Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity" (100.1). Version Number 5. Effective Date: 09-24-2013. Accessed 05-16-2023
4. CMS, National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12), effective date 11/29/2011. [Cited 05-16-2023]
5. MCG Guidelines®. Inpatient and Surgical Care. Last Update 04/29/2020. Accessed 05-16-2023
 - Gastric Restrictive Procedure with Gastric Bypass, ORG: S-512 (ISC), Last Update: 2/1/2023
 - Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy, ORG: S 513 (ISC), Last Update: 02/1/2023

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- Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy, ORG: S-516 (ISC), Last Update: 02/01/2023
 - Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy, ORG: S 515 (ISC), Last Update: 02/01/2023
6. NMAC, [8.309.4.12.O.\(2\)](#) and [8.310.2.13.L](#) Accessed 05-16-2023
 7. Aetna, Obesity Surgery, Number 0157, Last review: 06/21/2022, Next review: 02/08/2024 [Accessed 05-16-2023]
 8. UHC, Bariatric Surgery, Policy Number 2022T0362HH, Effective Date: April 01, 2023 , [Accessed 05-16-2023]
 9. Cigna, Bariatric Surgery and Procedures, Next review date: 07/15/2023, Policy number: 0051 [Accessed 05-16-2023]
 10. UpToDate, Bariatric surgery for management of obesity: Indications and preoperative preparation, Literature review current through: Apr 2023. | This topic last updated: Jan 04, 2023. [Cited 05-16-2023]

Publication History

Original Effective Date: June 23, 2004

Review Date: Aug 2005, May 2006, July 2007, July/Aug 2007, Aug/Sept 2008

Revision Date: Oct 2005, May 2006, Jan 2007, Sept 2007, Sept 2008

Renumbered to ICR 2.8 (previously 8.5): Jan 2007

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 Non-Medicare to Commercial in the title section. ICD-10 code E78.4 has been deleted on or after 10/01/18 and ICD-10 E78.49 has been added on or after 10/01/2018. No change to criteria.

07-22-20 Annual Review. Reviewed by PHP Medical Policy Committee on 07/08/2020. Agreed, no change to criteria. Centennial coverage will fall under this policy instead of MPM 2.82. Removed "Commercial" and replace with "Non-Medicare" 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 Annual review. Reviewed by PHP Medical Policy Committee on 06/23/2021. No change to criteria, continue the two ways of meeting the physiologic parameters criteria. Continue PA for 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888 and 43659.

07/27/22 Reviewed by PHP Medical Policy Committee on 07/06/2022. Correction: The following changes was erroneously undocumented in the Publication section dated 03/27/2019: The criteria changed to add "BMI of 40 kg/m or greater" to the physiologic parameter and the procedure single anastomosis duodenal switch was added. Annual Review: No change, continue with criteria and PA requirement. The disclaimer language reviewed. The excluded procedures, open or laparoscopic vertical banded gastroplasty (VBG) (code 43842-open, 43659 for Laparoscopic); and Open sleeve gastrectomy (code 43843-open) was reviewed and will remain as non-covered. The following citations were added under exclusion (NMAC 8.309.4.12.O.(2) and NMAC 8.310.2.13L).

Update on March 22, 2023: PHP Medical Policy Committee on 03-01-2023. Removed PA requirement for S2083 and remove code from policy. Code S2083 is denoted as non-covered by Medicare. Rationale: Low utilization for non-Medicare, surgery is for adjustable. Adjustable should be allowed without restriction. Applicable code for saline adjustment for non-Medicare is 43999 and that also does not require PA and should never require PA. Remove PA requirement for code 43659, since this code is not necessarily related as a primary code towards an initial Bariatric procedure, this code crosses over to other related procedure(s) for the stomach.

07/26/23 Annual Review. Reviewed by PHP Medical Policy Committee on 05-17-2023. No change to criteria. Continue to follow NCD (210.2) and LCD (L35022) for the non-covered procedures.

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](#)

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.