

**EFFECTIVE DATE:** 10/15/2013

**POLICY LAST UPDATED:** 07/05/2012

### OVERVIEW

Bariatric surgery is performed for the treatment of morbid (clinically severe) obesity. Morbid obesity is defined as a body mass index (\*BMI) greater than 40 kg/m<sup>2</sup> or a BMI greater than 35 kg/m<sup>2</sup> with at least one clinically significant obesity related disease such as diabetes mellitus, obstructive sleep apnea, coronary artery disease, or hypertension for which these complications or diseases are not controlled by best practice medical management.

### PRIOR AUTHORIZATION

Preauthorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products.

### POLICY STATEMENT

#### BlueCHiP for Medicare

The following bariatric surgery procedures may be considered medically necessary for the treatment of morbid obesity when the medical criteria below are met

- o Laparoscopic gastric bypass using a Roux-en-Y anastomosis
- o Laparoscopic adjustable gastric banding
- o Sleeve gastrectomy
- o Gastric restrictive procedure, with partial gastrectomy; pylorus-preserving duodenoileostomy
- o Open gastric bypass using a Roux-en-Y anastomosis
- o Gastric restrictive procedure, with gastric bypass with small intestine reconstruction
- o Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device

The following bariatric surgery procedures are considered **not medically necessary** for the treatment of morbid obesity in adults who have failed weight loss by conservative measures as there is insufficient peer reviewed scientific literature that demonstrates that the procedure/service is effective.:

- o Gastric bypass using a Billroth II type anastomosis (mini-gastric bypass)
- o Biliopancreatic bypass without duodenal switch
- o Long-limb gastric bypass (i.e., >150 cm)
- o Endoscopic procedures (e.g., insertion of the StomaphyX device) as a primary bariatric procedure or as a revision procedure (i.e., to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches)
- o Gastric balloon
- o Intestinal bypass
- o Bariatric surgery as a cure for type 2 diabetes

#### Commercial

The following bariatric surgery procedures may be considered medically necessary for the treatment of morbid obesity when the medical criteria below are met;

- o Open gastric bypass using a Roux-en-Y anastomosis
- o Laparoscopic gastric bypass using a Roux-en-Y anastomosis

- o Laparoscopic adjustable gastric banding
- o Sleeve gastrectomy
- o Open or laparoscopic biliopancreatic bypass (i.e., the Scopinaro procedure) with duodenal switch

The following bariatric surgery procedures are considered not medically necessary for the treatment of morbid obesity in adults who have failed weight loss by conservative measures: as there is insufficient peer reviewed scientific literature that demonstrates that the procedure/service is effective.

- o Vertical-banded gastroplasty
- o Gastric bypass using a Billroth II type of anastomosis (mini-gastric bypass)
- o Biliopancreatic bypass without duodenal switch
- o Long-limb gastric bypass procedure (i.e., >150 cm)
- o Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as initial procedure followed by biliopancreatic diversion at a later time)
- o Endoscopic procedures (e.g., insertion of the StomaphyX™ device) as a primary bariatric procedure or as a revision procedure, (i.e., to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches)

#### **Blue CHiP for Medicare and Commercial Products**

- o Necessary revision for a gastric restrictive procedure or removal of adjustable gastric band or subcutaneous port are covered and **do not require prior authorization.**
- o Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline is covered but **not separately reimbursed for all products**

#### **MEDICAL CRITERIA**

##### **For BlueCHiP for Medicare**

Bariatric surgery procedure is considered **medically necessary** when all of the following medical criteria are met:

- o A body-mass index > 35,
- o At least one co-morbidity related to obesity, and
- o Unsuccessful with medical treatment for obesity.

##### **Commercial Products:**

###### **Adults (ages 18 and greater)**

Bariatric surgery is considered **medically necessary** for adults ages 18 years and over when all of the following medical criteria are met:

- o BMI of greater than 40 kg/m **or** a BMI greater than 35 kg/m with at least one significant co-morbidity (e.g., high blood pressure, diabetes, etc.); and;
- o Active participation in weight reduction programs for at least 6 months with supporting documentation of monthly weight, dietary and exercise routines. The attempts must be reviewed by the practitioner seeking approval for the surgical procedure.
- o No untreated metabolic/endocrine abnormalities
- o Diagnosis of morbid obesity for 2 years.
- o Pre-operative nutritional assessment and counseling
- o Pre-operative psychological assessment
- o Documentation that the member has not smoked in the previous 6 months
- o No active substance abuse or treatment for substance abuse in last 12 months

###### **Adolescents (under the age of 18)**

Bariatric surgery is considered **medically necessary** for adolescents under the age of 18 years when **all** of the following medical criteria are met:

- o BMI >40kg/m/m.2 with at least one serious obesity-related co-morbidity that is poorly controlled;
- or**

- o BMI of 50kg/m<sup>2</sup> or greater with less severe co-morbidities (e.g., high blood pressure, diabetes, etc.);
- AND**
- o Active participation in a weight reduction programs for at least 6 months with documentation of monthly weight, dietary and exercise routines. The attempts must be reviewed by the practitioner seeking approval for the surgical procedure.
  - o No untreated metabolic/endocrine abnormalities
  - o Diagnosis of morbid obesity for 2 years
  - o Pre-operative nutritional assessment & counseling
  - o Pre-operative psychological assessment
  - o Documentation that the member has not smoked in the previous 6 months
  - o No active substance abuse or treatment for substance abuse in last 12 months

Revision of a primary bariatric procedure that has failed due to dilation of the gastric pouch (documented by upper gastrointestinal examination or endoscopy) is considered medically necessary when all of the following criteria are met;

- o the initial procedure was successful in inducing weight loss prior to pouch dilation and;
- o the patient has been compliant with a prescribed nutrition and exercise program and;
- o the patient still meets criteria (BMI) for bariatric surgery.

Repeat procedures are medically necessary when all of the following criteria ~~below~~ are met;

- o Meets all criteria for initial procedure
- o Previous surgery at least 2 years prior to repeat surgery
- o Weight loss from initial surgery <50% of excess body weight at time of initial surgery
- o Member complied with previously prescribed program

## **BACKGROUND**

Bariatric surgery is performed for the treatment of morbid (clinically severe) obesity. Morbid obesity is defined as a body mass index (\*BMI) greater than 40 kg/m<sup>2</sup> or a BMI greater than 35 kg/m<sup>2</sup> with at least one clinically significant obesity-related disease such as diabetes mellitus, obstructive sleep apnea, coronary artery disease, or hypertension for which these complications or diseases are not controlled by best practice medical management.

\*BMI is calculated by dividing weight (in kilograms) by height (in meters) squared.

To convert pounds to kilograms, multiply pounds by 0.45.

To convert inches to meters, multiply inches by 0.0254.

When conservative measures fail, such as supervised diet, exercise and behavior modification programs, patients may consider surgical approaches. A 1991 National Institutes of Health (NIH) Consensus Conference defined surgical candidates as those patients with a BMI\* of greater than 40 kg/m<sup>2</sup>, or greater than 35 kg/m<sup>2</sup> in conjunction with severe co-morbidities such as cardiopulmonary complications or severe diabetes. Weight loss, durability of weight loss, operative and peri-operative complications, re-operation rate, metabolic side effects, and improved health outcomes in terms of co-morbidity resolution are crucial to evaluation of individual surgical procedures.

Recommendations from the National Institutes of Health stress the importance of a multidisciplinary approach to bariatric surgery patients, including such ancillary services as nutritional and psychological support. It is also recommended that bariatric surgery programs provide lifelong follow-up for treated patients.

## **Types of Treatment**

Bariatric surgery falls into 2 general categories:

**Gastric-restrictive** procedures that create a small gastric pouch, resulting in weight loss by producing early satiety and thus decreasing dietary intake. They include Vertical-Banded Gastroplasty; Adjustable Gastric Banding; Open and laparoscopic Gastric Bypass; Mini-gastric Bypass; and, Sleeve Gastrectomy.

**Malabsorption** procedures, which produce weight loss due to malabsorption by altering the normal transit of ingested food through the intestinal tract. Malabsorptive procedures include the following surgeries: Biliopancreatic Bypass; Biliopancreatic Bypass with Duodenal Switch; Long-Limb Gastric Bypass; and Laparoscopic Malabsorptive procedure.

Blue CHiP for Medicare

The procedures listed below are considered not medically necessary because there is insufficient evidence in the published, peer-reviewed scientific literature to demonstrate its effectiveness.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

- Open adjustable gastric banding;
- Open sleeve gastrectomy;
- Open and laparoscopic vertical banding gastroplasty
- Gastric Balloon
- Intestinal Bypass

Commercial

The procedures listed below are considered not medically necessary because there is insufficient evidence in the published, peer-reviewed scientific literature to demonstrate its effectiveness.

- Gastric bypass using a Billroth II type anastomosis (mini-gastric bypass)
- Biliopancreatic bypass without duodenal switch
- Long-limb gastric bypass (i.e., >150 cm)
- Endoscopic procedures (e.g., insertion of the StomaphyX device) as a primary bariatric procedure or as a revision procedure (i.e., to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches)
- Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as initial procedure followed by biliopancreatic diversion at a later time)
- Gastric balloon
- Intestinal bypass
- Bariatric surgery as a cure for type 2 diabetes

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable surgical benefits.

## CODING

**The following codes are covered for BlueCHiP for Medicare when medical criteria is met.**

- 43644** Laparoscopic gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenteroscopy (roux limb 150cm or less)
- 43645** Laparoscopic gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43770** Laparoscopic gastric restrictive procedure; placement of adjustable band
- 43775** Laparoscopic, surgical gastric restrictive bypass; longitudinal gastrectomy (i.e., sleeve gastrectomy)

- 43845 Gastric restrictive procedure, with partial gastrectomy; pylorus-preserving duodenoileostomy
- 43846 Gastric restrictive procedure, with gastric bypass ; with short limb (less than 150 cm) Roux-n-Ygastroenterostomy
- 43847 Gastric restrictive procedure, with gastric bypass for morbid obesity with small intestine reconstruction to limit absorption
- 43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device

**The following codes are covered for commercial products when medical criteria is met**

- 43644 Laparoscopic gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenteroscopy (roux limb 150cm or less)
- 43645 Laparoscopic gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43770 Laparoscopic gastric restrictive procedure; placement of adjustable band
- 43775 Laparoscopic, surgical gastric restrictive bypass; longitudinal gastrectomy (i.e., sleeve gastrectomy)
- 43842 Gastric restrictive procedure, without gastric bypass for morbid obesity; vertical banded gastroplasty
- 43845 Gastric restrictive procedure, with partial gastrectomy; pylorus-preserving duodenoileostomy
- 43846 Gastric restrictive procedure, with gastric bypass ; with short limb (less than 150 cm) Roux-n-Y gastroenterostomy
- 43847 Gastric restrictive procedure, with gastric bypass for morbid obesity with small intestine reconstruction to limit absorption
- 43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device

**The following codes are covered for all BlueCHiP for Medicare and Commercial products.**

**Preauthorization is not needed required.**

- 43771 Laparoscopic gastric restrictive procedure; revision of adjustable gastric band component
- 43772 Laparoscopic gastric restrictive procedure; removal of adjustable gastric band component
- 43773 Laparoscopic gastric restrictive procedure; removal and replacement of adjustable gastric band component
- 43774 Laparoscopic gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
- 43886 Gastric restrictive procedure, open, revision of subcutaneous port only
- 43887 Gastric restrictive procedure, open, removal of subcutaneous port only
- 43888 Gastric restrictive procedure, open, removal and replacement of subcutaneous port only

The following procedure is **not separately reimbursed** for all **BlueCHiP for Medicare and Commercial** products:

- S2083** Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline for all products.

**RELATED POLICIES**

None

**PUBLISHED**

Provider Update	Dec, 2013
Provider Update	Jan, 2013
Provider Update	Sept, 2011
Provider	Apr, 2011

Update	
Provider Update	Dec, 2009
Provider Update	Feb, 2009
Policy Update,	Dec, 2007
Policy Update,	Jul, 2007
Policy Update,	Jun, 2006
Policy Update,	Mar, 2001

## REFERENCES

Blue Cross and Blue Shield Association. Medical Policy Reference Manual: Bariatric Surgery. Policy # 7.01.47. Accessed 7/5/2012

[http://blueweb.bcbs.com/global\\_assets/special\\_content/medical\\_policy/policymanual/policy.html?pnum=70147](http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=70147).

The Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) for BARIATRIC SURGERY for Treatment of Morbid Obesity (100.1) Accessed 7/5/2012

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=57&ncdver=3&bc=AAAAgAAAAAAAA&>

The Centers for Medicare and Medicaid Services. Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2) June 27, 2012. Accessed 7/5/2012

[http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&ver=30&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+\(1st+Recon\)&bc=BEAAAAAAEAAA&&fromdb=true](http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&ver=30&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+(1st+Recon)&bc=BEAAAAAAEAAA&&fromdb=true)

Gastrointestinal Surgery for Severe Obesity. 2004. Weight Control Information Network. National Institute of Diabetes and Kidney Diseases. Retrieved on August 21, 2007 from NIDDK/NIH website:

<http://win.niddk.nih.gov/publications/gastric.htm>

Bariatric Surgery. Vol. 294 No. 15, October 19, 2005. Journal of American Medical Association. Retrieved on August 21, 2007 from JAMA website: <http://jama.ama-assn.org/cgi/content/full/294/15/1986>

National Institutes of Health. Consensus Development Conference Statement. March 25-27, 1991. Volume 9, Number 1. *Gastrointestinal surgery for severe obesity*. Retrieved on August 23, 2007 from NIH website:

<http://consensus.nih.gov/1991/1991GISurgeryObesity084PDF.pdf>

Santry, H.P., Gillen, D.L., Lauderdale, D.S. (2005). Trends in bariatric surgery procedures. *Journal of American Medical Association* 2005, 294(15):1909-17.

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