

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Bariatric Surgery-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	04/06/2001	Policy Last Updated:	6/15/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

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/m² or a body mass index (BMI) greater than 35 kg/m² with associated complications including, but not limited to, poorly controlled high blood pressure, diabetes, coronary artery disease, cardiopulmonary disease, significant degenerative disease of the weight-bearing joint, sleep apnea, obesity hypoventilation syndrome, or severe gastroesophageal reflux.

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/m², or greater than 35 kg/m² 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.

*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.

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.

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 produces 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.

Medical Criteria:

Prospective medical review is required for BlueCHIP for Medicare members and recommended for all other BCBSRI products.

Bariatric surgery is considered **medically necessary** for adult's ages 18 years and over, for all product lines when **ALL** of the following medical criteria are met:

- BMI of 40 or greater **or** BMI of 35 with at least one significant co-morbidity (e.g., high blood pressure, diabetes, etc.)
- Morbid Obesity present for at least 2 years
- No untreated metabolic/endocrine abnormalities
- Diagnosis of morbid obesity for 2 years
- Evidence that attempts at weight loss in past year have been unsuccessful (eg, Weight Watchers, Jenny Craig, etc.)
- Medically supervised weight loss program for 3 months (i.e., meet with a health care professional, such as an MD, midlevel practitioner, dietician or Certified Diabetes Outpatient Education specialist at least one time a month for 3 months.
- Pre-operative nutritional assessment & counseling
- Pre-operative psychological assessment
- Documentation that has not smoked in previous 6 months
- No active substance abuse or treatment for substance abuse in last 12 months

Bariatric surgery is considered **medically necessary** for seriously obese adolescents under the age of 18 years for all product lines **EXCEPT BlueCHIP for Medicare*** when **one** of the following medical criteria is met:

- BMI >40kg/m² with at least one serious obesity-related comorbidity that is poorly controlled **or**
 - BMI of 50kg/m² or greater with less severe comorbidities (e.g., high blood pressure, diabetes, etc.).
- AND**
- Untreated metabolic/endocrine abnormalities
 - Diagnosis of morbid obesity for 2 years
 - Evidence that attempts at weight loss in past year have been unsuccessful (eg, Weight Watchers, Jenny Craig, etc.)
 - Medically supervised weight loss program for 3 months (i.e., meet with a health care professional, such as an MD, midlevel practitioner, dietician or Certified Diabetes Outpatient Education specialist at least one time a month for 3 months.
 - Pre-operative nutritional assessment & counseling
 - Pre-operative psychological assessment
 - Not smoked in previous 6 months
 - Not treated for substance abuse in last 12 months

Criteria for repeat procedure must include the following: **Requires Preauthorization**

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

***NOTE:**

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations, and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature that demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ, however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offer more benefits than does Medicare).

Policy:

Medically necessary services:

The following procedures are considered **medically necessary for all commercial products** when the above criteria are met:

- Open gastric bypass with a short limb (150 cm or less) Roux-en-Y gastroenterostomy (**43846**); or
- Laparoscopic gastric bypass with a short limb (150 cm or less) Roux-en-Y gastroenterostomy (**43644**); or
- Laparoscopic adjustable gastric banding, (**43770**); or
- Open adjustable gastric banding, (**43999**); or
- Gastric restrictive vertical-banded gastroplasty, (**43842**); or
- Open (**43845**) and Laparoscopic biliopancreatic diversion with duodenal switch (**43659**)
- Open (**43999**) and Laparoscopic sleeve gastrectomy (**43775**).

Not medically necessary services:

BlueCHiP for Medicare only:

- Gastric restrictive vertical-banded gastroplasty, (**43842**)
- Laparoscopic sleeve gastrectomy (**43775**)
- Open sleeve gastrectomy (**43999**)

The following procedures are considered **not medically necessary for all BCBSRI products** as the literature does not support that these alternative procedures demonstrate both that they improved the net health outcome, and that the overall benefit/risk ratio for the procedure was at least as good as gastric bypass for relevant patient population.

- Gastric bypass using a Billroth II type of anastomosis, a.k.a. the mini-gastric bypass; and

- Laparoscopic vertical banded gastroplasty; and
- Gastric balloon; and
- Gastric restrictive procedure, without gastric bypass; other than vertical-banded gastroplasty
- Biliopancreatic bypass (i.e., the Scopinaro procedure) or
- Long-limb gastric bypass procedure (i.e., >150 cm)

As there are no specific CPT codes to describe the procedures above (unless noted), the provider should file with the **unlisted procedure code 43999**.

Coverage:

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

Coding:

The following codes are medically necessary for commercial products - **Prior authorization required**

43644
 43645
 43770
 43775
 43842 (not covered BC for Medicare)
 43845
 43846
 43847
 43999

BlueCHiP for Medicare - The following codes are not medically necessary:

43842
 43999

All BCBSRI products - The following revision/removal codes are considered medically necessary:

Prior authorization not required:

43771
 43772
 43773
 43774
 43848
 43886
 43887
 43888

As there are no specific CPT codes to describe the following procedures, the provider should file with the unlisted procedure code 43999.

- Gastric bypass using a Billroth II type of anastomosis, a.k.a. the mini-gastric bypass; and
- Open sleeve gastrectomy, **(do not file code 43843 for this procedure)**; and
- Laparoscopic vertical banded gastroplasty; and
- Gastric balloon.

The following procedure is **not separately reimbursed** for all BCBSRI products:

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

Please file the appropriate evaluation and management code when performing this service.

Also known as:

Bariatric surgery

Gastroplasty

Gastric bypass surgery

Obesity surgery

Published:

Policy Update, March 2001

Policy Update, June, 2006

Policy Update, July 2007

Policy Update, December 2007

Provider Update, February 2009

Provider Update, December 2009

Provider Update, April 2011

Provider Update, September 2011

References:

Blue Cross and Blue Shield Association. Medical Policy Referene Manual: Bariatric Surgery. Policy # 7.01.47. Last updated March 2009. Retrieved 8/14/2009 from http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=70147.

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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