

Medical and Behavioral Health Policy Manual

Section: Surgery

Policy Number: IV-19

Effective Date: 08/29/2011

BARIATRIC SURGERY

Description: Morbid obesity is associated with a reduction in life expectancy and significant co-morbid medical conditions. Surgical intervention is considered a form of risk reduction in morbidly obese patients with serious medical problems, although there is no long-term data to support survival benefit. The decision to undergo surgical intervention is shared by the physician and patient and is based on factors such as the patient's present weight, weight loss history, physical and mental readiness, patient expectations and motivation, all of which are determined by a qualified team of professionals with integrated knowledge of medicine, surgery, psychiatry, nutrition and exercise.

Bariatric surgeries may be generally categorized as follows:

Gastric reduction (restrictive) procedures

- Gastric bypass (Roux-en-Y gastroenterostomy (open or laparoscopic);
- Vertical banded gastroplasty (open or laparoscopic);
- Adjustable gastric banding;
- Mini-gastric bypass;
- Sleeve gastrectomy (open or laparoscopic);
- Endoluminal procedures (also referred to as endosurgical, endoscopic, or natural orifice).

Malabsorptive procedures

- Biliopancreatic bypass with duodenal switch (open or laparoscopic);
- Biliopancreatic bypass without duodenal switch;
- Long-limb gastric bypass.

Policy: The surgical treatment of morbid obesity may be considered **MEDICALLY NECESSARY** for patients who meet the following criteria:

1. The patient must have a Body Mass Index (BMI) of ≥ 40 . Patients with a BMI of 35-40 will be considered when there is documentation of a co-morbid condition, such as hypertension refractory to standard drug regimens, cardiovascular disease, degenerative joint disease, documented obstructive sleep apnea,

severe persistent asthma, or diabetes (See attached Body Mass Index [BMI] table at the end of this policy. This table was adapted from the NIH "Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults").

2. The condition of morbid obesity must be of at least two years duration. Because attempts to lose weight over this two-year time period may cause the patient's BMI to fluctuate around the required levels, the two-year time period will not necessarily start over, or be prolonged, but will be reviewed on a case-by-case basis.
3. The patient has participated in at least one medically-supervised attempt to lose weight within the past two years. The medically-supervised weight loss attempt(s) must include six (6) monthly medical visits over six (6) consecutive months with all visits under the direction of a medical doctor (MD or DO), physician's assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), or a registered dietitian supervised by an MD, DO, PA, NP, or CNS. The patient's participation in a structured weight loss regimen must be documented in the medical record by an attending physician who supervised the patient's progress. A physician's notation, alone, is not sufficient documentation. Documentation should include medical records indicating the patient's adherence to the current nutrition and exercise program and the provider's recommended changes to the nutrition and exercise program throughout the course of the medically-supervised weight loss regimen. Such documentation is necessary to establish the patient's ability to comply with the dietary and lifestyle changes necessary for maintaining weight loss following surgery.
4. The patient must be evaluated preoperatively by an eligible licensed mental health provider (i.e., licensed psychologist [Ph.D or M.A], licensed clinical social worker [LCSW], or licensed marriage and family therapist [LMFT]) to ensure the patient's ability to understand, tolerate and comply with all phases of care and to ensure a commitment to long-term follow-up requirements. The evaluation must also ensure that any psychiatric, chemical dependency, or eating disorder contraindications to the surgery have been ruled out. Documentation of this evaluation must be included in the prior authorization.
5. The physician requesting authorization for the surgery must confirm that the patient's treatment plan includes pre- and post-operative dietary evaluations.*

* Pre- and post-operative dietary evaluations are defined as evaluations conducted by a dietitian/nutritionist.

Surgical Procedures

The following surgical procedures may be considered **MEDICALLY**

NECESSARY in the treatment of morbid obesity when the previous criteria have been met:

- Open gastric bypass using a Roux-en-Y anastomosis with an alimentary or Roux limb of ≤ 150 cm;
- Laparoscopic gastric bypass using a Roux-en-Y anastomosis;
- Open vertical banded gastroplasty;
- Adjustable gastric banding, consisting of an adjustable external band placed around the stomach (i.e., Lap-Band[®] and REALIZE Band);
- Open or laparoscopic biliopancreatic bypass (i.e., Scopinaro procedure) with duodenal switch in patients with a BMI ≥ 50);
- Open or laparoscopic sleeve gastrectomy,

Any other surgical or minimally invasive procedures are considered **INVESTIGATIVE** as a treatment of morbid obesity, including but not limited to:

- Laparoscopic vertical banded gastroplasty; and
- Gastric bypass using a Billroth II type of anastomosis, known as the mini-gastric bypass;
- Biliopancreatic bypass (i.e., the Scopinaro procedure) without duodenal switch;
- Long-limb gastric bypass procedure (i.e., > 150 cm);
- Endoluminal (also called endosurgical, endoscopic, sclerosing endotherapy or natural orifice transluminal endoscopic) procedure as a primary bariatric procedure or as a revision procedure (e.g., to treat weight gain after bariatric surgery or to remedy large gastric stoma or large gastric pouches), by any method (e.g., insertion of the StomaphyX[™] device);
- Bariatric surgery (any procedure) solely as a cure for type 2 diabetes mellitus.

Re-operation Criteria:

Subsequent surgery for morbid obesity is subject to the previous criteria and the patient's contract benefits.

Coverage: **Pre-Certification/Pre-Authorization: Yes, for all bariatric surgery and revisions / reoperations.** Submitted documentation should address the patient selection criteria described above.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

00797 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass & Roux-en-Y gastroenterostomy (roux limb 150 cm or less)

43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass & small intestine reconstruction to limit absorption

43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band & subcutaneous port components)

43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only

43773 Laparoscopy, surgical, gastric restrictive procedure; removal & replacement of adjustable gastric restrictive device component only

43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device & subcutaneous port components

43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

43842 Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty

43843 Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty

43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy & ileoileostomy (50-100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)

43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-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 band (separate procedure)

43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy

43855 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy

43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy

43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

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 & replacement of subcutaneous port component only

HCPCS:

S2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

ICD-9 Procedure:

43.7 Partial gastrectomy with anastomosis to jejunum

43.82 Laparoscopic vertical (sleeve) gastrectomy

43.89 Other partial gastrectomy

44.31 High gastric bypass

44.38 Laparoscopic gastroenterostomy

44.39 Other gastroenterostomy without gastrectomy

44.5 Revision of gastric anastomosis

44.68 Laparoscopic gastroplasty

44.69 Other repair of stomach; other

44.95 Laparoscopic gastric restrictive procedure

44.96 Laparoscopic revision of gastric restrictive procedure

44.97 Laparoscopic removal of gastric restrictive device

44.98 Laparoscopic adjustment of size of adjustable gastric restrictive device

44.99 Other operations on stomach; other

45.51 Isolation of segment of small intestine

45.91 Small-to-small intestinal anastomosis

Deleted Codes: S2082, S2085

**Policy
History:****Medical and Behavioral Health****Policy Committee Review:**

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Coding Update February 8, 2010

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Revised May 11, 2011

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Coding Update October 21, 2011

Medical Policy**Committee Review**

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Revised May 12, 1999

Revised December 10, 2003

Revised May 12, 2004

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 Revised July 11, 2007
 Revised December 12, 2007 (Sclerosing endotherapy)
 Revised January 9, 2008 (REALIZE Band)

Medical Policy
Subcommittee Review
 Reviewed October 1, 1998
 Reviewed December 13, 2000
 Reviewed November 14, 2001
 Reviewed December 16, 2002

Cross Reference:

Excision of Redundant Skin, IV-24
 BMI Table

Body Mass Index Table																																																					
	Normal					Overweight					Obese					Extreme Obesity																																					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																	
Height (inches)	Body Weight (pounds)																																																				
58	91	98	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	249	253	258																	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276																	
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	249	254	259	264	269	275	280	285																	
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295																	
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	276	282	287	293	299	304																	
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314																	
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324																	
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334																	
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344																	
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	296	302	308	315	322	328	335	341	348	354																	
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365																	
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376																	
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	336	343	351	358	365	372	379	386																	
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397																	
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408																	
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																	
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																	
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																	

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

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