

# Medical Coverage Policy



## Bariatric Surgery

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	9/1/2011	Policy Last Updated:	11/01/2011
-----------------	----------	----------------------	------------

**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

Effective 9/1/2011, BCBSRI covers sleeve gastrectomies (open & laparoscopic) with prior authorization.

While Facets system is being updated if a claim denied providers may ask for an adjustment if an approval med note is in the system.

Legacy system has been updated to cover the procedure.

### 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/m<sup>2</sup> or a body mass index (BMI) greater than 35 kg/m<sup>2</sup> 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/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.

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 Gastrectomies.

Malabsorption procedures 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.

\*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.

#### **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 adults' 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 (e.g., 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/m/m.2 with at least one serious obesity-related co morbidity that is poorly controlled **or**
  - BMI of 50kg/m2 or greater with less severe co morbidities (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 (e.g., 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 and Laparoscopic biliopancreatic diversion with duodenal switch (**43845**)
- 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  
43845  
43846  
43847  
43999

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

43842  
43775  
43999 (for open sleeve gastrectomy)

All BCBSRI products - The following revision/removal codes are considered medically necessary:  
**Prior authorization not required:**

43771  
43772  
43773  
43774  
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 Reference 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?pnun=70147](http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnun=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.

**This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.**