



## Bariatric Surgery

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<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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### Enterprise Policy

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*Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.*

### Background

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Bariatric surgery is intended to provide weight loss sufficient to reduce morbidity and mortality risk and improve medical conditions when less invasive methods of weight loss, specifically physician supervised weight loss programs or obesity disease management programs, have not been successful. Per the Centers for Disease Control and Prevention (CDC), obesity is having a higher weight than what is considered healthy for a given height. Body Mass Index (BMI) is a screening tool used to determine obesity. BMI is reviewed as a factor to determine if a member qualifies for bariatric surgery. BMI is calculated by dividing member's weight (kilograms) by height (meters squared). (BMI = weight (kg) / height (m)<sup>2</sup>).

According to the World Health Organization (WHO), overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. The WHO states that body mass index (BMI) over 25 is considered overweight, and over 30 is obese.

The National Institute of Health has a BMI calculator that can be found at:

[https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)

### Criteria

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#### Commercial

Bariatric surgery, including revisions, are subject to specific member plan benefits. Bariatric surgery is not covered in plans without a benefit. All health plans with a bariatric surgery benefit **do not require prior authorization**; except for Billings Clinic Employee Health Plan (BCEHP) and Legacy Employee Health Plan (LEHP).

## Medicaid

PacificSource Community Solutions follows Ancillary Guideline A4 and Guideline Notes 8 of the OHP Prioritized List of Health Services for coverage of Bariatric Surgery.

## Medicare

PacificSource Medicare follows National Coverage Determination (NCD) 100.1 for coverage of bariatric surgery.

## Experimental/Investigational/Unproven

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PacificSource considers bariatric surgery to be experimental, investigational, or unproven when performed as primary treatment for any other indication than obesity (e.g., gastroparesis, intractable nausea, gallstones, urinary stress incontinence, gynecological abnormalities, osteoarthritis, idiopathic intracranial hypertension).

PacificSource considers the following procedures for treating obesity as experimental, investigational, or unproven:

- Implantable gastric stimulator/pacemaker
- Intra-gastric balloon procedures (e.g., Obalon Balloon System, ReShape Integrated Dual Balloon System)
- Laparoscopic mini-gastric bypass (LMGBP)/mini-gastric bypass (MGB)
- Silastic ring vertical gastric bypass (Fobi Pouch)
- Laparoscopy procedure, abdomen, peritoneum, and omentum;
- Laparoscopic gastric plication (also known as laparoscopic greater curvature plication [LGCP]), with or without gastric banding;
- Single-Anastomosis Duodenal Switch (also known as duodenal switch with single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS]);
- Single anastomosis duodeno-ileal bypass with sleeve gastrectomy
- Stomach aspiration therapy
- Transoral endoscopic surgery (includes TransPyloric Shuttle® (TPS® Device)
- Transoral gastroplasty (TG) (vertical sutured gastroplasty; endoluminal vertical gastroplasty; Gastrointestinal liners (endoscopic duodenal-jejunal bypass, endoscopic gastrointestinal bypass devices; (e.g., EndoBarrier and the ValenTx Endo Bypass System)
- Endoscopic sleeve gastroplasty
- Vagus nerve blocking (e.g., the VBLOC device, also known as the Maestro Implant or the Maestro Rechargeable System)

## Coding Information

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The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

### CPT Codes

- 43621 Gastrectomy, total; with Roux-en-Y reconstruction
- 43633 Gastrectomy, partial, distal; with Roux-en-Y reconstruction
- 43644 Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb < 150 cm)
- 43645 Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction (Roux Limb >= 150 cm)
- 43659 Unlisted Proc, Laparoscopy, Stomach
- 43770 Laparoscopy, surg, gastric restrictive procedure; placement of adjustable gastric band
- 43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
- 43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
- 43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
- 43774 Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
- 43775 Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)
- 43842 Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
- 43843 Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty
- 43845 Gastric Stapling Morbid Obesity
- 43846 Gastric Restrictive Procedure, W/Gastric Bypass, Morbid Obesity; W/Short Limb Roux-En-Y Gastroenterostomy
- 43847 Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
- 43848 Revision, Gastric Restrictive Proc, Morbid Obesity (Sep Proc)
- 43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open
- 43882 Revision or removal of gastric neurostimulator electrodes, antrum, open

- 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
- 43999 Unlisted procedure, stomach
- 49999 Unlisted procedure, abdomen, peritoneum and omentum
- 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
- 64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
- 0312T Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator
- 0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
- 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
- 0315T Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
- 0316T Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
- 0317T Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed

### HCPCS Code

S2083 Adjustment gastric band

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 HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

### Related Policies

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New and Emerging Technologies - Coverage Status

Utilization Management Clinician Determinations of Non-Coverage

### References

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## Appendix

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**Policy Number:**

**Effective:** 7/1/2020

**Next review:** 9/1/2023

**Policy type:** Enterprise

**Author(s):**

**Depts:** Health Services

**Applicable regulation(s):** Guideline Note 8 of the OHP Prioritized List of Health Services, NCD 100.1

**Commercial Ops:** 9/2022

**Government Ops:** 9/2022