



## 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 determination 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 or weight loss 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.

The American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS) combined their respective national bariatric surgery accreditation programs into a single unified program to achieve one national accreditation standard for bariatric surgery centers, the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

To review facility accreditation please use MBSAQIP link (found below in the authorization for surgery section)

### Criteria

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#### Commercial

**Prior authorization by PacificSource Health Services is required for bariatric surgery.**

Payment of claims for any services related to bariatric surgery and the prescreening phase are based solely on member's contract benefit. Depending on the contract benefit, the member may be responsible for significant out-of-pocket costs for bariatric surgery and related services, pre-screening early in the process is recommended to help the member know whether they meet preliminary PacificSource criteria necessary to proceed with a bariatric surgery evaluation.

Member may be referred to case management early in the screening phase to help the member understand their benefits and the required criteria related to bariatric surgery.

## Prior Authorization

Bariatric surgery requires two separate prior authorizations: one for the pre-surgical evaluation and one for the bariatric surgery procedure itself. If a separate procedure (such as IVC filter placement for prevention of a PE or DVT) is required as part of the pre-surgical preparation, they will be considered as a part of the bariatric/obesity surgical benefit.

### Authorization for Pre-Surgical Evaluation Phase

Unless otherwise defined by the benefit plan, **all** of the following criteria must be met before the member can be considered for a bariatric surgery evaluation.

- Is at least 18 years of age; **and**
- Does not have another medically or surgically correctable cause for the obesity, such as a medically treatable endocrine disorder; **and**
- Obesity with a body mass index greater than thirty-five (BMI>35) has been present for at least 5 years and is documented in medical records or by physician written statement; **and**
- Bariatric surgery is recommended or supported by the primary care provider or an attending physician who does not perform bariatric surgery; **and**
- Active participation in a structured, medically-supervised, non-surgical weight loss program  
Program may be administered as part of the surgical preparative regimen  
Program may be supervised by surgeon who will perform the surgery, another physician, NP, or PA who may also be the member's primary healthcare provider

The program meets all of the following criteria:

- Occurs during at least 6 consecutive months within the 24 months prior to the request for surgery;
- Documents either weight loss or no further weight gain by the end of the 6 month program. A summary letter does not constitute sufficient documentation.
- Includes medical record documentation of weight, blood pressure and pertinent clinical data.
- Includes nutrition and dietary counseling/therapy, physical activity, and behavioral modification components. A comprehensive commercial program such as Weight Watchers, Jenny Craig, or a PacificSource sponsored weight management program may be an acceptable program component, though such programs and patient progress must be closely monitored by the healthcare provider providing the medical oversight; **and**
- The patient has a BMI of 40 or greater; **or**
- The patient has a BMI of 35 or greater and a clinically serious condition related to obesity, to include at least **ONE** of the following:
  - Hypertension inadequately controlled with optimal medical management, that is BP consistently >140/90, or
  - Nonalcoholic fatty liver disease, or
  - Diabetes, Type II, poorly controlled, as evidenced by HgbA1C >7, or
  - Metabolic Syndrome: The American Heart Association and the National Heart, Lung, and Blood Institute recommend that metabolic syndrome be identified as the presence of three or more of these components:

Elevated waist circumference:

Men - equal to greater than 40 inches (102 cm)

Women - Equal to or greater than 35 inches (88 cm)

Elevated triglycerides:

Equal to or greater than 150 mg/dL

Reduced HDL ("good") cholesterol:

Men - Less than 40 mg/dL

Women - Less than 50 mg/dL

Elevated blood pressure:

Equal to or greater than 130/85 mm Hg

Elevated fasting glucose:

Equal to or greater than 100 mg/dL, or

- Severe degenerative joint disease or other musculoskeletal condition with medical documentation that the condition significantly interferes with activities of daily living, **or**
- Obstructive sleep apnea (OSA) not well controlled with treatment
- Dyslipidemia uncontrolled with optimal medical management, **or**
- Severe cardiopulmonary condition (e.g. ischemic cardiovascular disease or pulmonary hypertension.)

### **BMI Calculation**

- BMI is calculated by dividing the patient's weight (in kilograms) by height (in meters) squared.
  - $BMI = \text{weight (kg)} * [\text{height (m)}]^2$
- To convert pounds to kilograms, multiply pounds by 0.45. To convert inches to meters, multiply 0.0254.
- Online resource to calculate BMI, National Institute of Health site.  
<http://www.nhlbisupport.com/bmi/bmicalc.htm>

### **Authorization for surgery when all of the following criteria are met:**

1. Member has a pre-surgical evaluation that includes all of the following components:
  - Nutritional/dietary assessment by a registered dietician, **and**
  - Psychological assessment of the patient's ability to understand and adhere to the program, pre-and post-operatively by a mental health professional. The assessment must include an assessment of any diagnosable mental health condition that might impact treatment uncontrolled depression, active substance abuse, bipolar disorder, **and**
  - Medical work-up/clearance that includes assessment of patient's capability and safety of undergoing the procedure, **and**
  - Documentation from the operating surgeon that the patient understands the surgical procedure chosen and potential risks, and is willing to comply with preoperative and postoperative treatment plans, **and**
2. Surgery will be performed at an accredited bariatric surgery center by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

<https://www.facs.org/search/bariatric-surgery-centers>

3. Documentation of ongoing active participation in a structured, medically-supervised, non-surgical weight loss program for a minimum of 6 months with the past 24 months as described in the "Authorization for the Pre-Surgical evaluation Phase" section above unless this was

completed in the pre-surgical evaluation phase.

4. The member does not have contraindications to bariatric surgery as listed below:

**Contraindications to Bariatric Surgery include but are not limited to:**

- Perioperative risk of cardiac complications
- Poor myocardial reserve (i.e., EF < 35)
- Significant chronic obstructive pulmonary disease or respiratory dysfunction
- Non-compliance with medical treatment
- Psychological disorders that can limit an individual's understanding of the procedure or ability to comply with medical/surgical recommendations
- Significant eating or gastrointestinal disorder (e.g. bulimia, Prader-Willi Syndrome, gastric motility disorders)

If the patient meets the defined criteria for bariatric surgery and has a contract benefit available, the following procedures are covered:

- **Gastric bypass using Roux-en-Y anastomosis** (open and laparoscopic) (CPT 43846, open; 43644, laparoscopic)
  - Gastric bypass (Roux-en-Y) surgery involves creation of a small stomach pouch by stapling the stomach. This causes food intake restriction. A Y-shaped section of the small intestine is attached to the stomach pouch to allow food to bypass the duodenum and the first portion of the jejunum. This causes reduced calorie and nutrient absorption.
- **LAP-BAND (BioEnterics) or REALIZE (Ethicon Endo-Surgery)** –laparoscopic adjustable gastric banding (CPT 43770) - In a LAP-BAND procedure, a silicone band is used to create a small pouch for the purpose of restricting food intake. The band is hollow and attached to tubing, connecting to an externally accessible port. This port allows for postoperative decreasing or increasing of the pouch/stoma, by adding or removing saline, which in turn changes the size of the band. This procedure does not surgically alter the structure of the stomach, and is more easily reversible than the Roux-en-Y or biliopancreatic diversion with duodenal switch procedures.
- **Biliopancreatic diversion** - open and laparoscopic - with duodenal switch may be considered by the Medical Director on an individual basis for those who are not anatomically appropriate for other procedures. (CPT 43845 - open and laparoscopic)
  - A biliopancreatic diversion with duodenal switch procedure, (BPD/DS,) is considered to be a malabsorptive procedure. A portion of the stomach is removed, (approximately 70 %,) and the pyloric valve, which regulates the release of contents from the stomach into the small intestine, is preserved. The remaining stomach is fashioned like a small tube and remains attached to the duodenum. The duodenum is divided near the pyloric valve. The intestine is sewn to the end of the duodenum which remains in continuity with the stomach. The other side of the duodenum is attached to the large intestine to transport all the bile and pancreatic secretions. It is called the common channel where contents from these two segments mix in the large intestine. This allows food to bypass part of the small intestine so that fewer nutrients and calories are absorbed.
- **Sleeve gastrectomy** —open and laparoscopic (CPT 43775 Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy))
  - A sleeve gastrectomy consists of a laparoscopic partial gastrectomy, in which the majority of the greater curvature of the stomach is removed and a tubular stomach is created. The tubular stomach is small in its capacity (restriction), resistant to stretching

due to the absence of the fundus, and has few ghrelin-producing cells (a gut hormone involved in regulating food intake). (Up-to-Date)

## Exclusions

The following procedures are excluded from coverage as not medically necessary or investigational for weight loss as there is inadequate clinical evidence supporting medical safety and efficacy:

- Open and laparoscopic vertical banded gastroplasty (stomach stapling) (CPT 43842)
- Open adjustable gastric banding
- Open vertical band procedure (CPT 43842)
- Implantable gastric stimulator/pacemaker (CPT 43659, 43999, 95980-95982; HCPC code S2213)
- Balloon procedures (CPT 43999)
- Laparoscopic loop or “mini-gastric bypass” (no specific CPT code but may bill with 43999)
- Biliopancreatic bypass procedure (Scopinaro procedure) (CPT 43847, 43645)
- Distal (long-limb) Gastric bypass (Roux or alimentary limb >150cm. (CPT 43847)
- Silastic ring vertical gastric bypass (Fobi Pouch)
- Unlisted CPT procedure codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum, and omentum); and 43843 gastric restrictive procedure, without gastric bypass, other than vertical banded gastroplasty.

## Medical complications

Surgery to correct complications, including necessary revisions, are covered only for significant health-jeopardizing conditions or outcomes related to the bariatric surgery, for example, bleeding, ulcerations, infection, gastric or bowel obstruction, anastomotic leaks, band erosion or slippage of the gastric band resulting in obstruction.

## Revisions

All revision requests require prior authorization.

Revisions deemed appropriate for staple line breakdowns, simple band slippage, or modifications without adverse medical complications are covered. Member must have a current bariatric surgery benefit.

CODE	DESCRIPTION
HCPCS S2083	lap band adjustment via subcutaneous port by injection or aspiration of saline
00797	Anesthesia, intraperitoneal Procedure, Upper Abdomen, with /laparoscopy; Gastric Restriction, Morbid obesity
43644	Laparoscopy, gastric bypass and Roux-en-Y gastroenterostomy (150 cm or less)

43645	Laparoscopy, gastric restrictive procedure, with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopic procedure, stomach
43770	Laparoscopy, gastric restrictive procedure, placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Revision of adjustable gastric band
43772	Removal of adjustable gastric band
43773	Removal and replacement of adjustable gastric band restrictive device component only
43774	Removal of adjustable gastric band and subcutaneous port components
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)
43842	Gastric restrictive procedure, without gastric bypass, vertical banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, other than vertical banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus preserving (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass, with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure, other than adjustable band
43886	Gastric restrictive procedure, open, revision of subcutaneous port
43887	Gastric restrictive procedure, open, removal of subcutaneous port
43888	Gastric restrictive procedure, open, removal and replacement of subcutaneous port

### Associated Surgeries not Covered

Panniculectomy or other excess skin removal surgery after bariatric surgery

- Ventral and incisional hernia, unless there is documentation of significant risk for incarceration
- Re-do procedures due to breakdown of original sutures, staples, restrictive device, or non-obstructing slippage of device.
- Reduction mammoplasty unless medical necessity criteria are met.
- Cholecystectomy in the absence of signs or symptoms of gallbladder disease
- Liver biopsy in the absence of signs or symptoms of liver disease (e.g., elevated liver enzymes, enlarged liver)
- Herniorrhaphy for an asymptomatic hiatal or paraesophageal hernia
- Any cosmetic/body contouring procedures.

### Medicare

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

## Medicaid

PacificSource Medicaid follows Guideline Note 8 of the OHP Prioritized List of Health Services for coverage of Bariatric Surgery.

## Related Policies

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Case Manager Determinations on Non-Coverage

New and Emerging Technologies\_ Coverage Status

Reduction Mammoplasty

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## Appendix

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