



## Bariatric Surgery

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State(s):

Idaho  Montana  Oregon  Washington  Other:

LOB(s):

Commercial  Medicare  Medicaid

## 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.

Body Mass Index (BMI) is reviewed to determine if a member qualifies for bariatric surgery. BMI is calculated by dividing the patient's weight (in kilograms) by height (in meters) squared ( $BMI = \text{weight (kg)} * [\text{height (m)}]^2$ ). 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)

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 accreditation, see MBSAQIP link: <https://www.facs.org/search/bariatric-surgery-centers>.

## Criteria

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### Commercial

Bariatric surgery, including revisions, are subject to specific member plan benefits. Bariatric treatment is not covered for plans without a benefit. Except for BCEHP and LEHP, all plans with a bariatric treatment benefit do not require prior authorization.

PacificSource considers bariatric surgery not medically necessary 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 excluded from coverage as not medically necessary or to be experimental, investigational, or unproven:

- Implantable gastric stimulator/pacemaker (CPT 43881);
- Intra-gastric balloon procedures (e.g., Obalon Balloon System, ReShape Integrated Dual Balloon System) (no specific CPT code -may bill with 43999);
- Laparoscopic mini-gastric bypass (LMGBP)/mini-gastric bypass (MGB) (no specific CPT code - may bill with 43999);
- Silastic ring vertical gastric bypass (Fobi Pouch) (no specific CPT code -may bill with 43999);
- Laparoscopy procedure, stomach (unlisted procedure CPT 43659);
- Open procedure, stomach (unlisted procedure CPT 43999);
- Laparoscopy procedure, abdomen, peritoneum, and omentum (unlisted procedure CPT 49329);
- 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 (AspireAssist®);
- Transoral endoscopic surgery (includes TransPyloric Shuttle® (TPS®) Device)
- Transoral gastroplasty (TG) (vertical sutured gastroplasty; endoluminal vertical gastroplasty; endoscopic sleeve gastroplasty);
- Vagus nerve blocking (e.g., the VBLOC device, also known as the Maestro Implant or the Maestro Rechargeable System);
- Gastrointestinal liners (endoscopic duodenal-jejunal bypass, endoscopic gastrointestinal bypass devices; (e.g., EndoBarrier and the ValenTx Endo Bypass System);
- Endoscopic gastroplasty.

## Medicaid

PacificSource Community Solutions follows Guideline Note 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.

## 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

- 00797 Anesthesia, Intraperitoneal Proc, Upper Abdomen, W/Laparoscopy; Gastric Restrict, Morbid Obesity
- 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)
- 43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or bowel resection; without 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 and replacement of subcutaneous port component only

## HCPCS Code

S2083 Adjustment gastric band

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

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: 9/1/2022

**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:** 10/2021

**Government Ops:** 9/2021