



## Bariatric Surgery

---

<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	<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:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
--	---

## Enterprise Policy

---

*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

---

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, such as physician supervised weight loss programs or obesity disease management programs, have not been successful.

According to the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), obesity is having a higher weight than what is considered healthy for a given height. Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. Body Mass Index (BMI) is a screening tool used to determine obesity. The WHO states that body mass index (BMI) over 25 is considered overweight, and over 30 is obese. BMI is calculated by dividing member's weight (kilograms) by height (meters squared). (BMI = weight (kg) / height (m)<sup>2</sup>).

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

---

### 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 Note 8 of the OHP Prioritized List of Health Services for coverage of Bariatric Surgery, and Guideline Note 173 of the OHP Prioritized List of Health Services for Code 43290 as Insufficient evidence of effectiveness and Codes 43770, 43842, 43843, 43845, 43886, 43887, and 43888 as No evidence of effectiveness.

## Medicare

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

## Experimental/Investigational/Unproven

---

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)
- 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

---

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.

- C9784 Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
- C9785 Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
- S2083 Adjustment gastric band
- 43290 Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
- 43291 Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
- 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)
- 43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
- 43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
- 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 (i.e., 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

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

---

New and Emerging Technologies - Coverage Status

Utilization Management Clinician Determinations of Non-Coverage

## References

---

Albaugh, V. L., & Abumrad, N. N. (2018). Surgical treatment of obesity. *F1000Research*, 7, F1000 Faculty Rev-617. Accessed 8/7/2023. <https://doi.org/10.12688/f1000research.13515.1>.

An, S., Park, H. Y., Oh, S. H., Heo, Y., Park, S., Jeon, S. M., & Kwon, J. W. (2020). Cost-effectiveness of Bariatric Surgery for People with Morbid Obesity in South Korea. *Obesity surgery*, 30(1), 256–266. <https://doi.org/10.1007/s11695-019-04122-w>

Centers for Medicare and Medicaid Services (CMS). (June 27, 2012). Decision Memo: for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2). Available at: <https://www.cms.gov/medicare-coverage-database/view/ncaal-decision-memo.aspx?proposed=N&ncaid=266&>

Hayes Knowledge Center. (March 16, 2022). Health Technology Assessment: Intra-gastric Balloons for Treatment of Obesity. Available at: <https://evidence.hayesinc.com/report/dir.intra-gastric3509>

Hayes Knowledge Center. (May 9, 2022). Evolving Evidence Review: OverStitch Endoscopic Suturing System (Apollo Endosurgery Inc.) for Endoscopic Sleeve Gastroplasty. Available at: <https://evidence.hayesinc.com/report/eer.overstitch3341>

Health Evidence Review Commission (HERC) Coverage Guidance: Metabolic and Bariatric Surgery. (October 6, 2016). Available at: <https://www.oregon.gov/oha/HPA/DSI-HERC/EvidenceBasedReports/Metabolic-and-Bariatric-Surgery-CG.pdf>

O'Brien, P. E., Hindle, A., Brennan, L., Skinner, S., Burton, P., Smith, A., Crosthwaite, G., & Brown, W. (2019). Long-Term Outcomes After Bariatric Surgery: a Systematic Review and Meta-analysis of Weight Loss at 10 or More Years for All Bariatric Procedures and a Single-Centre Review of 20-Year Outcomes After Adjustable Gastric Banding. *Obesity surgery*, 29(1), 3–14. <https://doi.org/10.1007/s11695-018-3525-0>

Washington State Health Care Authority (HCA). (July 10, 2015). Health Technology Assessment (HTA): Bariatric Surgery. Accessed 8/12/2022. Available at: <https://www.hca.wa.gov/about-hca/health-technology-assessment/bariatric-surgery>

## Appendix

---

**Policy Number:**

**Effective:** 7/1/2020

**Next review:** 9/1/2024

**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:** 9/2023

**Government Ops:** 9/2023