Surgical treatment of obesity involves reducing functional gastric capacity and modifying intestinal anatomy to restrict caloric intake and/or induce malabsorption. Various surgical procedures intended for the treatment of morbid obesity have been developed, including combined restrictive and malabsorptive bariatric surgery (gastric bypass), gastric restrictive surgery and gastric malabsorption (biliopancreatic diversion) surgery.

**Combined restrictive and malabsorptive bariatric surgery:** Roux-en-Y gastric bypass (RYGB) is the most commonly performed bariatric surgery in the United States, combining both gastric restrictive and malabsorptive effects. The procedure may be performed by open surgical or laparoscopic techniques that involve partitioning the stomach and attaching a limb of the intestine to a very small gastric pouch, thereby bypassing the remaining stomach and first segment of the small intestine. The level of restriction results from gastric partitioning and accounts for most of the weight loss and maintenance.

**Gastric restrictive surgery:** Adjustable gastric banding (adjustable silicone gastric banding), vertical banded gastroplasty and sleeve gastrectomy (vertical sleeve gastrectomy, longitudinal gastrectomy) are gastric restrictive procedures that decrease gastric capacity without intestinal modification and may be performed by open surgical or laparoscopic techniques.

- **Gastric banding** procedures are reported to induce early satiety resulting in reduced food intake and consequent weight loss. Adjustable gastric banding involves placement of an inflatable band around the upper portion of the stomach to create a small gastric pouch. An expandable balloon is in the center of the inflatable band. Adjustments are made by adding or removing saline (inflating or deflating the balloon) through an access port securely attached beneath the skin. Lifelong maintenance is required for the band and port.

- **Vertical banded gastroplasty** involves vertical division of the stomach and stapling of a band around the top portion of the stomach to decrease its size.

- **Sleeve gastrectomy,** usually performed laparoscopically, involves resection of a large portion of the stomach with the remaining small portion of the stomach taking the shape of a tube or “sleeve.”

**Gastric malabsorption surgery:** Gastric malabsorptive procedures limit the amount of absorbed nutrients by removing or bypassing a portion of the intestinal tract. Biliopancreatic bypass, biliopancreatic bypass with a duodenal switch and long
limb gastric bypass are examples of malabsorptive procedures reported to induce weight loss by decreasing the absorption of ingested nutrients.

Morbid obesity, defined as body mass index (BMI) $\geq 40$ kg/m$^2$, is often associated with significant medical complications such as coronary artery disease, diabetes mellitus, obstructive sleep apnea, hypertension and premature death. Initial treatment of morbid obesity may include a combination of dietary and lifestyle changes. Although such strategies can be effective and result in significant weight loss, individuals may regain excess weight over time. When conventional measures fail, a surgical approach may be considered to induce weight loss. A 1991 National Institutes of Health (NIH) Consensus Conference defined suitable surgical candidates as individuals with a BMI $\geq 40$ kg/m$^2$ or BMI $\geq 35$ kg/m$^2$ in conjunction with significant medical comorbidities.

**Medical Necessity:**

I. **Restrictive and/or malabsorptive bariatric surgery:** The Company considers restrictive and/or malabsorptive bariatric surgery (CPT Codes 43644, 43645, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Age $>18$ years or minimum Tanner stage of 4; and
- Severe, clinical obesity defined as at least one of the following:
  1. BMI $\geq 40$ kg/m$^2$; or
  2. BMI $\geq 35$ kg/m$^2$ with medical record documentation of high-risk comorbid clinical conditions including at least one of the following (presence and extent of comorbidities will be determined based upon review of medical record documentation):
    a. Clinically significant cardiopulmonary problems (e.g., hypertension, sleep apnea, Pickwickian syndrome, obesity-related cardiomyopathy); or
    b. Diabetes mellitus; or
    c. Physical problems severely interfering with function (e.g., joint disease that would be treatable except for the obesity or body size problems; employment or ambulation precluded by obesity); AND

- Documented compliance with 6 months of a medically supervised (i.e., physician, certified nurse practitioner) weight loss program within 24 months preceding the request for bariatric surgery; and
- Evaluation by licensed psychologist or psychiatrist indicating no behavioral health factors precluding a successful outcome of gastric bypass surgery, does not have a major uncontrolled psychiatric disorder, and is able to comply with the recommended medical/surgical preoperative and postoperative treatment plans; and
- Medical clearance to proceed with surgery from appropriate specialties related to existing comorbid disease states; and
• Information regarding probable and potential postoperative complications, dietary, and medical postoperative limitations, and potential cosmetic sequelae has been received by the individual; and
• Medical record documentation supports all of the above criteria and includes dated weight measurements ≥12 months preceding the application for surgery;

AND

At least one of the following clinical conditions is present:

• Obesity, unspecified
• Morbid obesity

NOTE: If a patient loses sufficient weight to fall below the BMI cutoff due to participation in a qualifying weight-loss program, but still exhibits severe, high-risk obesity-related comorbidities, that patient may be eligible for bariatric surgery.

Bariatric surgery used for treatment of type 2 diabetes mellitus in individuals with BMI <35 kg/m² without meeting other bariatric surgery eligibility criteria is considered investigational and not eligible for reimbursement.

The Company considers aspiration therapy, endoscopic closure or restrictive device, or laparoscopic gastric plication (CPT Codes 43659††, 43999††, and applicable ICD-10 PCS Codes) for treatment of obesity investigational and not eligible for reimbursement.

The Company considers all other bariatric surgical procedures (CPT Codes 43659†††, 43999†††, and applicable ICD-10 PCS Codes) for treatment of obesity investigational and not medically necessary and not eligible for reimbursement including, but not limited to, the following:

• Intragastric balloon; or
• Loop gastric bypass; or
• Mini-gastric bypass (laparoscopic mini-gastric bypass).

Benefits for investigational services are subject to each specific benefit plan.

II. Subsequent bariatric surgery procedures:

A. Surgical revision or reversal (“take down”) to correct complications: The Company considers surgical revision or reversal to correct complications medically necessary and eligible for reimbursement when the following medical criterion is met:

• Surgery is to correct documented clinically significant complications (e.g., obstruction, stricture, band slippage, dehiscence, anastomotic leak, marginal ulceration, malnutrition, short guy syndrome) of previous bariatric surgery procedure.
B. **Surgical conversion from a non-bypass procedure to a gastric restrictive with gastric bypass (e.g., Roux-en-Y) procedure:** The Company considers surgical conversion from a non-bypass procedure to a gastric restrictive with gastric bypass procedure **medically necessary** and eligible for reimbursement when *all* of the following medical criteria are met:

- Primary bariatric surgery performed >24 months earlier; and
- Primary bariatric surgery resulted in weight loss <50% of excess body weight (EBW)† † † † from date of the primary bariatric surgery, or current weight >30% above ideal body weight (IBW)† †† ††; and
- Documented full compliance with prescribed postoperative diet, exercise and behavior modification programs (since primary bariatric surgery procedure); and
- Body weight has plateaued during previous 60 days; and
- Medical necessity criteria for bariatric surgery are met; and
- Medical record documentation includes all of the following:
  1. Medical necessity of the primary bariatric surgery; and
  2. Progression of weight loss beginning from date of the primary bariatric surgery.

III. **Gastric band adjustment:** The Company considers gastric band adjustment (CPT Codes 43659† † † † † †, 43999† † † † †, HCPCS Code S2083 and ICD-10-PCS Code(s)) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Adjustment is not within the 90-day global surgical period. Adjustments performed within the 90-day global surgical period are included in reimbursement for the procedure and not reimbursed separately; and
- Following the 90-day global surgical period:
  1. Maximum of six adjustments are allowed during the first year after surgery for which prior approval is not required; and
  2. Following the first year after surgery, one adjustment per calendar year is allowed for which prior approval is not required; and
  3. Additional adjustments require prior approval. Medical record documentation should include history of body weight, gastric band adjustments (date, quantity of fluid instilled or removed), diet and exercise program compliance since surgery, and at least one of the following:
     a. Body weight has plateaued or increased despite appropriate diet and exercise over the previous six months and further weight loss is likely; or
     b. Restrictive symptoms (e.g., heartburn, vomiting, cough, wheezing, choking).

**Limitations for gastric band adjustment:** The Company considers gastric band adjustment for any of the following **not medically necessary** and not eligible for reimbursement:

- Frequency of adjustments exceed criteria as outlined above; or
- Performed for convenience (e.g., travel).
Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.

NOTE: A physician’s written letter briefly summarizing a lengthy interval of care (weights, history of previous weight loss programs, etc.), is not considered optimal documentation and may result in denial.

NOTE: The Company considers herniorrhaphy performed for the repair of a hiatal hernia at the time of the primary bariatric procedure to be integral to the procedure and not separately reimbursable. The Company considers upper gastrointestinal endoscopy performed concurrent with a bariatric surgery procedure to confirm a surgical anastomosis or to establish anatomical landmarks to be an integral part of the more comprehensive surgical procedure and not separately reimbursable.

NOTE: When undertaken for indications other than obesity or to achieve improvements in other conditions that benefit from weight loss (e.g., GERD, diabetes, etc.), the procedures detailed in this corporate medical policy are still subject to any benefit limitations or exclusions for weight loss interventions.

Prior approval is required for CPT Codes 43644, 43645, 43659††††, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999††††, HCPCS Code S2083 and applicable ICD-10-PCS Codes.

†6 months of participation in a Weight Watchers® program within 24 months preceding the request for bariatric surgery (with ≥3 visits to a physician or certified nurse practitioner to document weight during that period) satisfies this requirement.

††When unlisted laparoscopy procedure, stomach (CPT Code 43569) or unlisted procedure, stomach (CPT Code 43999) is determined to be aspiration therapy, endoscopic closure or restrictive device, or laparoscopic gastric plication.

†††When unlisted laparoscopy procedure, stomach (CPT Code 43569) or unlisted procedure, stomach (CPT Code 43999) is determined to be intragastric balloon, loop gastric bypass, or mini-gastric bypass.
Excess body weight is defined as the amount of body weight exceeding BMI 25 kg/m². BMI is calculated based on height and weight, regardless of sex; normal body weight is defined as a BMI 18.5–24.9 kg/m². Ideal body weight, based on sex and height, is calculated as: (male) 106 lb for the first 5 ft + 6 lb for each additional inch; (female) 100 lb for the first 5 ft + 5 lb for each additional inch. To calculate percent overweight, the difference between the actual weight and the ideal weight is divided by the ideal weight, then times 100.

When unlisted laparoscopy procedure, stomach (43569) or unlisted procedure, stomach (43999) is determined to be additional gastric band adjustments.
Sources of Information:

- American Society for Metabolic and Bariatric Surgery.
- Centers for Medicare & Medicaid Services.
  - Bariatric surgery for treatment of morbid obesity (100.1). National coverage determination. Effective date
Medical Policy

September 24, 2013.

  - Endomechanical Staple Devices for Bariatric Surgery. (February 7, 2019).
  - Endoscopic Sleeve Gastroplasty for Treatment of Morbid Obesity. (June 11, 2019).

**Applicable Code(s):**

- **CPT:** 43644, 43645, 43659, 43770, 43771, 43773, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43888, 43999

- **HCPCS:** S2083

- **ICD10 Procedure Codes:** 0D16079, 0D1607A, 0D1607B, 0D1607L, 0D1609J, 0D160JA, 0D160JB, 0D160JL, 0D160K9, 0D160KA, 0D160KB, 0D160KL, 0D160Z9, 0D160ZA, 0D160ZB, 0D160ZL, 0D16479, 0D1647A, 0D1647B, 0D1647L, 0D1649J, 0D164JA, 0D164JB, 0D164JL, 0D164K9, 0D164KA, 0D164KB, 0D164KL, 0D164Z9, 0D164ZA, 0D164ZB, 0D164ZL, 0D16879, 0D1687A, 0D1687B, 0D1687L, 0D1689J, 0D168JA, 0D168JB, 0D168JL, 0D168K9, 0D168KA, 0D168KB, 0D168KL, 0D168Z9, 0D168ZA, 0D168ZB, 0D168ZL, 0DB60Z3, 0DB60ZZ, 0DB63Z3, 0DB63ZZ, 0DB64Z3, 0DB67Z3, 0DB67Z2, 0DB68Z3, 0DQ64ZZ, 0DV64CZ, 0DV67DZ, 0DV68DZ, 0DW643Z, 0DW64CZ, 3E0G3GC