Bariatric Surgery

<table>
<thead>
<tr>
<th>Type:</th>
<th>Policy Specific Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity and Investigational / Experimental</td>
<td>Surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Policy Date:</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 14, 1970</td>
<td>June 28, 2013</td>
</tr>
</tbody>
</table>

Definitions of Decision Determinations
Click here to view the appendix for this policy and for the definitions of Medical Necessity and Experimental or Investigational.

Description

Bariatric surgery is performed for the treatment of morbid obesity (also known clinically as severe obesity). Morbid obesity is defined as a body mass index (BMI) greater than 40.0 kg/m². Alternatively, bariatric surgery may also be performed for a BMI greater than 35 kg/m² with associated complications including, but not limited to, diabetes, hypertension, coronary artery disease, or obstructive sleep apnea (National Institute of Health, 1991). Bariatric surgery falls into two general categories:

- Gastric restrictive procedures which create a small gastric pouch resulting in weight loss by producing early satiety and thus decreasing dietary intake
- Malabsorptive procedures which limit the absorption of calories and nutrients by altering the way food moves through the intestinal tract

Some bariatric procedures may include both a restrictive and a malabsorptive procedure.

Policy

Bariatric Surgical Consultation
A bariatric surgical consultation is considered **medically necessary** for patients with a body mass index (BMI) $\geq 40.0$ kg/m$^2$ or a BMI $\geq 35.0$ kg/m$^2$ and $< 40.0$ kg/m$^2$ with at least one significant obesity-related disease complication which has failed to be controlled with medical management.

**Bariatric Surgical Procedures**

The following bariatric surgical procedures are considered **medically necessary** when meeting the criteria listed below:

- Open or Laparoscopic Gastric Restrictive Procedures with a Roux-en-Y Gastric Bypass up to 150.0 cm
- Vertical Banded Gastroplasty
- Laparoscopic Adjustable Gastric Banding (LAGB) (e.g., LAP-BAND®, REALIZE™)
- Biliopancreatic Diversion with Duodenal Switch (BPD/DS) for patients with a BMI $\geq 50.0$ kg/m$^2$
- Sleeve Gastrectomy

The above bariatric surgical procedures are considered **medically necessary** as a treatment of morbid obesity when all of the following criteria are met:

- Body Mass Index
  - **Adults ($\geq 18$ years of age)** (**one** of the following)
    - BMI $\geq 40.0$ kg/m$^2$*
    - BMI $\geq 35.0$ kg/m$^2$* and $< 40.0$ kg/m$^2$* with at least one significant obesity-related disease complication which has failed to be controlled with medical management including, but not limited to:
      - Type 2 Diabetes Mellitus
      - Hypertension
      - Coronary Artery Disease
      - Obstructive Sleep Apnea
  - **Adolescents ($< 18$ years of age)** (**one** of the following)
    - BMI $> 40.0$ kg/m$^2$* with at least one significant obesity-related disease complication which has failed to be controlled with medical management including, but not limited to:
      - Type 2 Diabetes Mellitus
      - Hypertension
      - Heart disease
      - Obstructive Sleep Apnea
    - BMI $\geq 50.0$ kg/m$^2$ with less severe obesity-related complications
  - Continued obesity despite trials of weight loss through lifestyle changes, diet modification and exercise evidenced by all of the following:
- Documentation of prior weight loss attempts without successful long-term reduction
- Documentation of active participation in a non-surgical weight reduction program supervised by a registered dietician, healthcare provider (e.g., physician, nurse practitioner), or an organized weight reduction program (e.g., Weight Watchers™, Jenny Craig™), for at least six consecutive months occurring within the last 18 months prior to the request for bariatric surgery
- Monthly documentation of all of the following weight reduction program components:
  - Weight
  - Dietary regimen, which may include medical nutrition therapy (e.g., MediFast™ and OptiFast™) or a recognized commercial diet-based weight loss program (e.g., Weight Watchers™, Jenny Craig™, etc)
  - Physical exercise unless medically contraindicated
  - Behavior modification or behavioral health interventions
- Bariatric surgical consultation and recommendation by a trained and experienced bariatric surgeon associated with an institution that supports a comprehensive bariatric surgery program, which includes all of the following:
  - Psychological evaluation and clearance for bariatric surgery
  - Nutritional evaluation
  - Long-term monitoring and follow-up post surgery

**Note:** A physician’s summary letter is not sufficient documentation of active patient participation in a non-surgical weight reduction program. Documentation must include medical records and/or diet or weight-loss logs, and assessment of the patient’s progress throughout the program's course.

*BMI >/= 50.0 kg/m² for Biliopancreatic Diversion with Duodenal Switch (BPD/DS).

The following bariatric surgery procedures are considered **investigational** for the treatment of clinically severe obesity:

- Mini-Gastric Bypass (Gastric bypass using a Billroth II type of anastomosis)
- Biliopancreatic diversion (BPD) without duodenal switch
- Long-limb gastric bypass (i.e., > 150 cm)
- Endoscopic procedures (e.g., insertion of the EndoGastric StomaphyX™ device) to remedy large gastric stoma or large gastric pouches

**Reoperation and Repeat Bariatric Surgery**

Revision surgery is considered **medically necessary** to address perioperative or late complications of a bariatric procedure. These include, but are not limited to:

- Staple-line failure
- Obstruction
- Stricture
• Non-absorption resulting in hypoglycemia or malnutrition
• Weight loss of 20% or more below ideal body weight

Revision of a primary bariatric procedure that has failed due to dilation of the gastric pouch (documented by upper gastrointestinal examination or endoscopy) is considered medically necessary when all of the following are met:

• The initial procedure was successful in inducing weight loss prior to pouch dilation
• The patient has been compliant with a prescribed nutrition and exercise program
• The patient still meets BMI criteria for bariatric surgery

Note: When sleeve gastrectomy is authorized as the first step of a planned staged procedure, the second bariatric procedure is considered medically necessary.

Policy Guideline

BMI Calculations

BMI is calculated by dividing a patient's weight (in kilograms) by height (in meters) squared.

\[
\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2} \quad \text{OR} \quad \frac{\text{weight (lb)}}{\text{height (in)}^2} \times 703
\]

To convert pounds to kilograms, multiply pounds by 0.45
To convert inches to meters, multiply inches by 0.0254

• BMI calculator: *www.nhlbisupport.com/bmi/

Laparoscopic Adjustable Gastric Banding Adjustments

• Lap banding adjustments required during the first 90 days after surgery are included in the global fee for code 43770 and not billable under the lap band adjustment code, S2083.
• Routine evaluation and management (E/M) services associated with S2083 are not separately billable.

Note: There is no specific CPT code for mini-gastric bypass. CPT codes 43659, 43843, and 43999 may be used to describe bariatric surgical procedures that are not otherwise described by other codes. These procedures are not covered, when used to report any of the bariatric surgical procedures indicated as experimental, investigational, or unproven.

Documentation Required for Clinical Review

Initial Bariatric Surgical Requests:

• History and physical including prior weight loss attempts and responses, and comorbidities* (see below)
• Description of non-surgical weight-reduction program (e.g., physician supervised, organized weight-reduction program, or combination), initial weight, duration, and end weight
- Description of exercise program and duration or medical contraindication to an exercise program (if applicable)
- Monthly documentation of weight, dietary regimen, physical exercise, and behavior modification/behavior health interventions for six consecutive months occurring within the last 18 months prior to the request for bariatric surgery (e.g., medical records, and/or diet or weight-loss logs)
- Nutritional consultation
- Weight over the past six months
- Psychological consultation, that includes that patient has been cleared for surgery
- Medical doctor (MD) order for surgery that includes current height, weight, and body mass index (BMI), surgery requested and recommendation
- Comorbidities* (when BMI >/= 35.0 kg/m² and <40.0 kg/m²):
  - If diagnosed with **coronary artery disease**: Submit documentation from cardiologist that includes all previous and current treatments, as well as, member’s current status
  - If diagnosed with **diabetes**: Submit documentation from primary care provider or endocrinologist that includes all previous and current treatments, as well as, type of diabetes
  - If diagnosed with **hypertension**: Submit documentation from primary care provider that includes all previous and current treatments, as well as, member’s current status
  - If diagnosed with **obstructive sleep apnea**: Submit official sleep study report interpreted by a sleep disorders specialist MD or Doctor of Osteopathic (DO) medicine and documentation of all conservative therapies attempted with duration and outcomes

**Reoperation and Repeat Bariatric Surgical Requests:**
- History and physical or consultation notes including: prior surgery and complications (if applicable), indication for surgery, and treatment plan
- Post-surgical weight loss history (including pre- and post-surgical BMI), nutrition and exercise compliance
- Operative report(s) (if applicable)
- Diagnostic radiology, endoscopy or contrast study reports (if applicable)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.