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## Subject: Bariatric Surgery

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### **DESCRIPTION:**

Bariatric surgery is performed to treat morbid (clinically severe) obesity. Morbid obesity is defined as a body mass index (BMI) greater than 40 kg/m<sup>2</sup>, or a BMI greater than 35 kg/m<sup>2</sup> with associated complications including, but not limited to, diabetes, hypertension, or obstructive sleep apnea. Morbid obesity results in a very high risk for weight-related complications and a shortened lifespan.

#### **Open Gastric Bypass (RYGB)**

Open gastric bypass (CPT code 43846) involves both a restrictive and a malabsorptive component, with the horizontal or vertical partition of the stomach performed in association with a Roux-en-Y procedure (ie, a gastrojejunal anastomosis). Thus, the flow of food bypasses the duodenum and proximal small bowel.

#### **Laparoscopic Gastric Bypass (RYBD)**

Laparoscopic gastric bypass (CPT code 43644) describes the same procedure as open gastric bypass, but is performed laparoscopically.

#### **Adjustable Gastric Banding (LABG)**

Adjustable gastric banding (CPT code 43770) involves placing a gastric band around the exterior of the stomach. The band is attached to a reservoir implanted subcutaneously in the rectus sheath. Injecting the reservoir with saline will alter the diameter of the gastric band; therefore, the rate-limiting stoma in the stomach can be progressively narrowed to induce greater weight loss, or expanded if complications develop. Two banding devices are approved by the Food and Drug Administration (FDA) for marketing in the United States: the LAP-BAND and the REALIZE®.

## **Sleeve Gastrectomy (SG)**

A sleeve gastrectomy (CPT code 43775) is an alternative approach to gastrectomy that can be performed on its own or in combination with malabsorptive procedures (most commonly biliopancreatic diversion [BPD] with duodenal switch). In this procedure, the greater curvature of the stomach is resected from the angle of His to the distal antrum, resulting in a stomach remnant shaped like a tube or sleeve. The pyloric sphincter is preserved, resulting in a more physiologic transit of food from the stomach to the duodenum. This procedure is relatively simple to perform and can be done as an open or laparoscopic procedure.

## **Biliopancreatic Diversion (BPD) (Scopinaro)**

The biliopancreatic diversion (BPD) procedure (also known as the Scopinaro procedure; CPT code 43847) consists of a subtotal gastrectomy and diversion of the biliopancreatic juices into the distal ileum by a long Roux-en-Y procedure. The procedure consists of the following components:

- a. A distal gastrectomy induces temporary early satiety and/or the dumping syndrome in the early postoperative period, both of which limit food intake.
- b. A 200-cm long “alimentary tract” consists of 200 cm of ileum connecting the stomach to a common distal segment.
- c. A 300- to 400-cm “biliary tract” connects the duodenum, jejunum, and remaining ileum to the common distal segment.
- d. A 50- to 100-cm “common tract” is where food from the alimentary tract mixes with biliopancreatic juices from the biliary tract.

Food digestion and absorption, particularly of fats and starches, are therefore limited to this small segment of bowel, creating selective malabsorption. The length of the common segment will influence the degree of malabsorption.

## **Biliopancreatic Diversion With Duodenal Switch (BPD/DS)**

The duodenal switch procedure (CPT code 43845) is a variant of the BPD described above. In this procedure, instead of performing a distal gastrectomy, a SG is performed along the vertical axis of the stomach. This approach preserves the pylorus and initial segment of the duodenum, which is then anastomosed to a segment of the ileum, similar to the BPD, to create the alimentary limb. The SG decreases the volume of the stomach and decreases the parietal cell mass. However, the basic principle of the procedure is similar to that of the BPD, ie, producing selective malabsorption by limiting the food digestion and absorption to a short common ileal segment.

## **Vertical-Banded Gastroplasty (VBG)**

In vertical-banded gastroplasty (CPT code 43842) the stomach is segmented along its vertical axis. In order to create a durable reinforced and rate-limiting stoma at the distal end of the pouch, a plug of the stomach is removed, and a propylene collar is placed through this hole and then stapled to itself. Vertical-banded gastroplasty may be performed using an open or laparoscopic approach.

## POSITION STATEMENT:

Bariatric surgery may be excluded by contract. Please refer to the individual member contract benefit language.

When **selection criteria** are met, the following bariatric surgery procedures performed for the treatment of clinically severe (morbid) obesity **meet the definition of medical necessity**:

- Open or laparoscopic Roux-en-Y gastric bypass (RYGB) (up to 150cm) (CPT codes 43846, 43644)
- Laparoscopic adjustable gastric banding (LAGB) (CPT code 43770)
- Biliopancreatic diversion with duodenal switch (BPD/DS) (CPT code 43845)
- Sleeve gastrectomy (SG) (CPT code 43775)
- Open or laparoscopic biliopancreatic diversion (Scopinaro) (CPT code 43847)
- Vertical banded gastroplasty (VBG) (CPT code 43842)

### **Selection criteria**

#### **Adults**

- Severely obese with a **BMI  $\geq$  40 kg/m<sup>2</sup>, OR**
- Severely obese with a **BMI  $\geq$  35 kg/m<sup>2</sup>**, with at least one comorbidity refractory to medical management (e.g., type 2 diabetes, hypertension, coronary artery disease, obstructive sleep apnea, GERD, osteoarthritis, [pseudotumor cerebri](#)), **AND**
- Does not have a medically treatable cause for obesity (e.g., thyroid or other endocrine disorder), **AND**
- Has made multiple attempts at non-surgical weight loss (e.g., diet, exercise, medications), **AND**
- Has received psychological or psychiatric evaluation with counseling as needed, prior to surgical intervention.

#### **Adolescents (< age 18 years)**

- Severely obese with a **BMI  $\geq$  40 kg/m<sup>2</sup>, OR**
- Severely obese with a **BMI  $\geq$  35 kg/m<sup>2</sup>**, with at least one serious comorbidity refractory to medical management (e.g., type 2 diabetes, hypertension, coronary artery disease, obstructive sleep apnea, GERD, osteoarthritis, pseudotumor cerebri), **AND**
- Does not have a medically treatable cause for obesity (e.g., thyroid or other endocrine disorder), **AND**

- Has attained a minimum of [Tanner stage](#) 4 or 5 pubertal development and final or near-final adult height, **AND**
- Has made multiple attempts at non-surgical weight loss (e.g., diet, exercise, medications), **AND**
- Psychological evaluation confirms the stability and competence of the family unit

Any bariatric surgical procedure for the treatment of obesity in individuals with a BMI < 35 kg/m<sup>2</sup> **does not meet the definition of medical necessity.**

The bariatric surgery procedures listed below are considered **experimental or investigational**, as there is insufficient clinical evidence in the peer-reviewed literature to support safety, effectiveness and long-term effects on health outcomes.

- Long-limb gastric bypass (> 150cm) (CPT code 43847)
- Laparoscopic gastric plication (also known as laparoscopic greater curvature plication)
- Mini-gastric bypass (using a Billroth type anastomosis)
- Insertion of the StomaphyX™ device
- Endoluminal (also called endosurgical, endoscopic or natural orifice) bariatric procedures
- Endoscopic gastroplasty
- Endoscopically placed duodenojejunal sleeve (eg, EndoBarrier™); endoscopic duodenal jejunal bypass
- Intragastric balloons
- Restorative obesity surgery endolumenal; endoscopic (ROSE procedure)
- Biliopancreatic bypass without duodenal switch
- Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as an initial procedure followed by biliopancreatic diversion at a later time)
- Any bariatric surgical procedure as a treatment of type 2 diabetes in individuals with a BMI < 35 kg/m<sup>2</sup>
- "Stomach stapling", [jejunoileal bypass](#), silastic ring vertical gastric bypass (Fobi pouch; limiting proximal gastric pouch)
- Single anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S)
- Aspiration therapy device
- Any bariatric surgery procedure performed as the primary treatment for gastroparesis, intractable nausea, gallstones, urinary stress incontinence, gynecological abnormalities, osteoarthritis

### **Revision bariatric surgery**

Revision bariatric surgery to address perioperative or late complications of a bariatric procedure (e.g., obstruction, stricture, erosion, band slippage/herniation, fistula, disruption/leakage of a suture/staple line,

pouch enlargement due to vomiting, nonabsorption resulting in hypoglycemia or malnutrition, weight loss of 20% or more below ideal body weight) **meets the definition of medical necessity**.

Revision of a primary bariatric procedure that has failed due to dilation of the gastric pouch or dilation proximal to an adjustable gastric band **meets the definition of medical necessity** when **ALL** of the following are met:

- The dilation is documented by upper gastrointestinal examination or endoscopy
- The initial procedure induced weight loss prior to pouch dilation
- The individual has been compliant with a prescribed nutrition and exercise program

Revision bariatric surgery to correct stretching of a stomach pouch created by a previous bariatric surgery procedure, due to overeating, is not considered a surgical complication. Revision surgery for this condition **does not meet the definition of medical necessity**.

## **BILLING/CODING INFORMATION:**

### **CPT Coding:**

43621	Gastrectomy, total; with Roux-en-Y reconstruction
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption [ <b>NOTE:</b> 43645 was introduced in 2005 to specifically describe a laparoscopic malabsorptive procedure. However, the code does not describe any specific malabsorptive procedure]
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e. sleeve gastrectomy)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy (may be done laparoscopically)

43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption (may be done laparoscopically)
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
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

**NOTE:** CPT code 43847 may be used to report biliopancreatic bypass (Scopinaro procedure) **OR** long-limb gastric bypass (> 150 cm). CPT code 43846 explicitly describes a short limb (< 150 cm) Roux-en-Y gastroenterostomy, and thus is not appropriate to report long-limb gastric bypass.

### HCPCS Coding:

S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
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### LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical (including co-morbidities and history of attempt(s) of non-surgical weight-loss program(s), physician progress notes, laboratory studies (including most recent TSH level), psychosocial assessment, height, weight and BMI.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress notes	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Laboratory studies	26436-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Psychosocial well-being, addressed in care plan	58168-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Body mass index	39156-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Height and weight	54567-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Co-morbidities and complications	42126-3	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Endocrine screen assessment	39177-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

### **REIMBURSEMENT INFORMATION:**

Bariatric surgical procedures are reimbursed based on the procedure performed and not the surgical technique used (e.g., microsurgical, laser, laparoscopic, robot-assisted).

### **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

#### **Medicare Advantage:**

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Bariatric Surgery for Treatment of Morbid Obesity (100.1), located at cms.gov.

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Surgical Management of Morbid Obesity (L33411) located at cms.gov.

### **DEFINITIONS:**

**Gastric banding:** a synthetic band rather than staples is used to divide the stomach into a small upper pouch and a lower portion).

**Jejunioleal bypass:** shunts food from the jejunum into the ileum, bypassing the small intestine.

**Pseudotumor cerebri:** when elevated intracranial pressure occurs with no obvious cause; symptoms mimic those of a brain tumor, but no tumor is present.

**Skeletal maturity:** when the bones and spine have stopped growing; a system of fused skeletal bones, which occurs when bone growth ceases after puberty.

**Tanner staging:** also known as the sexual maturity rating; breaks down the visible changes during puberty into stages of sexual development.

### **RELATED GUIDELINES:**

[Gastric Electrical Stimulation, 01-91000-04](#)

[Reconstructive Surgery/Cosmetic Surgery, 02-12000-01](#)

[Vagus Nerve Stimulation, 02-61000-22](#)

## OTHER:

None applicable.

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 02/27/20.

### **GUIDELINE UPDATE INFORMATION:**

10/15/99	Medical Coverage Guideline developed.
09/15/01	Various revisions.
01/01/02	Coding changes.
10/15/02	Annual review. Added Roux-en-Y anastomosis or vertical-banded as covered services. Added biliopancreatic bypass with duodenal switch and very long limb gastric bypass procedure (e.g., greater than 100 cm) as non-covered services.
05/15/03	Revised to clarify coding of the various procedures; criteria revised and is consistent with Inter-Qual criteria.
09/15/03	Coverage criteria for psychological testing/counseling revised.

10/15/03	Reversed investigational status for CPT code 43847 and provided coverage criteria for long-limb Roux-en-Y procedures up to 150 cm.
01/01/04	Annual HCPCS coding update.
04/01/04	2nd Quarter HCPCS coding update; added S2082 and S2083.
07/15/04	Scheduled review; no changes.
01/01/05	HCPCS coding update. Added 43644, 43645, 43845, S2082, and S2083. Revised descriptor for 43846, and deleted S2085.
05/15/05	Unscheduled review of the non-covered statement for laparoscopic adjustable gastric banding (Lap-Band); coverage statement unchanged.
01/01/06	Annual HCPCS coding update (added 43770 – 43774; deleted S2082).
04/15/06	Scheduled review; removed investigational statement for laparoscopic adjustable gastric banding and biliopancreatic diversion with duodenal switch; updated coding, index terms, and references.
05/15/06	Scheduled review; removed investigational statement for laparoscopic adjustable gastric banding and biliopancreatic diversion with duodenal switch; updated coding, index terms, and references; added age limitation of 18 years and older.
05/15/07	Scheduled annual review; reformatted guideline; modified coverage criteria regarding non-surgical weight loss programs; added description information and investigational statement regarding sleeve gastrectomy; updated references.
01/01/08	Annual HCPCS coding update: descriptor revisions for codes 43770 – 43774. Revised verbiage regarding adjustable gastric banding.
05/15/08	Scheduled annual review. Add investigational statement for endoscopic procedures. Update references.
05/15/09	Scheduled review; add CPT language for postoperative adjustment of gastric band to reimbursement section; updated position statement and description for long limb Roux-en Y greater than 150 cm; add presence of comorbidities to position statement; revise investigational statement to include transoral surgical procedures.
01/01/10	Annual HCPCS coding update: added CPT code 43775.
06/15/10	Annual review; no change in position statement. References updated.
10/01/10	4th Quarter HCPCS coding update consisting of adding ICD-9 diagnosis codes V85.41, V85.42, V85.43, V85.44 and V85.45.
11/15/10	Revision; position statement revised to include coverage criteria for Long-limb Gastric Bypass and Sleeve Gastrectomy; Medicare Advantage exception added; related ICD-10 codes added; Certificate of Medical Necessity added; references updated; guideline reformatted.
06/15/11	Annual review; no change in position statements. Updated Medicare Advantage program exception (delete CPT code 43775). Updated references.
09/15/11	Revision; formatting changes.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
08/01/12	Scheduled review. Revised description section. Revised position statement; added coverage criteria for Biliopancreatic Bypass (i.e., the Scopinaro procedure) and designated Long-Limb Roux-en-Y (LLRY) as E/I. Removed time requirements for duration of BMI and attempts at non-surgical weight loss. Revised Medicare Advantage program exception. Updated references and reformatted guideline.
11/15/13	Scheduled review. Revised MCG title and description section. Revised position statement (added criteria for adolescents, designated vertical banded gastroplasty as E/I). Revised ICD9/ICD10 coding sections, program exception section (Medicare Advantage), related guidelines, and definitions. Updated references.

05/15/14	Unscheduled review (mini-gastric bypass); position statement maintained. Revised CPT coding section and updated references.
01/01/15	Scheduled review. Revised description section, position statement and program exceptions. Updated references.
12/15/15	Scheduled review. Revised position statement (added coverage for vertical banded gastroplasty). Updated Program Exceptions section and references.
04/15/16	Revision; added coverage statement (E/I) for anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S).
10/01/16	Revision: Billing/Coding Information section updated.
06/15/17	Scheduled review. Revised description section. Added coverage statement (E/I) for aspiration therapy. Updated references.
09/15/17	Revision: added coverage statement for bariatric surgery performed as primary treatment for conditions other than morbid obesity. Added code 43633. Updated references.
12/15/18	Revision; added code 43621.
03/15/20	Scheduled review. Revised description and position statement. Updated references.