



CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.040.CC
Last Review Date: 08/04/2023
Effective Date: 12/17/2023

PA.040.CC Bariatric Surgery

Summary

Obesity continues to be a major public health problem in the United States, with more than one-third of adults considered obese, as defined by body mass index (BMI). There are approximately 15 million people in the United States with a BMI greater than or equal to 40.

Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Some of the most important and common co-morbidities include hypertension; dyslipidemia; type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea; respiratory problems; and endometrial, breast, prostate, and colon cancers. Because of the relative lack of success of most weight loss programs, persons with co-morbid conditions related to obesity have turned to bariatric surgery at an exponentially increasing rate.

International Classification of adult underweight, overweight and obesity according to BMI from the World Health Organization (WHO):

Classification	BMI (kg/m ²)
Underweight	<18.50
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49
Normal range	18.50 - 24.99
Overweight	≥25.00
Pre-obese	25.00 - 29.99
Obese	≥30.00
Obese Class I	30.00 - 34.99
Obese Class II	35.00 - 39.99
Obese Class III	≥40.00

Clinical Criteria

The CountyCare Bariatric Surgery policy addresses bariatric surgery and procedures for the treatment of morbid obesity.

Bariatric Surgery for Adults - Initial Bariatric Surgery:

Any of the following open and laparoscopic bariatric surgical procedures are considered to be medically appropriate for the treatment of morbid obesity and eligible for payment when the following medical necessity criteria listed below are met:

- Vertical banded gastroplasty
- Open and Laparoscopic Roux-en-Y (RYGP) (Gastric bypass (includes robotic-assisted gastric bypass))
- Open and Laparoscopic Biliopancreatic Diversion with Duodenal switch (BPD)
- Laparoscopic Adjustable Gastric Banding (LASGB)
- Laparoscopic Sleeve Gastrectomy as a first stage procedure or as a primary procedure

Criteria for Adult and Adolescents Initial Bariatric Surgery:

Initial bariatric surgical procedures listed above are considered medically necessary when *ALL* of the following are met:

1. Age Criteria:
 - Adults - must be at least 18 years of age
 - Adolescents - at least 15 years of age and menstruating.
2. Comprehensive medical history and physical examination within 6 months of prior approval request that documents:
 - Previous attempts to lose weight with results over the past 2 years
 - Elaboration of comorbidities and interventions
 - Previous noncompliance with medical treatments
 - Medication list
 - Blood pressure using appropriately sized cuff, height, and weight
 - Appropriate laboratory testing to identify underlying potentially treatable conditions such as an endocrine disorder including at a minimum thyroid function panel along with thyroid stimulating hormone
 - Negative pregnancy test before surgery for females
 - Opinion must be offered regarding the patient's candidacy for the proposed procedure.
3. Psychosocial-behavioral evaluation must be completed within 12 months of prior approval request by a licensed psychologist, psychiatrist, clinical social worker, and/or advanced practice nurse in collaboration with co-signing psychiatrist. This evaluation must include:

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- mental health history, diagnoses, and current treatments/status
 - eating behaviors
 - substance abuse evaluation
 - stress management
 - cognitive abilities
 - social functioning including support system
 - self-esteem and personality factors
 - readiness to change and adhere to lifestyle modifications
 - opinion must be offered regarding the patient's candidacy for the proposed procedure
 - commitment not to become pregnant before surgery and within 18 months following surgery.
4. Members must understand the surgical procedure and post procedure compliance.
 5. Females of childbearing age should be encouraged to avoid pregnancy within 18 months of their surgery and must be informed that maternal malnutrition (as a result of the surgery) may impair fetal development.
 6. If member uses tobacco products, smoking cessation should be encouraged, and members should be tobacco free for at least six weeks prior to surgery.

Adult Criteria: The requirements specified for a member's documented BMI according to the following categories listed below:

- BMI (Body Mass Index) ≥ 40 kg/m² OR BMI ≥ 37.5 kg/m² in Asians (when ethnicity is confirmed by provider attestation) **OR**
- Member has a BMI of 35-39.9, (BMI 32.5–37.4 kg/m² in Asians (when ethnicity is confirmed by provider attestation) and must meet both of the below criteria:

With at least one clinically significant obesity-related comorbidity, including but not limited to the following:

- Uncontrolled Type 2 Diabetes mellitus
- Metabolic syndrome
- Significant cardiovascular disease (e.g., coronary artery disease (CAD) under treatment, right ventricular hypertrophy (RVH) documented by stress testing, previous need for angioplasty or coronary bypass or left ventricular hypertrophy (LVH), cardiomyopathy, stroke, MI) documented by echocardiogram or MRI
- Peripheral arterial disease documented by arteriography or Doppler ultrasound of brachial and ankle pressures before and after exercise
- Carotid artery disease documented by ultrasound with greater than 70% blockage at least unilaterally
- Aortic disease documented by CT or MRI
- Severe valvular disease documented by echocardiogram

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- Medically refractory hypertension defined as a systolic pressure greater than or equal to 140 and/or a diastolic greater than or equal to 90 obtained by appropriately sized cuff despite treatment with at least 2 antihypertensive medications at maximum tolerable dosages
- Hypertension requiring triple therapy (drug regiment containing three different types of medication: a diuretic, calcium channel blocker, and long-action selective angiotensin II receptor blocker)
- Pulmonary hypertension documented by echocardiogram
- Dyslipidemia as defined by hypercholesterolemia greater than 240 mg/dl, hypertriglyceridemia greater than 400 mg/dl, low density lipoprotein greater than 160 mg/dl, or high density lipoprotein less than 40 mg/dl despite therapy with at least one lipid lowering agent at maximum dosage
- Symptomatic sleep apnea (apnea-hypopnea index [AHI] >10) or Chronic Pulmonary disease requiring at least one (1) medication or Positive Airway Pressure (PAP) devices (e.g., pulmonary hypertension, Pickwickian syndrome).
- Respiratory problems
- OSA of at least moderate severity documented by sleep study
- OHS documented by sleep study
- Pickwickian syndrome (combination of OSA and OHS) documented by sleep study
- Respiratory insufficiency, such as
 - hypercapnia as evidenced by pCO₂ greater than 50 mm Hg by arterial blood gas
 - hypoxemia at rest as evidenced by pO₂ less than or equal to 55 mmHg on room air by arterial blood gas
 - FEV₁/FVC less than 65%
 - DLCO less than 60% of predicted normal
 - Pseudo tumor cerebri (documented idiopathic intracerebral hypertension)
 - Hepatic steatosis without prior evidence of active inflammation
 - Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for obesity)
 - Degenerative osteoarthritis documented radiographically in any weight bearing joint or lumbosacral spine affecting performance of activities of daily living
 - lower extremity lymphatic or venous obstruction
 - evidence of fatty liver disease (i.e., nonalcoholic fatty liver disease [NAFLD] or nonalcoholic steatohepatitis [NASH]) with submission of liver function panel
 - gastroesophageal reflux disease (GERD) refractory to medical therapy
 - Asthma with severity at least of mild persistent
 - Severe urinary incontinence

AND

Must have documentation of successful completion of a physician-supervised weight loss program* (with a goal of 5%-10% body mass decrease) over six consecutive months which includes:

- Documentation of failure of weight loss by medical management
- Unequivocal clearance for bariatric surgery by a mental health provider
- Compliance with attendance >80% of nutritional classes
- Program completed no longer than one year prior to the request for surgery
- Nutritional assessment and counseling (registered dietician or nutritionist). Documentation should include dietary history, eating disorder, presurgical caloric reduction, dietary behavior modification, and lifelong need for dietary changes.
- A multicomponent intervention program must have the following components: nutrition, physical activity, and behavioral modification (e.g., self-monitoring, identifying barriers, and problem solving). It must be supervised by behavioral therapists, psychologists, registered dietitians, exercise physiologists, lifestyle coaches or other staff.
- Adolescent bariatric surgical candidates need to have medical care provided in a multi-disciplinary environment including specialists (surgeon, endocrinologist, nutritionist, behavioral health specialist, and nurse) in adolescents.
- Documentation should include medical records of current assessment of member's progress throughout the course of the nutrition and exercise program.
- An opinion for candidacy of the proposed procedure must be offered
- For members who participate in an intensive multicomponent behavioral intervention (e.g., Jenny Craig, MediFast, Minute Clinic/Health Hubs, OptiFast, Weight Watchers), program records documenting the member's participation and progress may substitute for medical records.
- Education regarding risks and benefits of bariatric surgery and procedural options
 - When there is an obvious disconnect in the communication process between the practitioner and patient due to the patient's lack of proficiency in the English language, an interpreter is required
 - Optimization of glycemic control
 - Treatment of dyslipidemia
 - Discontinuing estrogen therapy, if applicable
 - Cardiology consultation and beta-adrenergic blockade, if indicated
 - Preoperative weight loss should be considered in patients whom reduction of liver volume is expected to improve the technical aspects of surgery
 - Chest radiograph – anterior posterior and lateral
 - Pulmonary evaluation, including arterial blood gas measurement and polysomnography, if indicated
 - Diagnostic evaluation for deep venous thrombosis and vena cava filter, if indicated

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- Abdominal ultrasonography and viral hepatitis screen
- Institution of CPAP or BiPAP as indicated for obstructive sleep apnea (OSA), obesity-hypoventilation syndrome (OHS), or Pickwickian syndrome

Adolescent Bariatric Surgical Procedures:

The following bariatric surgical procedures are considered to be medically appropriate and eligible for payment when all of the following medical necessity criteria listed below are met:

- Laparoscopic Roux-en-Y gastric bypass (RYGB)
- Laparoscopic Vertical Sleeve Gastrectomy

Criteria for Adolescent Bariatric Surgery:

Adolescent Bariatric Surgery requires mandatory secondary medical review prior to approval. Bariatric surgical procedures are considered medically necessary for adolescents when all of the following are met:

1. Meet initial requirements
2. Must be at least 15 years old and females must be menstruating
3. Must have reached Tanner stage IV plus 95% of projected adult height based upon bone age obtained by wrist radiograph
4. BMI of 40 or more **with at least one of the comorbidities identified above for adults with BMIs between 35-39.9**
5. Inclusion of a statement detailing at least one custodial parent or legal guardian's commitment to support and facilitate the adolescent patient's loss of weight, willingness to support, and facilitate permanent lifestyle changes

Repeat, Revision Bariatric Surgery (Adults and Adolescents):

1. Repeat or revision bariatric surgery is considered medically necessary for any of the following: To correct complications from surgery such as fistula formation, Obstruction Stricture, esophagitis unresponsive to nonsurgical treatment, disruption/leakage due to failure of a suture or staple line, band herniation, Hemorrhage, hematoma formation, excessive bilious vomiting, stomal dilatation documented by endoscopy or weight loss of 20% or more below the ideal body weight.
2. Revision surgery for replacement of an adjustable gastric band will be deemed necessary due to complications such as slippage or port leakage not remediable with band manipulation or adjustments.
3. Repeat procedures for revision or conversion to another surgical procedure is considered medically necessary when there is documentation of inadequate weight loss unrelated to a prior surgical complication when all of the following applies:
 - patient continues to meet the initial requirements

- at least 2 years have lapsed since the original bariatric surgery with weight loss that is less than 50% of the pre-operative excess body weight and weight remains at least 30% over ideal body weight – referencing standard tables for adult weight and height by the National Heart, Lung, and Blood Institute or for adolescents by age and sex through growth charts for stature and weight percentiles, BMI index percentiles, and data tables of weight at the Centers For Disease Control and Prevention
 - the patient has been compliant with the prescribed nutrition and exercise program per surgeon’s statement and as evidenced by submission of post operative follow-up
4. Revision bariatric surgery is warranted with gastric pouch dilatation, dilatation of the gastrojejunal stoma, or dilatation of gastrojejunostomy anastomosis documented by upper gastrointestinal (UGI) series or esophagogastroduodenoscopy (EGD) producing a weight gain of 20% or more above the stable nadir with the following documentation:
- Original surgery successfully induced weight loss prior to the pouch dilatation as documented by submission of BMI prior to surgery, BMI at lowest stable nadir, and most recent BMI.
 - Pouch dilatation is due to a technical failure or vomiting and not due to stretching from overeating.
 - The patient has been compliant with the prescribed nutrition and exercise program per surgeon’s statement and as evidenced by submission of post operative follow-up records.

Limitations

Procedures listed in this policy are eligible for payment only when less intensive treatments have been attempted and proven unsuccessful. Weight management interventions that employ dietary, exercise, or medical methods must be attempted.

Surgical reversal (i.e., takedown), revision of a previous bariatric surgical procedure or conversion to another bariatric surgical procedure is considered not medically necessary for the following:

- Inadequate weight loss due to individual noncompliance with postoperative nutrition and exercise recommendations

Adults and Adolescents

Bariatric Surgery for the Treatment of Other Conditions

Bariatric surgery is considered experimental, investigational, or unproven for the primary treatment of any condition other than morbid obesity.

The following procedures are unproven and not medically necessary for treating obesity due to insufficient evidence of efficacy:

- Revisional Bariatric Surgery for any other indication than those listed above
- Bariatric surgery as the primary treatment for any condition other than obesity

Bariatric interventions for the treatment of obesity including but not limited to:

- Bariatric artery embolization (BAE)
- Adjustable Gastric Banding in non-adult patients (under 19 years of age)
- Vertical-banded gastroplasty
- Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as initial procedure followed by biliopancreatic diversion at a later time)
- Long limb Roux-en-Y, involving more than 150 cm of the small intestine, when performed as a primary bariatric procedure
- Gastric electrical stimulation with an implantable gastric stimulator (IGS)
- Intragastric balloon
- Laparoscopic greater curvature plication, also known as total gastric vertical plication
- Mini-gastric bypass (MGB)/Laparoscopic mini-gastric bypass (LMGBP)
- Single-Anastomosis Duodenal Switch (also known as duodenal switch with single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS])
- Biliopancreatic bypass without duodenal switch
- Stomach aspiration therapy (AspireAssist®)
- Transoral endoscopic surgery (includes TransPyloric Shuttle® (TPS®) Device, endoscopic sleeve gastroplasty)
- Vagus Nerve Blocking Therapy (VBLOC®)
- Gastrointestinal liners (EndoBarrier®) are investigational, unproven, and not medically necessary for treating obesity due to lack of U.S. Food and Drug Administration (FDA) approval, and insufficient evidence of efficacy.

Endoscopic procedures are investigational as a primary bariatric procedure or as a revision procedure (i.e., to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches). These procedures include, but are not limited to:

- a. Insertion of the StomaphyX™ device
- b. Endoscopic gastroplasty
- c. Use of an endoscopically placed duodenojejunal sleeve
- d. Intragastric balloons
- e. Aspiration therapy device
- f. Natural Orifice Transluminal Endoscopic Surgery (NOTES™)

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Codes

CPT Codes – the following codes for treatments and procedures applicable to this policy are included below for informational purposes only. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not guarantee coverage. Reporting of the appropriate CPT code rather than unlisted procedure codes is required.

Code	Description
CPT Codes	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
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
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43659	Unlisted laparoscopy procedure, stomach
43770	Gastric restrictive procedure; placement of adjustable gastric band
43771	Gastric restrictive procedure; revision of adjustable gastric band
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Gastric restrictive procedure; removal and replacement of adjustable gastric band

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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 (sleeve gastrectomy)
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
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
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

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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
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

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Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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