

# EVH Clinical Guideline 2707.CC for Bariatric Surgery

<b>Guideline Number:</b> EVH_CG_2707.CC	<b><u>Applicable Codes</u></b>	
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## STATEMENT

### General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

## INDICATIONS

The CountyCare **Bariatric Surgery** policy addresses bariatric surgery and procedures for the treatment of morbid obesity. Coverage for bariatric surgery or revision of a bariatric surgical procedure varies across plans and may be governed by state mandates.

CountyCare considers Bariatric Surgery medically necessary for the following indications:

### **Bariatric Surgery for Adults and Adolescents - Initial Bariatric Surgery** (1,2,3,4,5)

Any of the following open and laparoscopic bariatric surgical procedures are considered medically appropriate for the treatment of morbid obesity:

- 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 Initial Bariatric Surgery** (1,2)

Initial bariatric surgical procedures for adults ( $\geq 18$  years of age) are considered medically necessary under the following conditions:

- When at least one of the following Body Mass Index (BMI; kg/m<sup>2</sup>) criteria are met:
  - BMI (Body Mass Index)  $\geq 40$  kg/m<sup>2</sup> **OR** BMI  $\geq 37.5$  kg/m<sup>2</sup> in Asian patients (when ethnicity is confirmed by provider attestation)
  - BMI of 35-39.9 kg/m<sup>2</sup> when both of the following criteria are satisfied:
    - Patients exhibit at least one clinically significant obesity-related comorbidity, including but not limited to:
      - ☐ Uncontrolled Type 2 Diabetes mellitus
      - ☐ Hypertension
      - ☐ Dyslipidemia
      - ☐ Obstructive sleep apnea
      - ☐ Cardiovascular disease
      - ☐ Asthma
      - ☐ Fatty Liver Disease
      - ☐ Non-alcoholic steatohepatitis
      - ☐ Chronic liver disease
      - ☐ Gastroesophageal reflux disease
      - ☐ Pseudotumor cerebri
    - There is documentation showing that the patient has failed to lose weight via non-surgical, multidisciplinary intervention(s), including:
      - ☐ Completion of a physician-supervised weight loss program\* (with a goal of 5%-10% body mass decrease) over six consecutive months
      - ☐ Unequivocal clearance for bariatric surgery by a mental health provider
      - ☐ 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.

**NOTE:** These intervention(s) should be completed within one year of the request for surgery

## Indications for Adolescent Bariatric Surgery (3,4,5)

Adolescent Bariatric Surgery requires mandatory secondary medical review prior to approval. Initial bariatric surgical procedures for adolescents (13-18 years of age) are considered medically necessary when all the following conditions are met:

- At least one custodial parent or legal guardian commits to support and facilitate the adolescent patient's loss of weight, willingness to support, and facilitate permanent lifestyle changes

- 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
- One or more of the following BMI criteria are met:
  - BMI  $\geq$  40 **OR**  $>$  140% of the 95<sup>th</sup> percentile for age and sex (Class 3 obesity)
  - BMI  $\geq$  35 **OR**  $>$  120% of the 95<sup>th</sup> percentile for age and sex (Class 2 obesity) and at least one comorbid condition, including but not limited to:
    - Type-2 Diabetes Mellitus
    - Idiopathic intracranial hypertension
    - Non-alcoholic steatohepatitis or non-alcoholic fatty liver disease
    - Blount disease
    - Slipped capital femoral epiphysis
    - Obstructive sleep apnea
    - Gastroesophageal reflux disease

## **Repeat or Revision Bariatric Surgery (Adults and Adolescents)**

- Repeat or revision bariatric surgery is considered medically necessary to correct complications from the original surgery, such as <sup>(1,2,3)</sup>:
  - Fistula formation
  - Obstruction Stricture
  - Esophagitis unresponsive to nonsurgical treatment
  - Disruption/leakage due to failure of a suture or staple line
  - Band slippage
  - Internal hernia
  - Hemorrhage
  - Weight loss of 20% or more below the ideal body weight
- Repeat procedures for revision or conversion to another surgical procedure is considered medically necessary when there is documentation of inadequate weight loss or improvement of co-morbidities when all of the following apply <sup>(1,2)</sup>:
  - 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
  - Patient continues to meet the Indications/Criteria for Bariatric Surgery listed above
  - 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

- 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 <sup>(6)</sup>:
  - 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

Surgical reversal (i.e., takedown), revision of a previous bariatric surgical procedure, or conversion to another bariatric surgical procedure, is not considered medically necessary when there has been inadequate weight loss due to patient noncompliance with post-operative nutrition and exercise recommendations.

## CODING AND STANDARDS

### Codes

Code	Description
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon
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

Code	Description
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
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

Code	Description
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
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

## Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

## BACKGROUND

BMI classifications from the U.S. Centers for Disease control and Prevention <sup>(7)</sup>:

Classification	BMI (kg/m <sup>2</sup> )
Underweight	<18.50
Normal range	18.50 - 24.99
Overweight, Pre-Obese	≥25.00
Obese	≥30.00
Obese Class I	30.00 - 34.99
Obese Class II	35.00 - 39.99
Obese Class III	≥40.00

## POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> <li>This guideline replaces PA.040.CC Bariatric Surgery</li> <li>Editorial changes to match the formatting and layout of the new template, no changes to clinical content</li> </ul>

## LEGAL AND COMPLIANCE

### Guideline Approval

#### Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

### Disclaimer

*Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior*





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