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SHP Bariatric Services

AUTH: SHP Surgical 32 v6 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products that have Morbid Obesity coverage.

Some Plans have additional criteria within their benefit coverage, check Plan documents.

Authorization Requirements

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Pre-certification by the Plan is required.

Core liver biopsies are covered when performed with a bariatric surgery

Cholecystectomies are covered when performed with a bariatric surgery

Description of Item or Service

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Bariatric surgery is a weight loss surgery that restricts the amount of food the stomach can hold.

Core liver biopsy is a technique used to obtain a small piece of the liver for diagnostic testing.

Cholecystectomy is a surgical procedure to remove the gallbladder.

Exceptions and Limitations

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- Band adjustments or removal within 90 days of surgery are considered included in the global surgical fee and not separately allowable.
- Band adjustments after the 90 day period are excluded from coverage unless the member has the Morbid Obesity rider.
- Physical therapy for obesity is considered not medically necessary upon technology review as it is unproven to improve health outcomes.
- Stretching of a stomach pouch formed by a previous bypass/restrictive surgery, due to overeating, does not constitute a surgical complication and the revision of this condition is considered not medically necessary.
- There is insufficient scientific evidence to support the medical necessity of the following as they are not shown to improve health outcomes upon technology review:

- Endoluminal fastener and delivery system
 - Gastrointestinal liners (e.g., EndoBarrier)
 - Gastroplasty (e.g., stomach stapling)
 - Intra-gastric balloon
 - Laparoscopic greater curvature plication (e.g., total gastric vertical plication)
 - Loop gastric bypass
 - Lower greater curvature plication for the treatment of obesity
 - Mini gastric bypass
 - Roux-en-Y gastric bypass combined with simultaneous gastric banding biliopancreatic diversion (BPD) without duodenal switch (DS)
 - Silastic ring vertical gastric bypass (e.g., Fobi pouch)
 - Small intestine reconstruction to limit absorption
 - Transoral endoscopic bariatric surgery (e.g., transoral gastroplasty (TOGA), StomaphyX, restorative obesity surgery, endoluminal (ROSE) procedure, etc.)
 - Vagus nerve blocking (VNB) or vagal blocking therapy for the treatment of obesity
- There is insufficient scientific evidence to support the medical necessity of bariatric services for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Bariatric Surgery is considered medically necessary for **1 or more** of the following:
 - Bariatric surgery for adolescents is considered medically necessary with **ALL** of the following:
 - Individuals who have completed bone growth (generally age 13 in girls and 15 in boys)
 - Individuals with a body mass index (BMI) of **1 or more** of the following:
 - Body mass index (BMI) exceeding 40 and a severe comorbidity with **1 or more** of the following:
 - Clinically significant obstructive sleep apnea
 - Type 2 diabetes mellitus
 - Pseudotumor comorbidities
 - Body mass index (BMI) exceeding 50 and a less serious comorbidity with **1 or more** of the following:
 - Obesity related psychosocial distress
 - Hypertension
 - Dyslipidemia
 - Nonalcoholic steatohepatitis
 - Venous stasis disease
 - Significant impairment in activities of daily living
 - Intertriginous soft-tissue infections
 - Stress urinary incontinence
 - Gastroesophageal reflux disease
 - Weight related arthropathies that impair physical activity
 - Repeat bariatric surgery (individuals do not have to repeat the initial qualifying criteria) is considered medically necessary with **1 or more** of the following :
 - Conversion to a Roux-en-Y gastric bypass (RYGB) or biliopancreatic diversion/ duodenal switch (BPD/DS) is considered continued therapy with **ALL** of the following:
 - Individual has Morbid Obesity Rider
 - Individual has not had adequate success following the primary bariatric surgery as defined by **ALL** of the following:
 - Time frame of no less than 2 years
 - Loss of more than 50% of excess body weight
 - Individual has been compliant with the prescribed nutrition and exercise program
 - Conversion to a Roux-en-Y gastric bypass (RYGB) status post sleeve gastrectomy for individuals with gastroesophageal reflux disease who are refractory to medical therapy.
 - Surgical revision to address a complication when there is documentation of an ongoing problem related to the original surgery with **ALL** of the following:
 - Individual has Morbid Obesity Rider
 - Gastric band replacement or repositioning is covered for **ALL** of the following
 - Individual has Morbid Obesity Rider
 - Gastric band adjustments or removal are considered medically necessary with **1 or more** of the following:
 - Individual with or without Morbid Obesity Rider with indications of **1 or more** of the following :
 - Individual with band intolerance
 - Individual with band leakage

- Individual with band slippage
- Individual with band erosion
- Individual with thrombus development
- Individual with pouch dilation
- Individual with stomal obstruction
- Individual with port infection
- Individual with port malfunction
- Individual with esophagitis if intractable to medical therapy
- Individual with esophageal dilatation
- Individual with hiatus hernia
- Individual with fistula formation
- Individual with other complication
- Bariatric surgery for adults with **1 or more** of the following:
 - Open or laparoscopic Roux-en-Y gastric bypass (RYGB) is considered medically necessary with **ALL** of the following:
 - Individual with severe obesity that has persisted for at least the last 2 years defined by **1 or more** of the following:
 - Body mass index (BMI) exceeding 40
 - Individual with a body mass index (BMI) greater or equal to 35 in conjunction with **1 or more** of the following:
 - Coronary artery disease
 - Cerebral vascular disease
 - Type 2 diabetes mellitus
 - Clinically significant obstructive sleep apnea
 - Hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic)
 - Individual has completed growth (>18 years of age)
 - Individual with documentation of compliance with and failure of a medically supervised weight loss program as evidenced by **1 or more** of the following:
 - Individuals with a Fully Insured Commercial Plan, Optima Virginia Medicaid Plan, or Optima Medicare coverage must meet **ALL** of the following:
 - Individual participated in a physician supervised nutrition and exercise program for weight loss
 - Individual has participated for 6 months
 - Individual's progress is documented at least monthly throughout the course of the nutrition and exercise program
 - Individual's program must be within a 12 month period prior to the bariatric surgery request
 - Individual's bariatric surgeon must be part of the multidisciplinary surgery preparatory program for at least 3 consecutive months before the request
 - Individuals with a Self- Funded Commercial Plan must meet **ALL** of the following:
 - Individual's nutrition and exercise program for weight loss may be administered at least monthly by **1 or more** of the following:
 - Certified diabetes educator (CDE)
 - Registered dietitian (RD)
 - Registered Nurse (RN) under the supervision of a physician at least monthly
 - Individual's specific benefit plan's requirements must be met
 - Open or laparoscopic biliopancreatic diversion (BPD) is considered medically necessary with **ALL** of the following:
 - Individual with severe obesity that has persisted for at least the last 2 years defined by **1 or more** of the following:
 - Body mass index (BMI) exceeding 40
 - Individual with a body mass index (BMI) greater or equal to 35 in conjunction with **1 or more** of the following:
 - Coronary artery disease
 - Cerebral vascular disease
 - Type 2 diabetes mellitus
 - Clinically significant obstructive sleep apnea
 - Hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic)
 - Individual has completed growth (>18 years of age)

- Individual with documentation of compliance with and failure of a medically supervised weight loss program as evidenced by **1 or more** of the following:
 - Individuals with a Fully Insured Commercial Plan, Optima Virginia Medicaid Plan, or Optima Medicare coverage must meet **ALL** of the following:
 - Individual participated in a physician supervised nutrition and exercise program for weight loss
 - Individual has participated for 6 months
 - Individual's progress is documented at least monthly throughout the course of the nutrition and exercise program
 - Individual's program must be within a 12 month period prior to the bariatric surgery request
 - Individual's bariatric surgeon must be part of the multidisciplinary surgery preparatory program for at least 3 consecutive months before the request
 - Individual's specific benefit plan's requirements must be met
 - Individual with a Self-Funded Commercial Plan must meet **ALL** of the following:
 - Individual's nutrition and exercise program for weight loss may be administered at least monthly by **1 or more** of the following:
 - Certified diabetes educator (CDE)
 - Registered dietitian (RD)
 - Registered Nurse (RN) under the supervision of a physician at least monthly
 - Individual's specific benefit plan's requirements must be met
- Laparoscopic adjustable silicone gastric banding (LASGB) is considered medically necessary with **ALL** of the following:
 - Individual with severe obesity that has persisted for at least the last 2 years defined by **1 or more** of the following:
 - Body mass index (BMI) exceeding 40
 - Individual with a body mass index (BMI) greater or equal to 35 in conjunction with **1 or more** of the following:
 - Coronary artery disease
 - Cerebral vascular disease
 - Type 2 diabetes mellitus
 - Clinically significant obstructive sleep apnea
 - Hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic)
 - Individual has completed growth (>18 years of age)
 - Individual with documentation of compliance with and failure of a medically supervised weight loss program as evidenced by **1 or more** of the following:
 - Individuals with a Fully Insured Commercial Plan, Optima Virginia Medicaid Plan, or Optima Medicare coverage must meet **ALL** of the following:
 - Individual participated in a physician supervised nutrition and exercise program for weight loss
 - Individual has participated for 6 months
 - Individual's progress is documented at least monthly throughout the course of the nutrition and exercise program
 - Individual's program must be within a 12 month period prior to the bariatric surgery request
 - Individual's bariatric surgeon must be part of the multidisciplinary surgery preparatory program for at least 3 consecutive months before the request
 - Individual's specific benefit plan's requirements must be met
 - Individuals with a Self-Funded Commercial Plan must meet **ALL** of the following:
 - Individual's nutrition and exercise program for weight loss may be administered at least monthly by **1 or more** of the following:
 - Certified diabetes educator (CDE)
 - Registered dietitian (RD)
 - Registered Nurse (RN) under the supervision of a physician at least monthly
 - Individual's specific benefit plan's requirements must be met
- Open or laparoscopic sleeve gastrectomy is considered medically necessary with **ALL** of the following:
 - Individual with severe obesity that has persisted for at least the last 2 years defined by **1 or more** of the following:
 - Body mass index (BMI) exceeding 40
 - Individual with a body mass index (BMI) greater or equal to 35 in conjunction with **1 or more** of the following:

- Coronary artery disease
 - Cerebral vascular disease
 - Type 2 diabetes mellitus
 - Clinically significant obstructive sleep apnea
 - Hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic)
- Individual has completed growth (>18 years of age)
- Individual with documentation of compliance with and failure of a medically supervised weight loss program as evidenced by **1 or more** of the following:
 - Individuals with a Fully Insured Commercial Plan, Optima Virginia Medicaid Plan, or Optima Medicare coverage must meet **ALL** of the following:
 - Individual participated in a physician supervised nutrition and exercise program for weight loss
 - Individual has participated for 6 months
 - Individual's progress is documented at least monthly throughout the course of the nutrition and exercise program
 - Individual's program must be within a 12 month period prior to the bariatric surgery request
 - Individual's bariatric surgeon must be part of the multidisciplinary surgery preparatory program for at least 3 consecutive months before the request
 - Individual with a Self -Funded Commercial Plan must meet **ALL** of the following:
 - Individual's nutrition and exercise program for weight loss may be administered at least monthly by **1 or more** of the following:
 - Certified diabetes educator (CDE)
 - Registered dietitian (RD)
 - Registered Nurse (RN) under the supervision of a physician at least monthly
 - Individual's specific benefit plan's requirements must be met
- Bariatric surgery is **NOT COVERED** for **ANY** of the following:
 - Band adjustments or removal within 90 days of surgery are considered included in the global surgical fee and not separately allowable.
 - Band adjustments after the 90 day period are excluded from coverage unless the member has the Morbid Obesity rider.
 - Physical therapy for obesity is considered not medically necessary upon technology review as it is unproven to improve health outcomes.
 - Stretching of a stomach pouch formed by a previous bypass/restrictive surgery, due to overeating, does not constitute a surgical complication and the revision of this condition is considered not medically necessary.
 - Endoluminal fastener and delivery system
 - Gastrointestinal liners (e.g., EndoBarrier)
 - Gastroplasty (e.g., stomach stapling)
 - Intestinal bypass (e.g., jejunioileal bypass)
 - Intra-gastric balloon
 - Laparoscopic greater curvature plication (e.g., total gastric vertical plication)
 - Loop gastric bypass
 - Lower greater curvature plication for the treatment of obesity
 - Mini gastric bypass
 - Roux-en-Y gastric bypass combined with simultaneous gastric banding biliopancreatic diversion (BPD) without duodenal switch (DS)
 - Silastic ring vertical gastric bypass (e.g., Fobi pouch)
 - Small intestine reconstruction to limit absorption
 - Transoral endoscopic bariatric surgery (e.g., transoral gastroplasty (TOGA), StomaphyX, restorative obesity surgery, endoluminal (ROSE) procedure, etc.)
 - Vagus nerve blocking (VNB) or vagal blocking therapy for the treatment of obesity
 - Vertical banded gastroplasty (open and laparoscopic)

Document History

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- Revised Dates:
 - 2021: January, March, August
 - 2019: November
 - 2016: April
 - 2015: June

- 2014: April, June, July, August
 - 2013: January, April, June
 - 2012: March, June, July, September, December
 - 2011: October
 - 2010: November
 - 2009: August
 - 2008: October
 - 2005: September
 - 2004: July
 - 2003: April, September
 - 2001: September
 - 2000: July
 - 1999: March, September
 - 1996: August
- Reviewed Dates:
 - 2023: March
 - 2022: March
 - 2020: April
 - 2018: November
 - 2017: November
 - 2016: January
 - 2011: September
 - 2010: April, October
 - 2007: December
 - 2005: December
 - 2004: February, August, September
 - 2002: September
 - 1998: October
 - 1995: May
 - Effective Date: January 1993

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 43633 - Gastrectomy, partial, distal; with Roux-en-Y Reconstruction
 - CPT 43644 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
 - CPT 43645 - Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
 - CPT 43659 - Unlisted laparoscopy procedure, stomach
 - CPT 43770 - Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
 - CPT 43771 - Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
 - CPT 43772 - Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
 - CPT 43773 - Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
 - CPT 43774 - Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
 - CPT 43775 - Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
 - CPT 43842 - Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
 - CPT 43843 - Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
 - CPT 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)
 - CPT 43846 - Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
 - CPT 43847 - Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption

- CPT 43848 - Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
- CPT 43886 - Gastric restrictive procedure, open; revision of subcutaneous port component only
- CPT 43887 - Gastric restrictive procedure, open; removal of subcutaneous port component only
- CPT 43888 - Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
- CPT 47000 - Biopsy of liver, needle; percutaneous
- CPT 47001 - Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
- HCPCS S2083 - Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 0312T - Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
 - CPT 0313T - Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
 - CPT 0314T - Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
 - CPT 0315T - Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
 - CPT 0316T - Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
 - CPT 0317T - Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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DME Manual. (2022). Retrieved Jan 4, 2023, from DMAS: <https://www.dmas.virginia.gov/>

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National Coverage Determination (NCD) Gastric Balloon for Treatment of Obesity 100.11. (2013). Retrieved Dec 30, 2022, from Centers for Medicare & Medicaid Services NCD: [https://www.cms.gov/MEDICARE-COVERAGE-DATABASE/view/ncd.aspx?NCAId=262&NcaName=Ocular+Photodynamic+Therapy+\(OPT\)+with+Verteporfin+for+Macular+Degeneration&ExpandComments=y&CommentPeriod=0&NCDId=111&ncdver=1&bc=AIAAAAAAIEAAAA%3D%3D&](https://www.cms.gov/MEDICARE-COVERAGE-DATABASE/view/ncd.aspx?NCAId=262&NcaName=Ocular+Photodynamic+Therapy+(OPT)+with+Verteporfin+for+Macular+Degeneration&ExpandComments=y&CommentPeriod=0&NCDId=111&ncdver=1&bc=AIAAAAAAIEAAAA%3D%3D&)

Codes

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CPT® : 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 43633, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 47000, 47001, S2083

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