

Bariatric Services

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Bariatric Services.

- Core liver biopsies are covered when performed with bariatric surgery.
- Cholecystectomies are covered when performed with bariatric surgery.

Description & Definitions:

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.

Criteria:

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 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 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 for **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 an Sentara Health Plan Virginia Medicaid 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
- 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 an-, Sentara Health Plan Virginia Medicaid-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 month
 - 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
- 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 Sentara Health Plan Virginia Medicaid,-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 month

- 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
- 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 Sentara Health Plan Virginia Medicaid-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 month
 - 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

Bariatric surgery is **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- 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)

Coding:

Medically necessary with criteria:

Coding	Description
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
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, 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 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 (ie, 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
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)
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
47000	Biopsy of liver, needle; percutaneous
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)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

Considered Not Medically Necessary:

Coding	Description
64999	Unlisted procedure, nervous system
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
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

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

References:

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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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+Macula+r+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+Macula+r+Degeneration&ExpandComments=y&CommentPeriod=0&NCDId=111&ncdver=1&bc=AIAAAAAAIEAAAA%3D%3D&)

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization

for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Morbid obesity, gastrectomy, lap band, gastric restrictive procedure, bariatric services, bariatric surgery, roux-en-Y gastric bypass, RYGB, biliopancreatic diversion, BPD, duodenal switch, laparoscopic adjustable silicone gastric banding, LASGB, sleeve gastrectomy, shp surgical 32, Endoluminal fastener and delivery system, Gastrointestinal liners, EndoBarrier, Gastroplasty, stomach stapling, Intestinal bypass, jejunoileal bypass, Intra gastric balloon, Laparoscopic greater curvature plication, total gastric vertical plication, Loop gastric bypass, Lower greater curvature plication, Mini gastric bypass, gastric banding , Silastic ring vertical gastric bypass, Fobi pouch, Small intestine reconstruction to limit absorption, Transoral endoscopic bariatric surgery, transoral gastroplasty, TOGA, StomaphyX, restorative obesity surgery, endoluminal, Vagus nerve blocking, vagal blocking therapy, Vertical banded gastroplasty