Important note
Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not necessarily based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies restrict or extend coverage at odds with this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan. CMS's Coverage Issues Manual can be found on the following website: http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp

SERVICE: Bariatric (Weight Loss) Surgery

PRIOR AUTHORIZATION: Required.

POLICY: Bariatric surgery is a contract exclusion in many SWHP products, and thus not a covered benefit. Bariatric surgery IS covered for Senior Care members when criteria are met. For self-funded lines of business, criteria and/or terms set forth in the SPD may override criteria listed where applicable.

When part of a member’s benefit package, bariatric surgery may be covered when ALL of the following criteria are met:

1. Body Mass Index (BMI) ≥ 35 (morbid obesity), AND one or more high risk co-morbid conditions:
   a. Type 2 diabetes
   b. Refractory hypertension
   c. Refractory hyperlipidemia in spite of diet and pharmacotherapy
   d. Obesity induced cardiomyopathy
   e. Clinically significant obstructive sleep apnea
   f. Obesity related hypoventilation
   g. Pseudotumor cerebri
   h. Severe arthropathy of spine and/or weight bearing joints where obesity precludes appropriate surgical management
   i. Hepatic steatosis without evidence of active inflammation

Though the conditions listed above need not be immediately life-threatening for Medicare to cover bariatric surgery, the condition must not be trivial or easily controlled with non-invasive means (such as medication) and must be of sufficient severity as to pose considerable short- or long-term risk to function and/or survival.

Some benefit packages permit certain bariatric procedures at BMI ≥ 30. Check EOC or SPD for coverage.

Some benefit packages permit certain bariatric procedures without co-morbidities for BMI ≥ 40. Check EOC or SPD for coverage.
2. History of previous unsuccessful medical treatment for obesity as determined by meeting ALL of these criteria:
   - The patient has been provided with knowledge and tools needed to achieve lifelong lifestyle changes, exhibits understanding of the needed changes and has demonstrated to clinicians involved in his or her care to be capable and willing to undergo the changes.
   - The patient has made a diligent effort to achieve healthy body weight with such efforts described in the medical record and certified by the operating surgeon.
   - The patient has failed to maintain a healthy weight despite adequate participation in a structured dietary program overseen by one of the following: Physician, Registered dietician, Board certified specialist in pediatric nutrition, Board certified specialist in renal nutrition, Fellow of the American Dietetic Association. The patient’s medical record should document compliance with the medical supervised dietary program with no net weight gain during the time that the patient participates in the weight loss program.

3. Pre-operative evaluation by a mental health professional (psychiatrist or psychologist) experienced in the evaluation and management of bariatric surgery candidates to exclude patients who are unable to personally provide informed consent, who are unable to comply with a reasonable pre- and postoperative regimen, or who have a significant risk of postoperative decompensation is recommended.

   The mental health professional, the surgeon and the patient should be in agreement that the patient is an appropriate candidate for the surgery.

A patient undergoing bariatric surgery should undergo preoperative evaluation that is medically reasonable and necessary based upon his comorbid medical conditions and medical/surgical history. All underlying medical conditions that will likely impact or complicate the patient’s surgical and postoperative course must be adequately controlled before surgery.

**Covered procedures include;**

1. Laparoscopic adjustable gastric banding
2. Open or laparoscopic Roux-en-Y gastric bypass
3. Laparoscopic sleeve gastrectomy
4. Open or laparoscopic biliopancreatic diversion with duodenal switch

**Exclusions:**

1. Bariatric surgery for any indication not mentioned above
2. Bariatric surgery in children
3. Open or laparoscopic vertical banded gastroplasty
4. Bariatric procedures that are considered experimental/investigational given the limited available information regarding their safety and efficacy, including but not limited to:
   a. Gastric balloon
   b. Gastric electrical stimulation
   c. Laparoscopic mini-gastric bypass
   d. Natural orifice transluminal endoscopic surgery (NOTES), including endoscopic duodenal-jejunal bypass, restorative obesity surgery - endoluminal (ROSE) procedure, transoral gastroplasty
e. Intestinal bypass.

f. Mini-gastric bypass.

g. Silastic ring vertical gastric bypass (Fobi pouch).

5. Surgical procedures for the removal of excess skin and fat resulting from weight loss following bariatric surgery

OVERVIEW: Obesity is a significant public health issue, with the U.S. prevalence increasing from 15% in 1980 to 32% in 2004. Approximately 20% of obese individuals are considered morbidly obese, and conservative weight loss measures are generally less effective in this population. Obesity is associated with a host of other medical issues, including diabetes, cardiovascular disease, and degenerative joint disease.

Bariatric surgical procedures were developed as a treatment option for carefully selected adults with clinically severe obesity, when less invasive methods of weight loss have been unsuccessful. There are several types of procedures, categorized as restrictive (reducing the size of the stomach), malabsorptive, or a combination of both. Some of them involve open abdominal operations, while others are accomplished laparoscopically. The most commonly performed procedures are Roux-en-Y gastric bypass (open or laparoscopic), laparoscopic gastric banding, and vertical banded gastroplasty. Surgical candidates undergo multi-disciplinary preoperative education and counseling, psychological clearance given the postoperative lifestyle changes required, and their procedures are often performed in centers of excellence.

When performed by experienced surgeons, bariatric surgery is effective in achieving clinically significant weight loss, and may improve quality of life. Serious complication and death however may occur, though the rates are low in most centers.

CMS: National Coverage Determination (NCD) 100.1 initially published February 12, 2009, most recently revised in 2013, Medicare coverage requirements for bariatric surgery. The criteria are similar to the above as follows:

1. BMI ≥ 35

2. At least one comorbidity, of significant risk, related to obesity:
   a. Type 2 diabetes
   b. Refractory hypertension
   c. Refractory hyperlipidemia
   d. Obesity induced cardiomyopathy
   e. Clinically significant obstructive sleep apnea
   f. Obesity related hypoventilation
   g. Pseudotumor cerebri
   h. Severe arthropathy of spine and/or weight bearing joints where obesity precludes appropriate surgical management
   i. Hepatic steatosis without evidence of active inflammation

3. Previously unsuccessful with medical treatment for obesity as documented in the medical record:
   a. The patient has been provided with knowledge and tools needed to achieve such lifelong lifestyle changes, exhibits understanding of the needed changes and is demonstrated to clinicians involved in his or her care to be capable and willing to undergo the changes.
   b. The patient has made a diligent effort to achieve healthy body weight with such efforts described in the medical record and certified by the operating surgeon.
c. The patient has failed to maintain a healthy weight despite adequate participation in a structured dietary program overseen by one of the following: Physician, Registered dietician, Board certified specialist in pediatric nutrition, Board certified specialist in renal nutrition, Fellow of the American Dietetic Association.

4. Preoperative Psychological/Psychiatric Evaluation
5. )

Medicare covered procedures:
1. Open and laparoscopic Roux-en-Y gastric bypass
2. Open and laparoscopic biliopancreatic diversion with duodenal switch
3. Laparoscopic adjustable gastric banding
4. Laparoscopic sleeve gastrectomy

Medicare non-covered procedures:
1. Open adjustable gastric banding
2. Open sleeve gastrectomy
3. Open and laparoscopic vertical banded gastroplasty
4. Gastric balloon
5. Intestinal bypass
6. Mini-gastric bypass
7. Silastic ring vertical gastric bypass

There is no longer and LCD effective 9/30/2016.

Mandates: None applicable

CODES:

Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, gastric restriction, with Roux-en-Y</td>
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<tr>
<td>43645</td>
<td>Laparoscopy, gastric restriction, gastric bypass with small intestine</td>
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<tr>
<td></td>
<td>reconstruction to limit absorption</td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, gastric restriction, gastric band</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, revision of gastric band</td>
</tr>
<tr>
<td>43772</td>
<td>Laparoscopy, removal of gastric band</td>
</tr>
<tr>
<td>43773</td>
<td>Laparoscopy, removal and replacement of gastric band</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, removal of gastric band and port</td>
</tr>
<tr>
<td>43775</td>
<td>Laparoscopy, sleeve gastrectomy</td>
</tr>
<tr>
<td>43843</td>
<td>Gastric restriction, without gastric bypass, other than vertical banded</td>
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<tr>
<td></td>
<td>gastroplasty</td>
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<tr>
<td>43845</td>
<td>Biliopancreatic diversion with duodenal switch</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restriction, Roux-en-Y</td>
</tr>
<tr>
<td>43847</td>
<td>Gastric restriction, gastric bypass, with small intestine reconstruction to</td>
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<tr>
<td></td>
<td>limit absorption</td>
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<tr>
<td>43848</td>
<td>Revision of gastric restrictive procedure, other than gastric band</td>
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<td>43886</td>
<td>Revision of gastric band port</td>
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<td>43887</td>
<td>Removal of gastric band port</td>
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<tr>
<td>43888</td>
<td>Removal and replacement of gastric band port</td>
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</tbody>
</table>
CPT codes NOT covered:  43842  Vertical banded gastroplasty
HCPCS Codes:  S2083  Gastric band port adjustment, injection or aspiration

ICD10 codes:
- E66.01 Morbid obesity
- Z68.3 Body mass index 30-39
- Z68.4 Body mass index 40+
- Z68.53 BMI pediatric, greater than 85th percentile
- E13.37X1-E13.37X3

POLICY HISTORY:

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<td>11/15/2012</td>
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<td>Revised pre-surg dietary therapy. Added body of LCD.</td>
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<td>Removed LCD, updated NCD language and codes.</td>
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REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding this subject and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

6. LCD L32619 (Novitas Solutions) Revision 9/1/2014