



## Clinical Review Criteria Related to Surgical Management of Morbid Obesity

### I. Criteria for Approval:

#### A. Body Mass Index

Greater than 40 with ALL of the following criteria met:

- failure of medical management to long term weight loss AND
- evidence of active participation and motivation in program AND
- documented enrollment in a program that provides multidisciplinary evaluation and includes behavioral health, nutrition and medical management pre-op and post-op

OR

Greater than or equal to 35 and meets ALL of the above criteria and has one or more high risk comorbid conditions including but not limited to:

- cardiovascular disease
- type 2 diabetes
- hypertension
- coronary artery disease
- pulmonary hypertension
- obesity-related functional impairment, with documentation of treatment by a physician;  
**AND**

#### B. Other Requirements

1. The member has completed a medical evaluation recommending bariatric surgery; **AND**
2. The member has completed a psychiatric or psychological evaluation within the past year; **AND**
3. The member has shown compliance over a minimum of the past 6 months as demonstrated by commitment to the program, participation in support group meetings, and cooperation with long-term follow-up. Alternatively, members who show a minimum weight loss of 10% need only demonstrate participation for three months.
4. The member cannot have a net weight gain during the program.

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- C. MHI covers adjustments, revisions, and replacements of gastric banding as medically necessary to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following a medically necessary adjustable gastric banding procedure. No prior authorization for the replacement of a gastric band by another gastric band is required.
- D. Individual plan benefits and limitations will apply.
- E. Repeat Bariatric Surgery:
  - 1. Conversion to a sleeve gastrectomy, RYGB or BPD/DS is considered medically necessary for members who have not had adequate success (defined as loss of more than 50% of excess body weight) 2 years following the primary bariatric surgery procedure *and* the member has been compliant with a prescribed nutrition and exercise program following the procedure; *or*
  - 2. Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy anastomosis is considered medically necessary if the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, *and* the member has been compliant with a prescribed nutrition and exercise program following the procedure; *or*
  - 3. Replacement of an adjustable band is considered medically necessary if there are complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments; *or*
  - 4. Conversion from an adjustable band to a sleeve gastrectomy, RYGB or BPD/DS is considered medically necessary for members who have been compliant with a prescribed nutrition and exercise program following the band procedure, and there are complications that cannot be corrected with band manipulation, adjustments or replacement.
- F. For NH Plans:
  - 1. Bariatric surgery
    - A) Requires physician order stating that treatment is medically necessary and in accordance with the patient qualifications and treatment standards set forth by the American Society for Metabolic and Bariatric Surgery or the American College of Surgeons. Service include but are not limited to pre-operative psychological screening and counseling, behavior modification, weight loss, exercise regimens, nutritional counseling, and post-operative follow-up, overview, and counseling of dietary, exercise, and lifestyle changes.

## II. Required Documentation

- A. Clinical notes referring to all of the above

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### III. What is Not Covered

- A. MHI will not cover repeat bariatric surgery/procedure or another bariatric surgery/procedure due to inadequate weight loss unless medically necessary.
- B. Bariatric Surgery for Morbid Obesity is considered **experimental and investigational** for patients younger than 18 years of age.
- C. The following bariatric procedures are considered experimental and investigational:
  - Fobi-Pouch (limiting proximal gastric pouch)
  - Gastroplasty (stomach stapling)
  - Intestinal bypass (jejunoileal bypass)
  - Intra-gastric balloon
  - Loop gastric bypass
  - Mini-gastric bypass
  - Natural Orifice Transluminal Endoscopic Surgery™ (NOTES™) (e.g., StomaphyX™)
  - EndoBarrier™ Gastrointestinal Liner

#### **Applicable Coding:**

Codes may not be all inclusive as the American Medical Association (AMA) code updates may occur more frequently or at different intervals than policy updates. These codes are not intended to be used for coverage determinations. **Codes covered when medically necessary.**

CPT Codes	
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
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
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

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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
43775	Longitudinal gastrectomy (i.e., sleeve gastrectomy)

**References:**

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO), The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults Evidence Report, NIH Pub. 00-4084, page 54, October 2000

[https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd\\_c.pdf](https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf)

(Last Accessed 7/29/16).

CMS NCD Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy (LSG) January 29, 2013 Change Request 8028

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2641CP.pdf>

(Last Accessed 7/21/16)

CMS.gov Bariatric Surgery

<https://www.cms.gov/medicare/medicare-general-information/medicareapprovedfacilitie/bariatric-surgery.html>

(Last Accessed 7/21/16)

CMS.gov Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R)

[https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&ver=32&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+\(1st+Recon\)&bc=BEAAAAAAEAgA](https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=160&ver=32&NcaName=Bariatric+Surgery+for+the+Treatment+of+Morbid+Obesity+(1st+Recon)&bc=BEAAAAAAEAgA)

(Last Accessed 8/1/16)

[Juan A. Luján](#), MD, PhD, [M Dolores Frutos](#), MD, [Quiteria Hernández](#), MD, [Ramón Liron](#), MD, PhD, [Jose R. Cuenca](#), MD, [Graciela Valero](#), MD, and [Pascual Parrilla](#), MD, PhD,

Laparoscopic Versus Open Gastric Bypass in the Treatment of Morbid Obesity, A Randomized Prospective Study. *Annals of Surgery* 2004, April 239 (4):433-437

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1356246/>

(Last Accessed 8/2/16)

Laparoscopic Bariatric Surgery: Roux-en-Y Gastric Bypass, Vertical Banded Gastroplasty and Adjustable Gastric Banding. Published 06/07/07

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<http://www.hayesinc.com>

(Last Accessed 8/2/16).

Laparoscopic Sleeve Gastrectomy for Super Obesity in Adults, Published 10/19/12

<https://www.Hayesinc.com>

(Last Accessed 8/2/16)

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