

## Bariatric Surgery (Weight Reduction Surgeries)

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Operations for weight loss include a combination of volume-restrictive intestinal hormone alteration and nutrient-malabsorptive procedures that affect satiety, absorption, and insulin sensitivity in conjunction with behavior modification to achieve and sustain weight loss.

The following CPT codes related to Bariatric Surgery require preauthorization:

- 43644, 43645
- 43770-43775
- 43842, 43843, 43845-43848

### I. Criteria for Initial Approval

Bariatric Surgery will be considered for coverage when **ALL** of the criteria below are met, and confirmed with supporting medical documentation:

#### **Adults**

- Diagnosed with obesity, defined as:
  - Severely obese with a BMI  $\geq 40$  kg/m<sup>2</sup>; OR
  - Severely obese with a BMI  $\geq 35$  kg/m<sup>2</sup>, with at least **ONE** comorbidity that is refractory to medical management (including but not limited to):
    - Type 2 Diabetes Mellitus;
    - Cardiovascular Disease:
      - Medically refractory hypertension;
      - Hypercholesterolemia; OR
      - Coronary heart disease by objective documentation (e.g., exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure, or prior myocardial infarction).
    - Clinically significant obstructive Sleep Apnea;
    - GERD;
    - Nonalcoholic steatohepatitis (NASH);
    - Osteoarthritis (documentation of significant limitations to aspects of daily living); OR

- Pseudotumor Cerebri.
- Patient does not have a medically treatable cause for obesity (e.g., thyroid or other endocrine disorder).
- Patient has made multiple attempts at non-surgical weight loss (e.g., diet, exercise, and/or medications).
  - The patient must complete and show documentation that they have participated in a medically supervised weight loss program for six months within the last 24 months prior to surgery.
- Patient has had a recent (within the preceding 24 months) psychosocial evaluation.
  - Psychological evaluation and clearance by a licensed mental health provider to assess the ability to comply with all pre- and post-surgical requirements.
- Planned Bariatric Surgery will be part of a comprehensive pre-surgical, surgical and post-surgical program.
  - Performed in a facility/program accredited as a Bariatric Center for Excellence;
  - Performed by a surgeon with specialized training and experience in the specific bariatric surgery procedure; AND
  - Any device used for bariatric surgery must be **FDA Approved** for that purpose and used according to the labeled indications.

**Adolescents (< age 18 years)**

- Diagnosed with obesity, defined as:
  - Severely obese with a BMI  $\geq 40$  kg/m<sup>2</sup>; OR
  - Severely obese with a BMI  $\geq 35$  kg/m<sup>2</sup>, with at least **ONE** comorbidity that is refractory to medical management (including but not limited to):
    - Type 2 Diabetes Mellitus;
    - Cardiovascular Disease:
      - Medically refractory hypertension;
      - Hypercholesterolemia; OR
      - Coronary heart disease by objective documentation (e.g., exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure, or prior myocardial infarction).
    - Clinically significant obstructive Sleep Apnea;
    - GERD;
    - Nonalcoholic steatohepatitis (NASH);

- Osteoarthritis (documentation of significant limitations to aspects of daily living); OR
  - Pseudotumor Cerebri.
- Patient does not have a medically treatable cause for obesity (e.g., thyroid or other endocrine disorder).
- Patient has attained a minimum of Tanner Stage 4 or 5 pubertal development and final or near-final adult height.
- Patient has made multiple attempts at non-surgical weight loss (e.g., diet, exercise, and/or medications).
  - The patient must complete and show documentation that they have participated in a medically supervised weight loss program for six months within the last 24 months prior to surgery.
- Patient has had a recent (within the preceding 24 months) psychosocial evaluation.
  - Psychological evaluation and clearance by a licensed mental health provider to assess the ability to comply with all pre- and post-surgical requirements.
- Planned Bariatric Surgery will be part of a comprehensive pre-surgical, surgical and post-surgical program.
  - Performed in a facility/program accredited as a Bariatric Center for Excellence;
  - Performed by a surgeon with specialized training and experience in the specific bariatric surgery procedure; AND
  - Any device used for bariatric surgery must be **FDA Approved** for that purpose and used according to the labeled indications.

## II. Required Clinical Information

Documentation of **ALL** of the following:

- From the Requesting Provider/Bariatric Center:
  - Letter of medical necessity;
  - Recent History and Physical Exam, including progress and consultative notes to include:
    - Preoperative workup;
    - Psychosocial Evaluation;
    - Nutritional/Dietician Evaluation;
    - Documentation of any comorbid risk factors;
    - Documentation of patient's symptoms believed to be caused by obesity;

- Documentation of efforts to medically manage weight loss; AND
- Medical and Cardiac clearance, including EKG (for patients with a history of cardiac disease).

### III. Coverage Limitations and Exclusions

**Relative contraindications to surgery may include, but are not limited to:**

- Severe heart failure;
- Unstable coronary artery disease;
- End-stage lung disease;
- Active cancer diagnosis/treatment;
- Cirrhosis with portal hypertension;
- Uncontrolled drug or alcohol dependency; OR
- Inflammatory bowel disease (i.e. Crohn's disease may be a relative contraindication to some bariatric surgical procedures.)

### IV. Length of Authorization for Initial Therapy

Bariatric surgery preauthorization will be authorized for three months when the criteria for initial approval are met.

### V. Billing Code/Information

The following list includes a detailed description of the CPT codes that are covered services and require prior authorization:

- 43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150cm 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 restrictive device (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 (e.g., sleeve gastrectomy)
- 43842 Vertical-Banded Gastroplasty (VBG)
- 43843 Gastric restrictive procedure, without gastric bypass, for morbid obesity
- 43845 Open Procedure: Gastric restrictive procedure, with partial gastrectomy, pylorus-preserving duodenoileostomy (50 to 100 cm common channel) to limit absorption (BPD/DS)
- 43846 Gastric restrictive procedure, with gastric bypass for morbid obesity
- 43847 Biliopancreatic Diversion (BPD)
- 43848 Revision RYGB

*Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.*

**Approved by MDH Clinical Criteria Committee: 1/2022**

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