

## Bariatric Surgery

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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary bariatric surgical procedures for patients who are 16 years of age or older and diagnosed with persistent BMI greater than 40 for at least two years (24 months).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Roux-en-Y Gastric Bypass (RYGBP)** – The RYGBP achieves weight loss by gastric restriction and malabsorption. Reduction of the stomach to a small gastric pouch (30 cc) results in feelings of satiety following even small meals. This small pouch is connected to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, thereby reducing absorption. RYGBP procedures can be open or laparoscopic.

**Sleeve Gastrectomy** – A procedure performed by removing approximately 80% of the stomach. The remaining stomach is a tubular pouch that resembles a banana.

**Biliopancreatic Diversion with Duodenal Switch (BPD/DS)** – A procedure with two components. First, a smaller, tubular stomach pouch is created by removing a portion of the stomach, very similar to the sleeve gastrectomy. Next, a large portion of the small intestine is bypassed.

**Adjustable Gastric Banding (AGB)** – Also called a lap-band, an inflatable silicone device placed around the top portion of the stomach to treat obesity, intended to slow consumption of food and thus reduce the amount of food consumed.

**Vertical banded gastroplasty (VBG)** – Also known as stomach stapling, a form of bariatric surgery for weight control. The VBG involves using a band and staples to create a small stomach pouch.

#### CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI

Underweight	<18.5 kg/m <sup>2</sup>	
Normal weight	18.5 – 24.9 kg/m <sup>2</sup>	
Overweight	25.0 -29.9 kg/m <sup>2</sup>	
Obese	30.0 – 34.9 kg/m <sup>2</sup>	I
Obese	35.0 – 39.9 kg/m <sup>2</sup>	II
Extremely obese	40.0 and higher kg/m <sup>2</sup>	III

#### PROCEDURES

A prior authorization is required.

The policy is applicable at the time surgery is requested. BMI and weight requirements apply at the time of the initial consultation with the bariatric surgeon.

The following bariatric procedures may be considered medically necessary for the surgical treatment of morbid obesity when ALL of the selection criteria are met. Bariatric surgery should be performed in appropriately selected individuals by surgeons who are adequately trained and experienced in the specific techniques used and in institutions that support a comprehensive bariatric surgery program, including long-term monitoring and follow-up post-surgery.

- Biliopancreatic bypass with duodenal switch (or open procedure for individuals with a BMI of 50 kg/m<sup>2</sup> or greater; or
- Roux-en-Y gastric bypass (RYGB) (laparoscopic or open procedure); or
- Sleeve Gastrectomy (laparoscopic or open procedure)
  - Sleeve gastrectomy is an eligible procedure as a first stage of a two-stage procedure or as a sole definitive procedure.
  - For high BMI individuals in whom the duodenal switch may be difficult, it is reasonable to do a sleeve gastrectomy as the first stage of an intended two-stage duodenal switch. This does permit subsequent assessment of both the efficacy of the sleeve (to see whether the second stage is really needed), assessment of the compliance of the individual (to see whether the more complicated procedure is justified) or to examine the metabolic and nutritional effects of the sleeve (to see whether potential further metabolic derangements of the duodenal switch would make it unadvisable).

Laparoscopic adjustable gastric banding using an FDA-approved adjustable gastric band is a second-tier procedure that should ONLY be performed when extenuating circumstances exist.

Laparoscopic adjustable gastric banding is contraindicated for individuals aged 17 years or under.

## SELECTION CRITERIA FOR ADULTS

- The individual is morbidly obese and is at least 18 years of age.
  - Morbid obesity is defined as a condition of consistent and uncontrollable weight gain that is characterized by EITHER:
    - A weight which is at least 100 lbs. or 100% over ideal weight; or
    - A BMI of at least 40 kg/m<sup>2</sup>; or
    - A BMI of 35 kg/m<sup>2</sup> with ANY ONE or more of the following comorbidities:
      - Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of three (3) anti-hypertensive agents of different classes); or
      - Cardiovascular heart disease (with objective documentation by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction); or
      - Hyperlipidemia; or
      - Diabetes mellitus type II; or
      - Obstructive sleep apnea (OSA); or
      - Obesity-hypoventilation syndrome (OHS); or
      - Pickwickian syndrome (a combination of OSA and OHS); or
      - Nonalcoholic fatty liver disease (NAFLD); or
      - Nonalcoholic steatohepatitis (NASH); and
- The individual should have documented failure to respond to conservative measures for weight reduction prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure. As a result, some centers require active participation in a formal weight reduction program that includes frequent documentation of weight, dietary regimen, and exercise. However, there is a lack of evidence on the optimal timing, intensity, and duration of nonsurgical attempts at weight loss, and whether a medical weight loss program immediately preceding surgery improves outcomes; and
- The individual must complete a psychological evaluation performed by a licensed mental health care professional and be recommended for bariatric surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed; and
- Individual selection is a critical process requiring psychiatric evaluation and a multidisciplinary team approach. The individual's understanding of the procedure and ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program) are necessary to the success of the procedure.

If the individual does not meet ALL of the selection criteria for bariatric surgery, the procedure will be denied as not medically necessary.

Bariatric procedures not meeting the criteria as indicated in this policy are considered not medically necessary.

## SELECTION CRITERIA FOR ADOLESCENTS

The eligible bariatric surgical procedures listed above unless otherwise specified are covered for individuals under the age of 18 years when they meet ALL of the following criteria:

- Attainment or near-attainment of physiologic/skeletal maturity at approximately, age 13 in girls and 15 for boys. (The individual has attained Tanner 4 pubertal development and final or near-final adult height (e.g., 95 % or greater) of adult stature); and
- The individual is morbidly obese defined as a BMI greater than 50 kg/m<sup>2</sup> or severely obese defined as a BMI greater than 40 kg/m<sup>2</sup> with ANY ONE or more obesity-related comorbidities:
  - Hypertension; or

- Insulin resistance; or
- Glucose intolerance; or
- Dyslipidemia; or
- Clinically significant OSA; or
- Substantially impaired quality of life or activities of daily living; or
- A BMI between 35-40 kg/m<sup>2</sup> in addition to ONE or more serious obesity related comorbidities:
  - Type II diabetes; or
  - Moderate to severe OSA (apnea-hypopnea index greater than 15); or
  - Pseudotumor cerebri; or
  - NASH; and
- Individuals should have documented failure to respond to conservative measures for weight reduction prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure. As a result, some centers require active participation in a formal weight reduction program that includes frequent documentation of weight, dietary regimen, and exercise. However, there is a lack of evidence on the optimal timing, intensity, and duration of nonsurgical attempts at weight loss, and whether a medical weight loss program immediately preceding surgery improves outcomes; and
- The individual must complete a psychological evaluation performed by a licensed mental health care professional and be recommended for bariatric surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed; and
- The individual must be able to show decisional capacity and maturity in the psychological evaluation and provide informed assent for surgical management; and
- The individual must be capable and willing to adhere to nutritional guidelines postoperatively; and
- The individual must have a supportive and committed family environment; and
- Selection criteria is a critical process requiring psychiatric evaluation and a multidisciplinary team approach. The individual's understanding of the procedure and ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program) are necessary to the success of the procedure.

If the adolescent does not meet ALL of the adolescent selection criteria for bariatric surgery, the procedure will be denied as not medically necessary.

Bariatric procedures not meeting the criteria as indicated in this policy are considered not medically necessary.

### **REPEAT OR REVISED BARIATRIC SURGICAL PROCEDURES**

Surgical repair to correct perioperative or late chronic complications of a bariatric procedure may be considered medically necessary when there is documentation of a surgical complication related to the perioperative or late chronic complications of a bariatric procedure. These include but are not limited to:

- Enteric fistula that does not close with bowel rest and nutritional support; or
- Gastrogastric fistula associated with ulcers, gastroesophageal reflux disease (GERD) and weight gain; or
- Band erosion; or
- Disruption/anastomotic leakage of a suture/staple line; or
- Tubing leak or port dislocation; or
- Small bowel obstruction; or
- Band intolerance with obstructive symptoms (e.g. vomiting, esophageal spasm); or
- Band slippage and/or prolapse that cannot be corrected with manipulation or adjustment; or
- Stricture/stenosis with dysphagia, solid food intolerance and/or severe reflux; or
- Stomal stenosis; or

- Refractory marginal ulcers; or
- Non-absorption resulting in hypocalcemia or malnutrition; or
- Weight loss of 20% or more below ideal body weight.

Repeat surgical procedures for revision or conversion to another surgical procedure may be considered medically necessary when the initial bariatric surgery was medically necessary (and the individual continues to meet all the medical necessity criteria for bariatric surgery); and when ANY ONE of the following criteria is met:

- A conversion to a sleeve gastrectomy, RYGB or biliopancreatic bypass with duodenal switch (BPD/DS) for individuals who have not had adequate weight loss success (defined as less than 50% of excess body weight) two (2) years following the primary bariatric surgery procedure and the individual has been compliant with a prescribed nutrition and exercise program following the procedure; or
- A revision of a primary bariatric surgery procedure that has failed due to dilatation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy (GJ) anastomosis if the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the individual has been compliant with a prescribed nutrition and exercise program following the procedure; or
- Replacement of an adjustable band if there are complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments; or
- A conversion from an adjustable band to a sleeve gastrectomy, RYGB or BPD/DS for individuals who have been compliant with a prescribed nutrition and exercise program following the band procedure and have experienced complications that cannot be corrected with band manipulation, adjustments, or replacement.

Individual postoperative noncompliance negates the efficacy of revision or conversion surgery.

Conversion or revision surgery is considered not medically necessary when due to inadequate weight loss related to non-compliance with post-operative nutrition and exercise recommendations.

Repeat procedures for repair, revision, or conversion to another surgical procedure following a gastric bypass or gastric restrictive procedure not meeting the criteria as indicated in this policy are considered not medically necessary.

The following bariatric procedures are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

- Endoscopic procedures including but not limited to;
  - StomaphyX™ device or restorative obesity surgery (ROSE) procedure; or
  - Aspiration therapy devices; or
  - Endoscopic gastroplasty; or
  - Gastrointestinal Liners (e.g., the EndoBarrier); or
  - Gastric balloons; or
  - Transoral outlet reduction (TORe); or
- Biliopancreatic bypass (the Scopinaro procedure) or laparoscopic; or
- The long-limb gastric bypass; or
- Intestinal bypass; or
- Laparoscopic gastric plication; or
- Vagal nerve blocking (VBLOC) therapy (neuromodulation non-metabolic), also known as the Maestro implant or Maestro rechargeable system; or
- Mini-gastric bypass; or

- Vertical banded gastroplasty

### POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### PLACE OF SERVICE: INPATIENT/OUTPATIENT

These procedures may be performed as either an inpatient or outpatient depending upon the individual patient's condition or comorbidities.

### CODING REQUIREMENTS

CPT code	Description
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 restrictive device (gastric band and subcutaneous port components).
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable.
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	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.
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.

**Diagnosis Codes**
**COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 43644, 43770, 43775, 43843, 43846, AND S2083**

Codes						
E66.01	Z68.35	Z68.36	Z68.37	Z68.38	Z68.39	Z68.41
Z68.42	Z68.43	Z68.44	Z68.45			

**COVERED DIAGNOSIS CODES FOR PROCEDURE CODE 43845**

Codes						
E66.01	Z68.43	Z68.44	Z68.45			

**NONCOVERED DIAGNOSIS CODES**

Codes						
E66.1	E66.3	E66.8	E66.9	E66.09		

**REIMBURSEMENT**

Participating facilities will be reimbursed per their Highmark Health Options contract.

<b>63</b>	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
<b>64</b>	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
<b>65</b>	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
<b>66</b>	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
<b>67</b>	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
<b>68</b>	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
<b>69</b>	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
<b>70</b>	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
<b>71</b>	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
<b>72</b>	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
<b>73</b>	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
<b>74</b>	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
<b>75</b>	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
<b>76</b>	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443
										<b>Body Weight</b>									

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**POLICY UPDATE HISTORY**

08/19/2021	Approved in Medical Policy Committee.
01/26/2022	Annual review in Medical Policy Committee.
02/2022	Approved in QI/UM
03/22/2023	Annual review; approved in Medical Policy Committee
03/28/2023	Approved in QI/UM