

Bariatric Surgery (Weight Loss Surgery)

MPM 2.8

Disclaimer	Refer to the member's specific benefit plan and <i>Schedule of Benefits</i> to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.
Description	The goal for surgical treatment of obesity is to reduce the impact of serious illness or comorbidities that are induced or aggravated by obesity. Weight-loss surgery should be used only for those members who have tried and failed other methods of treatment, including a medically supervised weight loss program. Weight loss surgery is an option for carefully selected patients with a BMI of 35 to 39.9 kg/m ² who are at a high risk for increased morbidity. A successful surgical outcome depends upon the member's motivation, education and psychological state.
Coverage Determination	<p>Bariatric surgery requires Benefit Certification. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp</p> <p>In accordance with CMS, treatment for obesity alone is not covered.</p> <p>Bariatric surgery procedures performed to treat comorbid conditions associated with morbid obesity are a covered benefit.</p> <p>I. Bariatric surgery is covered when ALL of the following criteria are met:</p> <p>A. The patient must be 18 years of age or older.</p> <p style="text-align: center;">AND</p> <p>B. Appropriate non-surgical treatment should have been attempted prior to surgical treatment for obesity, as evidenced by documented monthly oversight of a structured diet program within the past year (at least three months of continuous treatment by no more than two structured diet programs) supervised by a physician and/or appropriately licensed nutrition specialist, such as a registered dietician or a licensed nutritionist. Physician programs which only provide pharmacological management are not sufficient. Documented oversight includes records of weight/BMI, dietary program, exercise regimen, behavioral health interventions and pharmacotherapies, if any. The documented BMI at the starting date of the diet program is the BMI used for of bariatric surgery.</p> <p style="text-align: center;">AND</p>

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C. The member will attend a weight loss seminar presented by the bariatric center where the surgery will be performed; the weight loss seminar explains the various aspects of weight loss surgery, including available surgical options and supportive resources.

AND

D. Active participation in the PHP Care Coordination program is required. The member will participate in an initial assessment which will include the member's reasons and motivations for weight loss, understanding of the causes and consequences of obesity, and evaluation of support systems

E. AND

E. Behavioral health assessment and clearance by a licensed psychologist or psychiatrist associated with or recommended by the specific surgical program to which the patient has been referred. Evaluation should address potential difficulties the patient may have in adapting to the physical/psychological and other lifestyle/eating changes that will result from the surgery. Specifically, assessment should address: a) The presence of psychiatric risks or active substance abuse that would affect the ability to follow healthcare instruction, b) eating patterns and eating disorders that may require psychotherapeutic intervention either pre- or post-operatively, and c) the patient's expectations with respect to outcome and whether those expectations are likely to facilitate or hinder adjustment to the necessary behavioral changes. Psychological testing should include objective/normed instruments for depression, anxiety, or other psychiatric risks.

AND

F. Must meet the following physiologic parameter:

1. A BMI ≥ 35 kg/m², **and** one or more serious obesity-related comorbidities that put the member clearly at risk for decreased life expectancy if weight is not lost. Member must have demonstrated adherence with all prescribed medications and treatment instructions. Appropriate documentation is required. Specific obesity-related comorbidities include, but are not limited to:

- Cardiomyopathy.
- Congestive heart failure with an ejection fraction of 50% or less than predicted.
- Documentation of previous myocardial infarction requiring hospitalization.
- Documented Type 2 diabetes mellitus
- Uncontrolled /massive leg lymphedema.
- Obstructive sleep apnea with a baseline AHI or RDI of 15 or greater, **or** currently under treatment with a positive

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pressure device (CPAP, BiPAP, C-Flex, etc.)

- Obesity related osteoarthritis of the lower extremities for which joint replacement surgery of the knee or ankle has been recommended.
- Pickwickian syndrome or cor pulmonale.

In addition to the serious conditions noted above, obesity related hypertension and elevated LDL cholesterol are also considered as co-morbidities. However, documentation must be provided proving that these conditions persist despite optimal medical treatment as prescribed by the practitioner and member adherence to treatment.

- Obesity related hypertension that is clinically significant and unresponsive to medical therapy – Systolic BP 140 or greater and/or diastolic BP 90.
- LDL cholesterol that is clinically significant and unresponsive to medical therapy -- greater than 150.

II. Bariatric surgery for Presbyterian Medicare program members must follow CMS guidelines. Medicare member must utilize a facility approved by CMS. A current list of facilities may be accessed at: <http://www.cms.hhs.gov/MedicareApprovedFacilities/BSF/list.asp#TopOfPage>

III. **The following bariatric surgery procedures are covered:**

- Open and laparoscopic Roux-n-Y gastric bypass
- Laparoscopic adjustable gastric banding
- Open and laparoscopic biliopancreatic diversion with duodenal switch

Exclusions

The following bariatric surgery procedures are NOT covered:

- Intestinal bypass surgery
- Gastric balloon for treatment of obesity
- Open or laparoscopic vertical banded gastroplasty
- Open and laparoscopic sleeve gastrectomy
- Open adjustable gastric banding

Additional exclusions:

- Life-threatening multisystemic organ failure
- Uncontrolled or metastatic malignancy or other serious medical condition where caloric restriction may compromise the member
- Severe or unstable psychiatric illness that would prevent adjustment post-surgery
- Untreated endocrine dysfunction
- Pregnancy or lactation

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- Active systemic infection
- Uncontrolled HIV infection
- History of unresolved noncompliance, either medical or psychosocial^{7,8,10}
- History of alcohol or substance abuse within the last six months
- History of smoking within the last three months
- Coverage plans that exclude bariatric surgery as a benefit
- In accordance with CMS, treatment for obesity alone is non-covered.

Background

There are two major types of weight loss surgery. One type diverts food from the stomach to a lower portion of the digestive tract, creating malabsorption; the other type restricts the size of the stomach and decreases intake. Some weight loss surgeries combine both types of procedures. Reduction in the size of the stomach or malabsorption leads to decreased caloric intake, and results in significant weight loss.

The surgeon performing the bariatric surgery should be substantially experienced and be working within an integrated program that provides for adequate and appropriate oversight, assessment, and management of these procedures. This multidisciplinary program should include guidance on diet, exercise and psychosocial concerns before and after surgery.

Presbyterian Health Plan's Clinical Guidelines for the treatment of obesity follow the "Practical Guide to the Identification, Evaluation and Treatment of Overweight and Obesity in Adults," developed cooperatively by the North American Association for the Study of Obesity and the National Heart, Lung and Blood Institute. These guidelines describe how healthcare professionals can provide their patients with the direction and support needed to effectively lose weight. The guidelines provide information on lifestyle changes, and the appropriate use of pharmacotherapy and surgery as treatment options.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.

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CPT Codes	Description
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less).
43645	Laparoscopy with gastric bypass and small intestine reconstruction to limit absorption. (Do not report 43645 in conjunction with 49320, 43847)
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43771	Revision of adjustable gastric band component only
43772	Removal of adjustable gastric band component only
43773	Removal and replacement of adjustable gastric band component only
43774	Removal of adjustable gastric band and subcutaneous port components
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. (For greater than 150 cm, use 43837.) (For laparoscopic procedure, use 43644.)
43847	With small intestine to limit absorption
43848	Revision, open of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (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

HCPCS® Codes	Description
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

ICD-9® Diagnosis Codes	Description
V85.35- V85.4	Body Mass Index (BMI) \geq 35
278.01	Morbid obesity

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3. Brenda L. Wolfe, Ph.D., Clinical Psychologist, Albuquerque, NM, January 2006
4. Michael D. Lara, MD, Rio Grande Surgeons, PA, El Paso, TX. August 2007, August 2008

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- Gastric Restrictive Procedure without Gastric Bypass, ORG: S-514 (ISC)
- Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy, ORG: S-515 (ISC).

**Approval
Signatures:**

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet criteria described in these guidelines, additional information supporting medical necessity is welcome and may be used by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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