**Disclaimer**

Refer to the member's specific benefit plan and Schedule of Benefits 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.

**Coverage Determination**

Prior Authorization is required. Logon to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

For Commercial, Centennial and Medicare.

Requests for initial Bariatric Surgery for adolescents. Adolescents are defined as age 11 through 17. Requests for adolescents who have not yet completed bone growth will be assessed on a case-by-case basis.

A. Request is for the following routine bariatric surgery procedures must satisfy any of the following:
   1. Roux-en-Y Gastric Bypass (RYGB), open or laparoscopic
   2. Sleeve Gastrectomy, open or laparoscopic

B. Initial Bariatric Surgery clinical indications – must satisfy the following: 1 or 2, and ALL of 3-5
   1. BMI is ≥ 40kg/m2 or 140% of the 95th percentile for age and sex, whichever is lower;
   or
   2. BMI is ≥ 35kg/m2 or 120% of the 95% percentile for age and sex, whichever is lower with any of the following obesity related medical conditions (a-g), that have not responded to medical treatment:
      a. Obstructive Sleep Apnea (AHI>5)
      b. Type 2 diabetes mellitus
      c. Idiopathic Intracranial HTN (Pseudotumor Cerebi)
      d. Non-Alcoholic Steatohepatitis (NASH)
      e. Blount Disease
      f. Slipped Capital Femoral Epiphysis (SCFE)
      g. HTN

3. Bariatric Surgery in youth will be performed at a facility with a comprehensive Pediatric Bariatric Program designed for:
   - Youth with severe obesity, including provider(s) who have considerable experience providing obesity and bariatric care to youth.
   - The following experience level must be met:
     a. Have a minimum, 15 cases per year in this age (11 through 17) group;
     b. The multidisciplinary provider group evaluating and caring for the surgical candidate should include at a minimum an experienced bariatric surgeon, pediatric obesity specialist, nurse, dietician, and pediatric psychologist or psychiatrist.

4. Documentation of active participation in a medically supervised non-surgical weight loss plan to demonstrate member’s ability to comply with post-operative dietary and lifestyle changes for weight loss maintenance - must satisfy both of the following (a and b):
   a. Documentation requirements – all of the following (i–iii):
      i. Member’s participation is documented in the member’s medical records by the medical professional who supervised the member’s progress in the non-surgical weight loss plan; and
      ii. Demonstrates member’s compliance with the non-surgical weight loss plan (including at least six-monthly visits over six consecutive months with the supervising medical professional); and
      iii. Includes supervising medical professional’s recommendations/changes to the non-surgical weight loss plan throughout its course.
   b. Non-surgical weight loss plan requirements – both of the following (i and ii):
      i. Supervised by any of the following (a–e) medical professionals:
         a. Medical Doctor (MD or DO)

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].
b. Physician’s Assistant (PA)
c. Nurse Practitioner (NP)
d. Clinical Nurse Specialist (CNS)
e. Registered dietitian supervised by an MD, DO, PA, NP, or CNS

ii. Integrated components include diet, exercise, behavior modification, or a pharmacological management.

5. Documentation of all the following (a-c):
   a. A comprehensive preoperative medical history and physical examination;
   and
   b. A preoperative psychosocial evaluation by a psychologist, psychiatrist, or other qualified independently licensed provider with specific training and credentialing in pediatric and adolescent care – must satisfy both of the following (i and ii):
      i. To ensure the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations; and
      ii. For members who have a history of severe psychiatric disturbance (chemical dependency, schizophrenia, borderline personality disorder, suicidal ideation, severe depression) or who are currently under the care of a psychologist/psychiatrist or who are on psychotropic medications, preoperative psychological clearance is necessary to ensure members are able to provide informed consent and are able to comply with the pre- and post-operative regimen (the presence of depression due to obesity is not normally considered a contraindication to obesity surgery).
   c. The physician requesting authorization for the surgery must confirm that the member’s treatment plan includes a surgical preparatory program addressing all the following components in order to improve outcomes related to the surgery and that the member is able to comply with post-operative medical care and dietary restrictions – must satisfy all the following (i-v):
      i. Pre-operative and post-operative dietary plan; and
      ii. Behavior modification strategies; and
      iii. Counseling instruction on exercise and increased physical activity; and
      iv. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health; and
      v. The adolescent member has a committed family.

C. The adolescent member does not have any of the following (1-2):
   1. Unresolved eating disorder; or
   2. Untreated psychiatric disorder.

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en- Y gastroenterostomy</td>
</tr>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
</tr>
</tbody>
</table>

**Reviewed by / Approval Signatures**

Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD  
Medical Director: Norman White MD  
Date Approved: 05/20/2020  
Reviewed by: David Yu, Medical Director

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].
References


Publication History

05-20-2020 New Policy. Pediatric Bariatric Surgery for age 11-17 adolescents. PA required. Request for adolescents who have not yet completed bone growth will be assessed on a case-by-case basis.

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. The Medical Policy is not a treatment guide and should not be used as such.

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

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].