

RMHP Bariatric Surgery

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Description

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Summary Description

Bariatric surgery (weight loss surgery) includes a variety of procedures performed on people who have obesity. Weight loss is achieved by reducing the size of the stomach with a gastric band or through removal of a portion of the stomach (sleeve gastrectomy or biliopancreatic diversion with duodenal switch) or by resecting and re-routing the small intestine to a small stomach pouch (gastric bypass surgery).

CMS Item/Service Description Information

A. General

- Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions.

- In addition, supplemented fasting is a type of very low calorie weight reduction regimen used to achieve rapid weight loss. The reduced calorie intake is supplemented by a mixture of protein, carbohydrates, vitamins, and minerals. Serious questions exist about the safety of prolonged adherence for 2 months or more to a very low calorie weight reduction regimen as a general treatment for obesity, because of instances of cardiopathology and sudden death, as well as possible loss of body protein.

- Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

- The following are descriptions of bariatric surgery procedures:

- 1. 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.

- 2. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS)

- The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients eat relatively normal-sized meals and do not need to restrict intake radically, since the most proximal areas of the small intestine (i.e., the duodenum and jejunum) are bypassed, and substantial malabsorption occurs. The partial BPD/DS or BPD/GRDS is a variant of the BPD procedure. It involves resection of the greater curvature of the stomach, preservation of the pyloric sphincter, and transection of the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis. BPD/DS or BPD/GRDS procedures can be open or laparoscopic.

- 3. Adjustable Gastric Banding (AGB)

- The AGB achieves weight loss by gastric restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port that is positioned beneath the skin. The bands are adjustable, allowing the size of the gastric outlet to be modified as needed, depending on the rate of a patient's weight loss. AGB procedures are laparoscopic only.

- 4. Sleeve Gastrectomy

- Sleeve gastrectomy is a 70%-80% greater curvature gastrectomy (sleeve resection of the stomach) with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. In the past, sleeve gastrectomy was the first step in a two-stage procedure when performing RYGBP, but more recently has been offered as a stand-alone surgery. Sleeve gastrectomy procedures can be open or laparoscopic.

- 5. Vertical Gastric Banding (VGB)

- The VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. In addition, a non-adjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma (opening). As a result, patients experience a sense of fullness after eating small meals. Weight loss from this procedure results entirely from eating less. VGB procedures are essentially no longer performed.

Clinical Indications for Procedure

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- Bariatric Surgery may be considered for coverage with **ALL** of the following
 - The surgery will be performed by a surgeon trained and credentialed in bariatric surgery procedures
 - The hospital has safety protocols in place specific to the care and treatment of bariatric clients, or meet or be progressing toward compliance with minimum facility standards for bariatric surgery, as established by the Centers for Medicare and Medicaid Services (CMS); or have been certified by a credentialing body for the care of bariatric clients. Facilities complying with CMS criteria may be found by searching the Medicare Approved Facilities for Bariatric Surgery.
 - The Member is receiving treatment in a multidisciplinary program experienced in obesity surgery that can provide **ALL** of the following
 - Surgeons experienced with procedure
 - Preoperative medical consultation and approval
 - Preoperative psychiatric consultation and approval
 - Nutritional counseling
 - Exercise counseling
 - Psychological counseling
 - Support group meetings
 - Select the type of RMHP health plan for this Member from **1 or more** of the following
 - **RMHP Individual and Family Plan (IFP) Commercial, PRIME (Medicaid), or CHP+ Health Plan** coverage and **ALL** of the following
 - Indicate the type of bariatric surgery. Select **1 or more** of the following
 - Roux-en-Y Gastric Bypass;
 - Adjustable Gastric Banding;
 - Biliopancreatic Diversion with or without Duodenal Switch;
 - Vertical Sleeve Gastropasty.
 - Is this the first bariatric surgery or a revision? Select **1 or more** of the following
 - This is the **FIRST** bariatric surgery for this Member. Coverage is limited to **ONE** bariatric procedure per lifetime. The Member has **ALL** of the following
 - The Member is clinically obese, which is **1 or more** of the following
 - BMI of 40 or higher
 - BMI of 35 or greater with objective measurements documenting **1 or more** of the following

- Severe cardiac disease (coronary artery disease, pulmonary hypertension, congestive heart failure, or cardiomyopathy);
 - Type 2 diabetes mellitus;
 - Obstructive sleep apnea or other respiratory disease (chronic asthma, obesity hypoventilation syndrome, or Pickwickian syndrome);
 - Pseudo-tumor cerebri;
 - Hypertension;
 - Severe joint or disc disease that interferes with daily functioning;
 - Intertriginous soft-tissue infections, nonalcoholic steatohepatitis, stress urinary incontinence, recurrent or persistent venous stasis disease, or significant impairment in Activities of Daily Living (ADL).
- The Member has had the qualifying BMI for at least two years duration.
 - The Member has failed to achieve and maintain significant weight loss with nonsurgical treatment. The Member has made at least one serious clinically supervised attempt to lose weight (6 months or longer) within the past 18 months of the prior authorization request, under the supervision of a registered dietician working in consultation with a physician, nurse practitioner, or physicians assistant.
 - Medical and psychiatric contraindications to the surgical procedure have been ruled out through **ALL** of the following
 - A complete history and physical conducted by or in consultation with the requesting surgeon;
 - A psychiatric or psychological assessment, conducted by a licensed mental health professional, no more than three months prior to the requested authorization. The assessment must address both potential psychiatric contraindications and Members ability to comply with the long-term postoperative care plan.
 - The Member must display a willingness to be compliant with the treatment plan. He or she must **ALL** of the following

- Be motivated and committed to losing weight;
 - Have realistic expectations of the surgical outcome;
 - Postoperatively be willing to make permanent lifestyle changes in the areas of eating behaviors, other behaviors contributing to obesity, and exercise therapy;
 - Be willing to participate in the long-term postoperative care plan offered by the surgery program, consisting of education and support, diet therapy, behavior modification; and activity/exercise components.
 - Current substance abuse not identified
- Select the Members age from **1 or more** of the following
 - The Member is 18 years of age or older
 - The Member is age 16 to 18 years (not covered for younger than 16 years) with **ALL** of the following
 - The exclusion of diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome;
 - Select the gender from **1 or more** of the following
 - Male
 - Female who has attained Tanner stage IV breast development
 - Bone age studies estimate the attainment of 95% of projected adult height.
- Documentation Requirements for **INITIAL** Bariatric Surgery includes **ALL** of the following
 - Height, weight, BMI with duration.
 - Co-morbid conditions: list and describe each, with attention to any contraindication which might affect the surgery. Include all objective measurements.

- Detailed account of the Members clinically supervised weight loss attempt(s), including duration, medical records of attempts, identification of the supervising clinician (physician, registered dietitian, nurse practitioner, or physician assistant), and evidence of successful completion and compliance.
 - A copy of the current psychiatric or psychological assessment as described above. Include a statement about presence or absence of contraindication to surgery based on Members mental health assessment.
 - A statement written or agreed to by the Member detailing for the interdisciplinary team **ALL** of the following
 - Commitment to lose weight;
 - Expectations of the surgical outcome;
 - Willingness to make permanent life-style changes
 - If female, Members statement that she is not pregnant or breast-feeding and does not plan to become pregnant within 2 years of surgery.
 - Anticipatory Guidance: The Member must be informed that should she choose to breastfeed following her bariatric procedure, she will need closer monitoring for her and her child because her nutritional aspects may have changed.
 - A description of the post-surgical follow-up program.
 - For Members under the age of 18, include a statement verifying the attainment of physiologic maturity, as defined above.
- The Member requires **REVISION** of prior bariatric surgery to correct complications with **ALL** of the following
 - The Member has **1 or more** of the following
 - Weight loss to 20% below the ideal body weight;
 - Esophagitis, unresponsive to nonsurgical treatment;
 - Hemorrhage or hematoma complicating a procedure;
 - Excessive bilious vomiting following gastrointestinal surgery;
 - Complications of the intestinal anastomosis and bypass;
 - Stomal dilation, documented by endoscopy;

- Documented slippage of the adjustable gastric band;
- Pouch dilation documented by upper gastrointestinal examination or endoscopy producing weight gain of 20% or more, provided that **ALL** of the following
 - The primary procedure was successful in inducing weight loss prior to the pouch dilation
 - The Member has been compliant with a prescribed nutrition and exercise program following the procedure (weight and BMI prior to surgery, at lowest stable point, and at current time must be submitted along with surgeon's statement to document compliance with diet and exercise)
- Other and unspecified post-surgical non-absorption (such as hypoglycemia and malnutrition following gastrointestinal surgery).
- Documentation for a **REVISION** Bariatric Surgery includes **ALL** of the following
 - Pre-bariatric surgery height and weight
 - Weight loss history after the surgery
 - Present weight
 - Dietary assessment by registered dietician regarding current eating habits
 - X-ray or endoscopic report that demonstrates the staple line has failed, the pouch has enlarged, or one of the above-listed conditions is present.
 - Copy of the psychiatric or psychological opinion ruling out psychiatric contraindications to the procedure. If the Member is currently receiving psychiatric treatment, a current diagnostic assessment must be submitted.
- **RMHP Medicare (Dual Special Needs Plan DSNP or CareAdvantage)** health plan coverage and **ALL** of the following
 - CMS national policy dictates that surgery for morbid obesity is covered for Medicare beneficiaries who have **ALL** of the following
 - A body mass index of 35 or higher.
 - A comorbid condition that is not easily controlled with non-invasive means and poses risk to function or survival, including **1 or more** of the following
 - Type II diabetes mellitus (by American Diabetes Association diagnostic criteria).

- Refractory hypertension (defined as blood pressure of 140 mmHg systolic and/or 90 mmHg diastolic despite medical treatment with maximal doses of three antihypertensive medications).
 - Refractory hyperlipidemia (acceptable levels of lipids unachievable with diet and maximum doses of lipid lowering medications).
 - Obesity-induced cardiomyopathy.
 - Clinically significant obstructive sleep apnea.
 - Obesity-related hypoventilation.
 - Pseudotumor cerebri (documented idiopathic intracerebral hypertension).
 - Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for the obesity).
 - Hepatic steatosis without prior evidence of active inflammation.
- All underlying medical conditions that will likely impact or complicate the patients surgical and postoperative course have been adequately controlled before surgery.
- Have been previously unsuccessful with medical treatment for obesity, including **ALL** of the following
 - The patient meets BMI requirements stated in national policy (at the time of surgery)
 - The patient has been provided with knowledge and tools needed to achieve such lifelong lifestyle changes, exhibits understanding of the needed changes and is demonstrated to clinicians involved in his or her care to be capable and willing to undergo the changes.
 - The patient has made a diligent effort to achieve healthy body weight with such efforts described in the medical record and certified by the operating surgeon.
 - The patient has failed to maintain a healthy weight despite adequate participation in a structured dietary program overseen by **1 or more** of the following
 - Physician (MD or DO).
 - Registered dietician (RD).
 - Board certified specialist in pediatric nutrition (CSP).
 - Board certified specialist in renal nutrition (CSR).
 - Fellow of the American Dietetic Association (FADA).
- The surgical procedures for morbid obesity include **1 or more** of the following

- Open and laparoscopic Roux-en-Y Gastric Bypass (RYGBP).
- Open and laparoscopic Biliopancreatic Diversion With Duodenal Switch (BPD/DS).
- Laparoscopic Adjustable Gastric Banding (LAGB).
- Laparoscopic Sleeve Gastrectomy for a stand-alone procedure (i.e., not as part of a staged procedure or part of a failed attempt that moves to an open procedure).
- The Member has NO Contraindications for bariatric surgery, including **ALL** of the following
 - The Member does **NOT** have prohibitive perioperative risk of cardiac complications due to cardiac ischemia or myocardial dysfunction.
 - The Member does **NOT** have severe chronic obstructive airway disease or respiratory dysfunction
 - The Member does **NOT** have non-compliance with medical treatment of obesity or treatment of other chronic medical condition
 - The Member does **NOT** have failure to cease tobacco use.
 - The Member does **NOT** have psychological/psychiatric conditions, including **1 or more** of the following
 - The Member does **NOT** have schizophrenia, borderline personality disorder, suicidal ideation, severe or recurrent depression, or bipolar affective disorders with difficult-to-control manifestations (e.g., history of recurrent lapses in control or recurrent failure to comply with management regimen).
 - The Member does **NOT** have mental retardation that prevents personally provided informed consent or the ability to understand and comply with a reasonable pre- and postoperative regimen.
 - The Member does **NOT** have any other psychological/psychiatric disorder that, in the opinion of a psychologist/psychiatrist, imparts a significant risk of psychological/psychiatric decompensation or interference with the long-term postoperative management. Note: A history of or presence of mild, uncomplicated and adequately treated depression due to obesity is not normally considered a contraindication to obesity surgery.
 - The Member does **NOT** have history of significant eating disorders, including anorexia nervosa, bulimia and pica (sand, clay or other abnormal substance).
 - The Member does **NOT** have severe hiatal hernia/gastroesophageal reflux (for purely restrictive procedures such as LAGB).

- The Member does **NOT** have autoimmune and rheumatological disorders (including inflammatory bowel diseases and vasculitides) that will be exacerbated by the presence of intra-abdominal foreign bodies (for LAGB procedure).
- The Member does **NOT** have hepatic disease with prior documented inflammation, portal hypertension or ascites.

Reviewer Guidance

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RMHP applies the Code of Colorado Regulations, Program Rules (10 CCR 2505-10 8.300.3.C.) referenced by HCPF for IFP Commercial, CHP+ and PRIME Medicaid members and the CMS LCD / LCA guidance for Medicare members (DSNP, CareAdvantage). See References.

- Surgical procedures for morbid obesity that are **not covered** under national policy for all **Medicare** beneficiaries include:
 - Open adjustable gastric banding.
 - Open sleeve gastrectomy.
 - Open and laparoscopic vertical-banded gastroplasty.
 - Gastric balloon.
 - Intestinal bypass.
 - **Medicare non-covered** services: CPT 43842, 43843, and 43999 (see Local Coverage Article LCA A56422)

References

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CMS Local Coverage Determination (LCD): Bariatric Surgical Management of Morbid Obesity (L35022), www.novitas-solutions.com. Effective date 10/1/2015, revised 5/13/2021, reviewed 10/24/2023.

CMS Local Coverage Article: Billing and Coding: Bariatric Surgical Management of Morbid Obesity (A56422) original effective date 3/28/2019, revision effective date 10/1/2020, reviewed 10/24/2023.

The current CHP Plus Member Benefits Booklet and Professional Fee Schedule reviewed on 10/24/2023.

The Colorado Department of Health Care Policy and Financing (HCPF) Provider Services Medical-Surgical Billing Manual, Bariatric Surgery, reviewed 10/24/2023:

web location: <https://hcpf.colorado.gov/med-surg-manual#Bariatric%20Surgery>

The Code of Colorado Regulations, Program Rules (10 CCR 2505-10 8.300.3.C.), pages 8-12, section 8.300.3.C. Bariatric Surgery, reviewed 10/24/2023:

web location: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7229&fileName=10%20CCR%202505-10%208.300>

The Center for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) 100.1 Bariatric Surgery for Treatment of Conditions Related to Morbid Obesity, Publication Number 100.3, Manual Section Number 100.1, Version Number 5, Effective Date 9/24/2013, Implementation Date 12/17/2013, reviewed 10/24/2023.

Policy History

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History Summary: Policy created 8/15/2016 with annual reviews and updates 2017-2022 - see archives for details. Annual review w/ updated plan names 10/24/2023.

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CPT® : 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999

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