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# RMHP Intra gastric Bariatric Balloon

AUTH: RHHP-AC-5097 (AC)

**MCG Health**  
Ambulatory Care  
27th Edition

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## Description

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Esophagogastroduodenoscopy, flexible, transoral; with deployment of intra gastric bariatric balloon

In a minimally invasive endoscopic surgery, the physician inserts an intra gastric bariatric balloon into an obese patient ( [43290](#)). The deflated gastric balloon is inserted through the esophagus and into the stomach. Once the balloon is in an appropriate position, the central wire from the balloon is removed. A syringe is used to fill the balloon with a sterile saline solution. At the physician's discretion, the balloon may be filled with [50](#) mL at a time and up to [500](#) mL, dependent on the balloon type. The catheter is removed with the balloon staying within the stomach cavity. Endoscope may be utilized to ensure the balloon is not too snug within the stomach or wedged with the potential to cause an outlet obstruction in the stomach. At the conclusion of the procedure, the endoscope is withdrawn. Light sedation, local, or general anesthesia may be utilized. In [43291](#), the physician removes one or more intra gastric bariatric balloons. An endoscopic camera is introduced into the stomach through the esophagus. The balloon is punctured, aspirated, or connected to suction to remove the saline or gas. The balloon is deflated, grasped with forceps, and removed through the mouth. The physician may utilize a lubricating material such as mineral oil to ease the removal of the balloon through the esophagus.

## Clinical Indications for Procedure

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For **RMHP PRIME** and **CHP+** members, intra gastric bariatric balloon is not a covered service. Requests cannot be approved. See Reviewer Guidance.

For **RMHP Medicare (CareAdvantage and Dual Special Needs Plan (DSNP))** members, gastric balloon for the treatment of obesity is non-covered. Requests cannot be approved. See Reviewer Guidance.

For **RMHP Individual and Family Plan (IFP) Commercial** members, gastric balloon for the treatment of obesity is non-covered. Requests cannot be approved. See Reviewer Guidance.

## Alternatives to Procedure

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Non-surgical interventions

or

Alternative surgical interventions:

Roux-en-Y Gastric Bypass

Adjustable Gastric Banding

Biliopancreatic Diversion with or without Duodenal Switch

Vertical-Banded Gastroplasty

Vertical Sleeve Gastroplasty

## Reviewer Guidance

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For PRIME and CHP+ members, intra gastric bariatric balloon is not a covered service. Requests cannot be approved.

Rationale/Source: The Bariatric Surgery section of the Colorado Department of Health Care Policy and Financing Medical Surgical Billing Manual, states, "Health First Colorado covers bariatric surgery for eligible members. Providers should refer to the Code of Colorado Regulations, Program Rules (10 CCR 2505-10 8.300.3.C.), for specific information when providing this service." This 10 CCR 2505-10 8.300 document, section 8.300.3.C. Bariatric Surgery details the coverage. Intra gastric bariatric balloon is not listed in 4. Covered Services and Limitations, b. Covered primary procedures. Therefore Intra gastric bariatric balloon is non-covered for PRIME and CHP+, although the procedure code 43290 is listed with pricing per HCPF guidance dated 1/1/2023, reviewed 4/13/2023. The Code of Colorado Regulations Medical Services Board document prevails and overrides the Health First Colorado Schedule.

For Medicare (CareAdvantage and Dual Special Needs Plan (DSNP) members, gastric balloon for the treatment of obesity is non-covered. Requests cannot be approved. Rationale/Source: UnitedHealthcare Medicare Advantage Coverage Summary Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery) Policy Number: MCS066.04 Approval Date: August 3, 2022, reviewed 4/13/2023. Also CMS NCD 100.1 Bariatric Surgery for the Treatment of Co-Morbid Conditions Related to Morbid Obesity, Effective Date 09/24/2013, Implementation Date 12/17/2013, reviewed 4/13/2023 states, "C. Nationally Non-Covered Indications . . . The following bariatric surgery procedures are non-covered for all Medicare beneficiaries: . . . Gastric balloon for treatment of obesity." The Medicare Physician Fee Schedule (MPFS) has new 1/1/2023 CPT 43290 listed as status A and priced, however the UHC document and NCD list Gastric balloon for the treatment of obesity under Non-Covered Services. The guiding documents prevail.

For RMHP Individual and Family Plan (IFP) Commercial members, gastric balloon for the treatment of obesity is non-covered. Requests cannot be approved. Rationale/Source: UnitedHealthcare Commercial and Individual Exchange Medical Policy Bariatric Surgery Policy Number: 2023T0362JJ Effective Date: April 1, 2023: "The following procedures are unproven and not medically necessary for treating obesity due to insufficient evidence of efficacy: . . . Bariatric interventions for the treatment of obesity including but not limited to: . . . Intra gastric balloon" - reviewed 4/13/2023.

## Policy History

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Created 4/13/2023 for new CPT code 43290.

## References

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Optum EncoderPro - description of 43290.

The Colorado Department of Health Care Policy and Financing Medical Surgical Billing Manual, the Bariatric Surgery section.

The Code of Colorado Regulations, Program Rules (10 CCR 2505-10 8.300.3.C.), section 8.300.3.C. Bariatric Surgery, 4. Covered Services and Limitations, b. Covered primary procedures (procedure is NOT listed as a covered procedure.)

The current Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado Fee Schedule, <https://hcpf.colorado.gov/provider-rates-fee-schedule>, reviewed 4/13/2023.

Medicare Coverage Database <https://www.cms.gov/medicare-coverage-database/search.aspx> search on 4/13/2023.

UnitedHealthcare Medicare Advantage Coverage Summary Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery) Policy Number: MCS066.04 Approval Date: August 3, 2022, reviewed 4/13/2023.

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) Novitas Medicare Physician Fee Schedule (MPFS), reviewed 4/13/2023.

CMS NCD 100.1 Bariatric Surgery for the Treatment of Co-Morbid Conditions Related to Morbid Obesity, Effective Date 09/24/2013, Implementation Date 12/17/2013, reviewed 4/13/2023.

UnitedHealthcare Medicare Advantage Policy Guideline, Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity, (NCD 100.1) Guideline Number: MPG024.10 Approval Date: March 8, 2023, reviewed 4/13/2023.

Internal location of UHC guidelines - S:\GJ\_SHARE\CMPolicy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-guidelines/b/bariatric-surgery-tx-morbid-obesity.pdf>

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/obesity-treatment-obesity-nonsurgical-surgical-bariatric-surgery.pdf>

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/com m -medical-drug/bariatric-surgery.pdf>

## Codes

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**CPT® : 43290**

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