

<b>Policy Name:</b>	<b>Medical Policy: Bariatric Surgery for Severe Obesity</b>	<b>Policy #:</b>	<b>MP-36</b>
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## Policy Information

<b>Owner Department:</b>	Medical UM & Systems Department
<b>Owner:</b>	Assigned Medical Director
<b>Electronic Signature/Date:</b>	Krystal Revai (01/15/2024), Lori Slaughter (01/09/2024)

*If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.*

## Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

## Statement of the Policy

To apply objective and evidence-based criteria when determining the medical appropriateness of health care services.

NOTE: Please refer to plan documents for prior authorization necessity/status.

## Essential Health Benefits

### APPLIES TO: STATE OF WASHINGTON

Per EHB, Coverage of bariatric surgical procedures is not required after 1/1/2016, which includes all fully insured individual and small group plans; however, coverage may be included in some small group plans.

## Interpretations

- 1.1 **Health Alliance uses InterQual criteria to determine the medical necessity of this procedure.** The InterQual criteria are available in the Utilization Management software system and can be accessed by providers when submitting an authorization digitally.
  - 1.1.1 For requests in the BMI range of 30-34.9 when InterQual adjudicates to Limited Evidence, bariatric surgery will not be covered as investigational due to limited, long-term medical studies to support the procedure in this BMI range ([Ref. 36, 37, 38](#))
  - 1.1.2 Health Alliance covers the laparoscopic Single Anastomosis Duodeno-Ileal Bypass (switch) with Sleeve-Gastrectomy (SADI-S) procedure as a primary bariatric treatment (Ref. 39) or used as a revisional procedure for failed weight loss after an initial Gastric Sleeve (Ref. 40). Coverage for primary or revisional failed bariatric or metabolic procedures requires meeting the respective InterQual criteria. As there is no specific CPT code for a primary SADI-S, the only codes accepted by the plan are the combination CPT 43775 (Gastric Sleeve) plus CPT 44799 (unlisted small intestinal procedure). Revisional procedures can involve multiple anatomic variations and if no specific CPT code is listed in IQ, internal Certified Coding review may be required.

- 1.2 Health Alliance does not cover the following bariatric procedures as they are considered investigational or unproven (list may not be all-inclusive):
- 1.2.1 Roux-en-Y bypass combined with adjustable gastric banding (Band on Bypass)
  - 1.2.2 Biliopancreatic diversion without duodenal switch
  - 1.2.3 Gastroplasty (stomach stapling)
  - 1.2.4 Intra-gastric Balloons – gas-filled or saline-filled ([Reference 34](#))
  - 1.2.5 Mini-gastric bypass (gastric bypass with Billroth II anastomosis)
  - 1.2.6 Silastic ring vertical gastric bypass (Fobi pouch)
  - 1.2.7 Endoluminal procedures including but not limited to:
    - 1.2.7.1 StomaphyX Device
    - 1.2.7.2 Natural Orifice Transluminal Endoscopic Surgery (NOTES)
    - 1.2.7.3 Transoral Gastroplasty (TOGA)
    - 1.2.7.4 Transoral ROSE procedure (Restorative Obesity Surgery)
    - 1.2.7.5 Duodenojejunal bypass liner (Endobarrier)

**Medicare Advantage Criteria details:**

- Bariatric Surgery for Treatment of Morbid Obesity [NCD 100.1](#)
- Enter available NCD/LCD/LCA ID in Medicare link/website below for criteria details.
- [MCD Search \(cms.gov\)](#)

Regional Medicare Admin Contractor (MAC) – member’s state	Regional LCD/LCA Identifier	Applicable Criteria
NGS (IL)	A52477	NCD and applicable LCA
Noridian (WA)	A53028	NCD and applicable LCA
Palmetto (NC)	L34576/A56852, A53444	NCD and applicable LCD/LCA
WPS (IA) (IN)	A54923	NCD and applicable LCA
CGS (OH)	None	NCD

**CPT Codes**

\*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

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 bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
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 (i.e. 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

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

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<b>History</b>			
<b>Created Date:</b>	01/25/99		
<b>Effective Date:</b>	01/25/99		
<b>Next Review Date:</b>	01/15/2025		
<b>Revision Date:</b>	01/19/00	04/11/01	09/05/01
	02/28/02 – Dr. R. Scully-Policy name change from Gastrointestinal Surgery for Severe Obesity.		
	06/25/02	12/11/02	01/28/03
	05/02/03	02/25/04	03/09/05
	03/08/06	03/28/07	11/28/07
	09/24/08	02/25/09	09/09/09
	08/11/10	10/28/11	04/28/12
	11/02/12	05/03/13	12/11/13
	04/25/14	03/06/15	
	12/08/15 – MDC-Added EHB language for no coverage of bariatric surgery procedures after 1/1/2016 in State of WA.		
	12/28/16		
	03/04/18 – MDC-Revision with additional EHB language, adding coverage for adolescents, and smoke-free 6 weeks prior to surgery.		
	05/09/18 – MDC-Revision to add as investigational: gas and saline intragastric balloons and Hyaluronic acid injections into the GI junction.		
	12/31/18 – MDC-Approved InterQual 8/21/18.		
	08/20/19 – MDC-Annual review, no changes.		
	08/26/20 – MDC-Annual review, Clear Coverage language updated to Guiding Care/ InterQual, no other changes.		
	01/27/21 – Dr. Wilson/Dr. Carmack-Approved using this HA policy for Confluence Health; Confluence policy archived & reference in this policy removed.		
04/19/22 – MDC-Annual review, codes added, references updated, 1.1.1 added for Limited Evidence adjudication.			
06/20/23 – MDC-Annual review, Medicare information updated, no changes.			

11/21/23 – MDC-Approved SADI-S procedure coverage for Commercial members; MA- No changes in NCD/LCDs.

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