

Bariatric Surgery

Policy ID: G-24-062

Section: Miscellaneous

Effective Date: July 01, 2018

Revised Date: February 21, 2023

Revision Effective Date: May 01, 2023

Last Reviewed: March 23, 2023

Applies To: Commercial and Medicaid Expansion

Description

Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements, as a result of excessive accumulation of fat in the body. In general, 20 percent to 30 percent above 'ideal' bodyweight, according to standard life insurance tables, constitutes obesity. Morbid obesity is further defined as a condition of consistent and uncontrollable weight gain that is characterized by a weight which is at least 100 lbs. or 100 percent over ideal weight or a body mass index (BMI) of at least 40 or a BMI of 35 with comorbidities.

Criteria

Covered gastric restrictive or malabsorptive procedures must be performed in an approved facility with one of the following accreditations


- accredited by the metabolic and Bariatric Surgery Accreditation and Quality Improvement Program,

<https://www.facs.org/search/bariatric-surgery-centers> 

or

- A member of the Blue Distinction Centers for Bariatric Surgery;

The following bariatric procedures may be considered medically necessary for the surgical treatment of morbid obesity when **ALL** of the selection criteria are met. Bariatric surgery should be performed in appropriately selected individuals by



surgeons who are adequately trained and experienced in the specific techniques used and in institutions that support a comprehensive bariatric surgery program, including long-term monitoring and follow-up post-surgery.

- Biliopancreatic bypass with duodenal switch (or open procedure) for individuals with a BMI of 50 kg/m² or greater; **or**
- Roux-en-Y gastric bypass (RYGB) (laparoscopic or open procedure); **or**
- Sleeve Gastrectomy (laparoscopic or open procedure)
 - Sleeve gastrectomy is an eligible procedure as a first stage of a two-stage procedure or as a sole definitive procedure; **or**
 - **Note:** For high BMI individuals in whom the duodenal switch may be difficult, it is reasonable to do a sleeve gastrectomy as the first stage of an intended two-stage duodenal switch. This does permit subsequent assessment of both the efficacy of the sleeve (to see whether the second stage is really needed), assessment of the compliance of the individual (to see whether the more complicated procedure is justified) or to examine the metabolic and nutritional effects of the sleeve (to see whether potential further metabolic derangements of the duodenal switch would make it unadvisable).
- Laparoscopic adjustable gastric banding using an FDA approved adjustable gastric band:
 - Laparoscopic adjustable banding is an eligible procedure ONLY when a contraindication to biliopancreatic bypass with duodenal switch, Rou-en-Y gastric bypass, and sleeve gastrectomy is documented in the medical record.
 - Laparoscopic adjustable gastric banding is contraindicated for individuals aged 17 years or under.

Selection Criteria for Adults

- The individual is morbidly obese and is at least 18 years of age.
 - Morbid obesity is defined as a condition of consistent and uncontrollable weight gain that is characterized by **EITHER**:
 - A weight which is at least 100 lbs. or 100% over ideal weight; **or**
 - A BMI of at least 40 kg/m²; **or**
 - A BMI of 35 kg/m² with **ANYONE** or more of the following comorbidities:
 -
 - Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite



concurrent use of three (3) anti-hypertensive agents of different classes); **or**

- Cardiovascular heart disease (with objective documentation by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction); **or**
 - Coronary heart disease (with objective documentation (by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, heart failure, or prior myocardial infarction); **or**
 - Hyperlipidemia (above 30mg/dl above guideline-directed goal) on maximum doses of monotherapy; **or**
 - Diabetes mellitus type II; with glycosylated hemoglobin (HbA1C) above 8.0 percent on one (1) or more medications; **or**
 - Obstructive sleep apnea (OSA); (diagnosed by polysomnography showing apnea-hypopnea index of 15 events per hour or more); **or**
 - Obesity-hypoventilation syndrome (OHS); **or**
 - Pickwickian syndrome (a combination of OSA and OHS); **or**
 - Nonalcoholic fatty liver disease (NAFLD); **or**
 - Pseudotumor Cerebri; **or**
 - Nonalcoholic steatohepatitis (NASH); **and**
- The individual must have documented failure to respond to conservative measures for weight reduction for a period of at least six (6) consecutive months, prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure. Conservative measures for weight reduction should include changes to the individual's dietary, medication, and exercise regimen; **and**
 - The individual must complete a multidisciplinary evaluation including medical, nutritional, and psychological evaluations. A psychological evaluation must be performed by a licensed mental health care professional, and the individual must be recommended for bariatric surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed; Psychological evaluation documentation must be within the last year; **and**

- Individual selection is a critical process requiring psychiatric evaluation and a multidisciplinary team approach. The individual's understanding of the procedure and ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program) are necessary to the success of the procedure.

If the individual does not meet **ALL** of the selection criteria for bariatric surgery, the procedure will be denied as not medically necessary.

Bariatric procedures not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

43644	43770	43775	43843	43845	43846	S2083
-------	-------	-------	-------	-------	-------	-------

Selection Criteria for Adolescents

The eligible bariatric surgical procedures listed above unless otherwise specified may be considered medically necessary for individuals under the age of 18 years when they meet **ALL** of the following criteria:

- Attainment or near-attainment of physiologic/skeletal maturity at approximately, age 13 in girls and 15 for boys. (The individual has attained final or near-final adult height (e.g., 95 percent or greater) of adult stature); **and**
- The individual is morbidly obese defined as;
 - BMI greater than 50 kg/m² or greater than 140 percent of the 95th percentile (class III obesity); **or**
 - Severely obese defined as a BMI greater than 40 kg/m² or greater than 120 percent of the 95th percentile (class II obesity); **and**
 - The individual has **ANYONE** or more obesity-related comorbidities:
 - Hypertension; **or**
 - Insulin resistance; **or**
 - Glucose intolerance; **or**
 - Dyslipidemia; **or**
 - Clinically significant OSA; **or**
 - Substantially impaired quality of life or activities of daily living;

OR



- A BMI between 35-40 kg/m² in addition to **ONE** or more serious obesity related comorbidities:
 - o Type II diabetes; **or**
 - o Moderate to severe OSA (apnea-hypopnea index greater than 15); **or**
 - o Pseudotumor cerebri; **or**
 - o NASH; **and**
- Individuals must have documented failure to respond to conservative measures for weight reduction prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure. As a result, some centers require active participation in a formal weight reduction program that includes frequent documentation of weight, dietary regimen, and exercise. However, there is a lack of evidence on the optimal timing, intensity and duration of nonsurgical attempts at weight loss, and whether a medical weight loss program immediately preceding surgery improves outcomes; **and**
- The individual must complete a psychological evaluation performed by a licensed mental health care professional and be recommended for bariatric surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed; **and**
- The individual must be able to show decisional capacity and maturity in the psychological evaluation and provide informed assent for surgical management; **and**
- The individual must be capable and willing to adhere to nutritional guidelines postoperatively; **and**
- The individual must have a supportive and committed family environment; **and**
- Selection criteria is a critical process requiring psychiatric evaluation and a multidisciplinary team approach. The individual's understanding of the procedure and ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program) are necessary to the success of the procedure.

If the adolescent does not meet **ALL** of the adolescent selection criteria for bariatric surgery, the procedure will be denied as not medically necessary.

Bariatric procedures not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

--	--	--	--	--	--



Repeat or Revised Bariatric Surgical Procedures

Surgical repair to correct perioperative or late chronic complications of a bariatric procedure may be considered medically necessary when there is documentation of a surgical complication related to the perioperative or late chronic complications of a bariatric procedure. These include but are not limited to:

- Enteric fistula that does not close with bowel rest and nutritional support; **or**
- Gastrogastric fistula associated with ulcers, gastroesophageal reflux disease (GERD) and weight gain; **or**
- Band erosion; **or**
- Disruption/anastomotic leakage of a suture/staple line; **or**
- Tubing leak or port dislocation; **or**
- Small bowel obstruction; **or**
- Band intolerance with obstructive symptoms (e.g. vomiting, esophageal spasm); **or**
- Band slippage and/or prolapse that cannot be corrected with manipulation or adjustment; **or**
- Stricture/stenosis with dysphagia, solid food intolerance and/or severe reflux; **or**
- Stomal stenosis; **or**
- Refractory marginal ulcers; **or**
- Non-absorption resulting in hypocalcemia or malnutrition; **or**
- Weight loss of 20 percent or more below ideal body weight.

Repeat surgical procedures for revision or conversion to another surgical procedure may be considered medically necessary when the initial bariatric surgery was medically necessary (and the individual continues to meet all the medical necessity criteria for bariatric surgery); **and** when **ANYONE** of the following criteria is met:

- A conversion to a sleeve gastrectomy, RYGB or biliopancreatic bypass with duodenal switch (BPD/DS) for individuals who have not had adequate weight loss success (defined as less than 50 percent of excess body weight) two (2) years following the primary bariatric surgery procedure and the individual has been compliant with a prescribed nutrition and exercise program following the procedure;
- A revision of a primary bariatric surgery procedure that has failed due to dilatation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy (GJ) anastomosis if the primary procedure was successful in

inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the individual has been compliant with a prescribed nutrition and exercise program following the procedure; **or**

- Replacement of an adjustable band if there are complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments; **or**
- A conversion from an adjustable band to a sleeve gastrectomy, RYGB or BPD/DS for individuals who have been compliant with a prescribed nutrition and exercise program following the band procedure and have experienced complications that cannot be corrected with band manipulation, adjustments or replacement.

Individual postoperative noncompliance negates the efficacy of revision or conversion surgery.

Conversion or revision surgery is considered not medically necessary when due to inadequate weight loss related to non-compliance with post-operative nutrition and exercise recommendations.

Repeat procedures for repair, revision, or conversion to another surgical procedure following a gastric bypass or gastric restrictive procedure not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

43644	43771	43772	43773	43774	43775	43845
43846	43848	43860	43865	43886	43887	43888

The following bariatric procedures are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

- Endoscopic procedures including but not limited to;
 - StomaphyX™ device or restorative obesity surgery (ROSE) procedure; **or**
 - Aspiration therapy devices; **or**
 - Endoscopic gastroplasty; **or**
 - Gastrointestinal Liners (e.g., the EndoBarrier); **or**
 - Gastric balloons; **or**
 - Transoral outlet reduction (TORe); **or**
- Biliopancreatic bypass (the Scopinaro procedure) or laparoscopic; **or**
- Long-limb gastric bypass; **or**



- Intestinal bypass; **or**
- Laparoscopic gastric plication; **or**
- Vagal nerve blocking (VBLOC) therapy (neuromodulation non-metabolic), also known as the Maestro implant or Maestro rechargeable system; **or**
- Mini-gastric bypass; **or**
- Vertical banded gastroplasty; **or**
- Single anastomosis duodenal-ileal bypass with Sleeve Gastrectomy (SIPS or SADI)

Procedure Codes

43290	43291	43645	43659	43842	43847	43999
44238	44799					

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes: 43644, 43770, 43775, 43843, 43846, and S2083

E66.01	Z68.35	Z68.36	Z68.37	Z68.38	Z68.39	Z68.41
Z68.42	Z68.43	Z68.44	Z68.45			

Covered Diagnosis Codes for Procedure Code: 43845

E66.01	Z68.43	Z68.44	Z68.45
--------	--------	--------	--------

Non-Covered Diagnosis Codes

E66.1	E66.3	E66.8	E66.9	E66.09
-------	-------	-------	-------	--------

Professional Statements and Societal Positions Guidelines

Not Applicable



ND Committee Review

Internal Medical Policy Committee 3-16-2020 Revision

- **Removed** reimbursement language; **and**
- **Added** SAID,SIPS procedure to experimental/investigational list.

Internal Medical Policy Committee 11-19-2020 Revision

- Changed Title from Obesity to Bariatric Surgery

Internal Medical Policy Committee 11-23-2021 Revision

- **Added** the length of time required for psychological evaluation to have documented prior to surgery

Internal Medical Policy Committee 1-20-2022 Revision with coding updates;

- **Added** procedure codes 43659 and 44238

Internal Medical Policy Committee 11-29-2022 Coding update - **Effective January 01, 2023**

- **Removed** procedure codes 0312T; 0313T; 0314T; 0315T; 0316T; 0317T; **and**
- **Added** procedure codes 43290; 43291; 43860 and 43865.

Internal Medical Policy Committee 3-23-2023 Revision - **Effective May 01, 2023**

- Updated criteria

Links

[References \(PDF\) ↓](#)

[About](#)

[News](#)

[Careers](#)

[Caring Foundation
Contact](#)

[Privacy & Legal](#)

Our Partners in Health: [Members](#) | [Employers](#) | [Producers](#)



Fargo (Headquarters)

4510 13th Ave. S.

Fargo, N.D., 58121

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association, serving residents and business in North Dakota. All rights reserved.

© 2023 Blue Cross Blue Shield of North Dakota

Non-Discrimination Notice

Español Deutsch

Oroomiffa Tiếng Việt Ikirundi العَرَبِيَّة Kiswahili Русский

Français Tagalog Norsk Diné Bizaad

