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Medical Policy:	G-24-053
Topic:	Obesity
Section:	Miscellaneous
Effective Date:	March 27, 2023
Issued Date:	March 27, 2023
Last Revision Date:	November 2022
Annual Review:	December 2022

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.

Policy Position

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 inadvisable).
- Laparoscopic adjustable gastric banding using an FDA approved adjustable gastric band:
 - Laparoscopic adjustable gastric banding is an eligible procedure **ONLY** when a contraindication to biliopancreatic bypass when duodenal switch, Roux-en-Y gastric bypass, and sleeve gastrectomy procedure 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 **ANY ONE** 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, CT angiography, coronary angiography, 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% on one or more medications; **or**
 - Obstructive sleep apnea (OSA) (diagnosed by polysomnography showing apnea-hypopnea index of 15 events/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. The 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; **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% of the 95th percentile (class III obesity); **or**
 - Severely obese defined as a BMI greater than 40 kg/m² or greater than 120% of the 95th percentile (class II obesity); **or**
 - The individual has **ANY ONE** 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:
 - Type II diabetes; **or**
 - Moderate to severe OSA (apnea-hypopnea index greater than 15); **or**
 - Pseudotumor cerebri; **or**
 - 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					
43644	43770	43775	43843	43845	43846

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% 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 **ANY ONE** 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; **or**
- 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 43886 43887 43888

Itemized charges reported for gastroduodenostomy and/or surgery should be combined with the stapling or bypass surgery. Modifier 59 may be reported with a non-E/M service to identify it as distinct or independent from other non-E/M services performed on the same day. Liver biopsy, upper gastrointestinal endoscopy, and esophagogastroduodenoscopy (EGD) are considered an inherent part of all bariatric surgical procedures. These services are not eligible for separate payment when reported on the same day as a bariatric surgical procedure. When a doctor reports a liver biopsy, upper gastrointestinal endoscopy, or EGD with a bariatric surgical procedure, the charges should be combined under the appropriate bariatric surgery procedure code.

Procedure Codes

10004	10005	10006	10007	10008	10009	10010
10011	10012	10021	43235	43236	43237	43238
43239	43241	43253	43259	43644	43645	43770
43771	43772	43773	43774	43775	43843	43845
43846	43847	43848	43886	43887	43888	47001
47100	47379					

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

Procedure Codes

43290	43291	43645	43659	43842	43847	43999
44238	44799					

Related Policies

Refer to Medical Policy S-155, Gastric Electrical Stimulation, Gastric Pacing, for additional information.

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
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Non-Covered Diagnosis Codes

E66.1	E66.3	E66.8	E66.9	E66.09
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Place of Service: Inpatient/Outpatient

Experimental/Investigational (E/I) services are not covered regardless of place of service.

The treatment of obesity is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Links

- [Link to Provider Resource Center for the Medical Policy Update 12/2021, Criteria Revision for Obesity](#)
- [Link to References](#)

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This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

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 - *Information written in other languages*

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 , 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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MEDICARE

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