Stride[SM] (HMO) MEDICARE ADVANTAGE

Subject: Bariatric Surgery

Background: Morbid obesity (also called clinically severe obesity) is a serious health condition that can interfere with basic physical functions such as breathing or walking, and reduce life expectancy. Individuals who are morbidly obese are at greater risk for serious medical complications including hypertension, coronary artery disease, type 2 diabetes mellitus, sleep apnea, gastroesophageal reflux disease and osteoarthritis. While the immediate cause of obesity is caloric intake that persistently exceeds caloric output, obesity may also be caused by illnesses such as hypothyroidism, Cushing's disease, and hypothalamic lesions. Nonsurgical strategies for achieving weight loss and weight maintenance (e.g., caloric restriction, increased physical activity, behavioral modification) are recommended for most overweight and obese persons.

Bariatric (weight loss) surgery is a major surgical intervention, usually considered as last resort for individuals with severe obesity who have not achieved permanent weight loss despite attempts using other forms of medical management (e.g., behavior change, increased physical activity, drug therapy). Bariatric surgery is indicated for adults and adolescents who have completed bone growth, and are morbidly obese.

Bariatric surgery procedures modify the anatomy of the gastrointestinal tract and cause weight loss by restricting caloric intake. Procedures are classified as restrictive, diversionary (alone or combined with a restrictive procedure) and malabsorptive. The most common bariatric surgery procedures are gastric bypass, sleeve gastrectomy, adjustable gastric band, and biliopancreatic diversion with duodenal switch. Restrictive procedures (e.g., adjustable gastric banding, vertical banded gastroplasty) cause weight loss by limiting the stomach's capacity and slowing the flow of ingested nutrients. Expected weight loss with restrictive procedures is approximately 50 percent of the individual's pre-surgery body weight.

Diversionary and malabsorptive procedures reduce the area of stomach and intestinal mucosa available for nutrient absorption by bypassing or resecting the stomach and parts of the small intestine. Diversionary procedures may provide for weight loss up to 60-70 percent of body weight; malabsorptive procedures typically provide greater weight loss than solely restrictive procedures.

The following are descriptions of bariatric surgery procedures:

1. Adjustable Gastric Banding (AGB) – AGB achieves weight loss through gastric restriction only. An inflatable doughnut-shaped balloon band creates a gastric pouch of approximately 15 to 30 cc's in the uppermost portion of the stomach. The diameter of the band can be adjusted in the clinic by adding or removing saline through a port that is positioned beneath the skin and allows the size of the gastric outlet to be modified. AGB procedures are laparoscopic only.
2. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) – BPD/DS partially resects the stomach and achieves weight loss through gastric restriction and malabsorption. Meal intake does not need to be restricted radically and patients eat relatively normal-sized meals, as the proximal areas of the small

intestine (e.g. duodenum and jejunum) are bypassed and substantial malabsorption occurs. Partial BPD/DS involves resection of the greater curvature of the stomach. It preserves the pyloric sphincter and transects the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis. BPD/DS can be open or laparoscopic.

3. Roux-en-Y Gastric Bypass (RYGBP) – RYGBP reduces the stomach to a small gastric pouch (30 cc), which results in feelings of satiety following smaller meals. This procedure achieves weight loss through gastric restriction and malabsorption. The small gastric pouch is joined to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, ultimately reducing absorption. RYGBP can be open or laparoscopic.
4. Sleeve Gastrectomy – Sleeve Gastrectomy is a 70%-80% sleeve resection of the stomach with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. Sleeve gastrectomy can be performed open or laparoscopic.
5. Vertical Gastric Banding (VGB) – VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, which creates a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. A non-adjustable band is placed around the inlet to prevent future enlargement of the opening. This creates a sense of fullness after eating smaller meals. Weight loss from this procedure solely depends on eating less. VGB procedures are essentially no longer performed.

Contraindications for bariatric surgeries include cardiac complications, significant respiratory dysfunction, non-compliance with medical treatment, psychological disorders that a psychologist/psychiatrist determines are likely to exacerbate or interfere with long-term management, significant eating disorders, and severe hiatal hernia/gastroesophageal reflux.

Authorization: Prior authorization from Harvard Pilgrim Stride^{SM} (HMO) is required for all bariatric surgery procedures.

Policy and Coverage Criteria:

Weight Loss Surgery Centers of Excellence

Harvard Pilgrim Health Care (HPHC) has designated selected in-network facilities as Weight Loss Surgery Centers of Excellence (COE); these facilities provide access to integrated programs focused on patient health, safety and cross-functional team support, and have met stringent quality criteria established by the American College of Surgeons and/or the American Society for Metabolic and Bariatric Surgery.

- A list of designated Weight Loss Surgery Centers of Excellence is published on HPHC's public web site: https://www.harvardpilgrim.org/portal/page?_pageid=213,248896&_dad=portal&_schema=PORTAL

To ensure quality of care, HMO members should be directed to a designated Weight Loss Surgery Center of Excellence.

- For POS and PPO members, medically necessary procedures performed at designated Centers of Excellence facilities are covered at in-network cost; procedures performed at non-COE facilities may be covered at out-of-network benefits levels.

Initial Procedures:

Harvard Pilgrim Stride[SM] (HMO) considers bariatric surgeries as medically necessary for members when ALL the following criteria are met:

A. The bariatric surgeon had determined the member is an appropriate candidate for ONE of the following procedures:
   i. Laparoscopic sleeve gastrectomy, stand-alone procedure
   ii. Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)
   iii. Laparoscopic adjustable gastric banding (LAGB)
   iv. Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

B. All the following criteria are met:
   i. Body Mass Index (BMI) of 35 or more; AND
   ii. Individual has at least one of the following high-risk comorbid conditions:
      - Type II diabetes mellitus
      - Refractory hypertension (blood pressure of 140 mmHg systolic and/or 90 mmHg diastolic)
      - Refractory hyperlipidemia (acceptable levels of lipids unachievable with diet and maximum doses of lipid lowering medications)
      - Clinically significant obstructive sleep apnea (OSA)
      - 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 that is treatable but for the obesity)
      - Obesity induced cardiomyopathy
      - Hepatic steatosis without prior evidence of active inflammation

      The medical conditions need not be immediately life-threatening, but must be of sufficient severity as to pose considerable short-or long-term risk to function and/or survival, and must not be trivial or easily controlled with non-invasive intervention (e.g., medication). Consideration of the risk-benefit for each individual patient must be used to determine that surgery is the best option for treatment for the individual patient, and no contraindications to bariatric surgery may exist.

C. The procedure is performed at a facility that is certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center or by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.
D. The member is motivated to achieve substantial weight loss, is a good candidate for the procedure and long-term follow-up, and is well-informed about potential operative risks, realistic expectations of surgery, and the need for lifelong medical follow up.
E. Member does not have ANY of the following contraindications:
   i. Prohibitive perioperative risk of cardiac complications due to cardiac ischemia or myocardial dysfunction
   ii. Severe chronic obstructive airway disease or respiratory dysfunction
   iii. Non-compliance with medical treatment of obesity or treatment of other chronic medical condition
   iv. Failure to cease tobacco use
   v. Psychological/psychiatric conditions (schizophrenia, borderline personality disorder, suicidal ideation, severe or recurrent depression, or bipolar affective disorders with difficult-to-control

manifestations, history of recurrent lapses in control or recurrent failure to comply with management regimen)

vi. Mental retardation that prevents personally provided informed consent or ability to understand and comply with a reasonable pre- and postoperative regimen
vii. History of significant eating disorders (anorexia nervosa, bulimia and pica)
viii. Severe hiatal hernia/gastroesophageal reflux for restrictive procedures such as LAGB
ix. Autoimmune and rheumatological disorders that would be exacerbated by the presence of intra-abdominal foreign bodies (for LAGB procedures)
x. Hepatic disease with prior documented inflammation, portal hypertension or ascites

Note: A history or presence of mild, uncomplicated, and adequately treated depression due to obesity is not normally considered an absolute contraindication to bariatric surgery. Requests for bariatric surgery for patients with compensated cirrhosis and mild portal hypertension may be approved on a case-by-case basis. Medical record documentation must confirm that location and severity of the varices will not adversely impact likelihood that the member can reasonably be expected to benefit from the requested procedure (e.g., sleeve gastrectomy in a patient with stable gastric varies located in the fundus).

F. In addition, all covered procedures must be provided as part of a comprehensive multidisciplinary program that includes a comprehensive preoperative evaluation and postoperative care. Requests for bariatric surgeries must include medical record documentation that is not limited to but contains ALL the following:

Preoperative Evaluation

i. Individual has failed to maintain a healthy weight despite adequate participation in a structured dietary program, AND
ii. Assessment and history of repeated attempts to lose weight (with failure to achieve sustained weight loss) through established non-surgical weight loss programs and/or clinician supervised approaches to long-term weight loss (e.g., diet/nutrition regimens, behavioral modification, exercise, and/or pharmacologic agents), AND
iii. Behavioral health history indicating no issues (e.g., capacity to personally provide informed consent, active substance abuse, untreated major depression or anxiety, other serious psychological disorders) that could reasonably be expected to complicate the recuperative process or member's compliance with diet and post-surgery follow-up

Postoperative Care

i. At least three follow-up visits with the bariatric surgery team within the first year, AND
ii. Lifelong postoperative dietary care (including vitamins, mineral and nutritional supplementation), AND
iii. Exercise and lifestyle changes reinforced by counseling and/or support groups and supervised by a physician who is knowledgeable in long-term care of such individuals

Repeat Procedures: Harvard Pilgrim Stride^{SM} (HMO) considers surgery to correct complications, such as slippage, erosion, obstruction and stricture, as medically necessary.

Harvard Pilgrim Stride[SM-] (HMO) does not provide coverage for repeat procedures as they are considered not reasonable and necessary.

Exclusions:

Harvard Pilgrim Stride[SM] (HMO) does not cover bariatric surgeries when criteria above are not met.

In addition, Harvard Pilgrim Stride[SM] (HMO) does not cover:

- Open adjustable gastric banding
- Open sleeve gastrectomy
- Open and laparoscopic vertical banded gastroplasty
- Intestinal bypass surgery (Jejunoileal bypass)
- Mini-gastric bypass
- Silastic ring vertical gastric bypass (e.g. Fobi pouch)
- Gastric balloon for treatment of obesity (e.g. Obalon ® Balloon, swalloable intragastric balloon system)
- Repeat or revisional procedures when member has not remained compliant to prescribed nutritional and exercise programs

Coding:

Codes are listed below for informational purposes. The list may not be all-inclusive, and does not imply or guarantee coverage or provider reimbursement. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Harvard Pilgrim policies apply.

CPT® Code	Description
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; with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach
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)
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

CPT® Code	Description
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

ICD-10 Codes	Description
E11.9	Type 2 diabetes
E11.618	Type 2 diabetes with arthropathy
E11.8	Type 2 diabetes with complication
E11.69	Type 2 diabetes with complication, specified NEC
E13.10	Cardiorenal hypertension
E66.01	Morbid obesity
E66.2	Morbid obesity with alveolar hypoventilation
E66.8	Obesity, specified type NEC
G47.33	Obstructive sleep apnea
G93.2	Pseudotumor cerebri
I10	Hypertension
I11.9	Hypertensive heart disease without heart failure
I13.0	Cardiorenal hypertension with heart failure
I77.9	Coronary artery disease
I51.4-I51.9	Hypertension, heart conditions due to hypertension
K76.0	Steatosis liver NEC

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

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Summary of Changes:

Date	Changes
5/2/17	Background and references updated and reformatted. Coding and coverage criteria revised.
7/27/16	New policy, effective 1/1/17.

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