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, a limited number of cases 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, and 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 the amount of food the stomach can hold, causing malabsorption of nutrients. Bariatric procedures can often cause hormonal and metabolic changes that result from gastric and intestinal surgery.

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 50-70% of the individual’s pre-surgery body weight.

The following are descriptions of bariatric surgery procedures:

- **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.

- **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.

- **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.
- **Sleeve Gastrectomy** – The greater curvature of the stomach is resected from the angle of His to the distal antrum, resulting in a tube or sleeve shaped stomach. The pyloric sphincter is preserved, resulting in a more physiologic transit of food from the stomach to the duodenum. This prevents the dumping syndrome, which occurs when there is an overly rapid transport of food through the stomach into the intestines.
- **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 is required for bariatric surgeries provided to members enrolled in commercial (HMO, POS, PPO) products. Bariatric procedures can only be done at fully-accredited centers.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:
- **Clinical notes/written documentation** – via HPHConnect Clinical Upload or secure fax (800-232-0816)
- **Photographs** – HPHConnect Clinical Upload function, email (utilization_requests@harvardpilgrim.org), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here.) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

**Policy and Coverage Criteria:**
For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:
- Revisional Procedure – Adult (2019.1)
- Laparoscopic Adjustable Gastric Band (Repair, Removal, Revision) – Adult (2019.1)
- Adjustment of Gastric Band Diameter – Adult (2019.1)

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following 2019.1 InterQual® criteria, which HPHC has customized:
- Biliopancreatic Diversion with Duodenal Switch – Adult (2019.1)
- Roux-en-Y Gastric Bypass - Adult (2019.1)
- Sleeve Gastrectomy - Adult (2019.1)
- Laparoscopic Adjustable Gastric Band - Adult (2019.1)

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following 2018.1 InterQual® criteria:
- Roux-en-Y Gastric Bypass - Adolescent (2019.1)
- Sleeve Gastrectomy - Adolescent (2019.1)
- Revisional Procedure – Adolescent (2019.1)

### 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.


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.

### Coding:

**Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.**

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
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<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
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</table>
HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members’ unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

### CPT® Codes

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<tr>
<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only</td>
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<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components</td>
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<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)</td>
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<tr>
<td>43845</td>
<td>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoleiostaomy and ileoleiostaomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)</td>
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<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
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<tr>
<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption</td>
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<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</td>
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<tr>
<td>43860</td>
<td>Revision of gastrojejunostomy (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy</td>
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<tr>
<td>43865</td>
<td>Revision of gastrojejunostomy (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy</td>
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<td>43886</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component only</td>
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<td>43887</td>
<td>Gastric restrictive procedure, open; removal of subcutaneous port component only</td>
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<tr>
<td>43888</td>
<td>Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only</td>
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<tr>
<td>43999</td>
<td>Unlisted procedure, stomach</td>
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### 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.

### References:


15. Hayes, Inc. Laparoscopic Bariatric Surgery: Rouxenx Gastric Bypass, Vertical Banded Gastroplasty And Adjustable Gastric Banding.


26. Standards of Medical Care in Diabetics. 2015. Available at: http://care.diabetesjournals.org/content/suppl/2014/12/23/38.Supplement_1.DC1/January_Supplement_Com bined_Final.6-99.pdf


Summary of Changes:

<table>
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<tr>
<th>Date</th>
<th>Change</th>
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<tbody>
<tr>
<td>3/20</td>
<td>Criteria and coding updated</td>
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<tr>
<td>11/19</td>
<td>InterQual® criteria adopted</td>
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<tr>
<td>4/19</td>
<td>Annual review; criteria and coding updated</td>
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<tr>
<td>2/18</td>
<td>Policy coverage criteria reviewed and refined</td>
</tr>
<tr>
<td>4/17</td>
<td>Background, references and supporting information updated. Per LCD guidelines, policy criteria was updated to include added contraindications and comorbidities for adults and adolescents.</td>
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<tr>
<td>1/17</td>
<td>Added Criteria requiring no contradictions to major surgical intervention. Clarified that co-morbidities. Expanded CPT coding and added ICD 10 codes.</td>
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Approved by Medical Policy Committee: 5/12/20
Approved by Clinical Policy Operational Committee: 1/03, 12/03, 1/05, 1/06, 3/06, 5/07, 12/07, 2/08, 6/08, 5/09, 7/09, 5/10, 4/11, 5/12, 6/13, 7/14, 10/14, 12/15, 1/17, 4/17, 2/18; 4/19; 1/20; 5/20

Policy Effective Date: 08/28/20
Initiated: 11/01

HPHC Medical Policy

Bariatric Surgery

VF28AUG20P

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