

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.

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 (Version 2021)
- Laparoscopic Adjustable Gastric Band (Repair, Revision) – Adult (Version 2021)
- Laparoscopic Adjustable Gastric Band (Removal) – Adult (Version 2021)
- Adjustment of Gastric Band Diameter – Adult (Version 2021)
- Biliopancreatic Diversion with Duodenal Switch – Adult (Version 2021)
- Roux-en-Y Gastric Bypass - Adult (Version 2021)
- Sleeve Gastrectomy - Adult (Version 2021)
- Laparoscopic Adjustable Gastric Band - Adult (Version 2021)

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:

- Roux-en-Y Gastric Bypass - Adolescent (Version 2021)
- Sleeve Gastrectomy - Adolescent (Version 2021)
- Revisional Procedure – Adolescent (Version 2021)
- Laparoscopic Adjustable Gastric Band (Removal) – Adolescent (Version 2021)
- Laparoscopic Adjustable Gastric Band (Repair Revision) – Adolescent (Version 2021)

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 website: <https://www.harvardpilgrim.org/public/find-a-provider>

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.

CPT® Codes	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

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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	Description
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
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)
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
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
43999	Unlisted procedure, stomach

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.

Summary of Changes:

HPHC Medical Policy

Public Domain

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Bariatric Surgery

VH01NOV21P

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Date	Change
7/21	Criteria and coding updated
4/21	Annual review, no changes
5/20	InterQual® criteria adopted
4/19	Annual review; criteria and coding updated
2/18	Policy coverage criteria reviewed and refined
4/17	Background, references and supporting information updated. Per LCD guidelines, policy criteria was updated to include added contraindications and comorbidities for adults and adolescents.
1/17	Added Criteria requiring no contradictions to major surgical intervention. Clarified that co-morbidities. Expanded CPT coding and added ICD 10 codes.
12/15	Coding added. Formatting and references updated. Update format and references. Delete Vertical Banded Gastroplasty (VBG) from list of covered procedures; add to list of exclusions. Add footnote re: coverage for bariatric surgery in patients with compensated cirrhosis and mild portal hypertension.

Approved by Medical Policy Committee: 07/06/21

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; 4/21; 7/21

Policy Effective Date: 11/01/21

Initiated: 11/01

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