



**Subject:** *Weight Loss Surgery*

**Number:** 200409-0001

**Effective date:** 9/28/2004

**Revision date(s):** 2/7/04, 3/8/2005, 6/7/05

**Important note**

**Not all services are covered for all commercial products or employer groups.** Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following Web site: <http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

**Overview**

Weight loss surgery (WLS) is a treatment option in the clinical management of the morbidly obese. Morbid obesity is defined as either having a body mass index (BMI) of  $\geq 40$  or a BMI between 35 and 40 accompanied by high risk co-morbid conditions.

WLS consists of restricting the size of the stomach and subsequently the quantity of food that can be eaten. Current techniques consist of open abdomen and laparoscopic procedures. In addition to weight loss, the goal is to also improve the co-morbid conditions.

**Policy**

**Preauthorization is required by the plan.** WLS is covered, subject to the clinical criteria defined below. With respect to gastric band adjustments (see S2083 under "Covered Codes" below), preauthorization is required for more than 6 adjustments per calendar year (the first 6 adjustments do not require preauthorization). The facility in which WLS is performed, must also meet the credentialing criteria indicated below.

**Covered services**

The following items are covered:

1. Standard inpatient facility services (e.g., semi-private room, operating room, anesthesia).
2. Professional services (e.g., physician/surgeon).
3. Psychiatric/psychological evaluation.
4. Related surgical procedures, including:
  - a. Roux-en-Y gastric bypass (RYGP), open or laparoscopic procedure
  - b. Laparoscopic Adjustable Gastric Band (LAGB)

## Medical criteria

Must meet **all** of the following conditions:

1. Meets the definition of morbid obesity
  - a. BMI  $\geq$  40, or
  - b. BMI between 35 and 40 accompanied by any of the following high risk co-morbid conditions:
    - i. Life-threatening cardiopulmonary problems (e.g. severe sleep apnea, Pickwickian syndrome, obesity related cardiomyopathy, etc.), or
    - ii. Diabetes mellitus, or
    - iii. Obesity induced physical problems interfering with lifestyle (e.g. treatable joint disease caused by obesity, etc.)
2. Morbid obesity present  $\geq$  5 years
3. Age  $\geq$  18 years old
4. No untreated metabolic cause for obesity (e.g. adrenal or thyroid disorders)
5. History of failure with two or more of the following non-surgical measures, supervised, over at least a one year period:
  - a. Diet/nutrition regimens
  - b. Behavioral modification
  - c. Exercise
  - d. Pharmacologic agents
6. Pre-operative evaluation by a multidisciplinary team consisting of medical, surgical, psychiatric and nutritional expertise, that includes
  - a. Fully informing the member with respect to:
    - i. Any previously unconsidered treatment options and the advantages and disadvantages of each
    - ii. The need for lifelong medical surveillance after surgical therapy
  - b. Ensuring the member is motivated with a strong desire for substantial weight loss and acceptable operative risks
  - c. Confirming the absence of substance abuse, psychosis, major depression and other serious psychological disorders

## Medicare only

Gastric bypass surgery for extreme obesity is covered under the program if:

1. It is medically appropriate for the individual to have such surgery; and
2. The surgery is to correct an illness which caused the obesity or was aggravated by the obesity.

## Facility credentialing

Facilities must meet the following criteria for WLS:

1. System-wide environment (e.g., pretesting, recovery, ICU, diagnostics) that is appropriately designed and properly equipped for the comfort and care of WLS patients
2. Designated, recognized, and well-supported anesthesiology and operating room teams for WLS
3. Designated, recognized, and well-supported inpatient facilities for the care and treatment of WLS patients
4. Allocation of anesthesiology and critical care resources for 24/7 coverage of WLS patients by attending level staff
5. On-site (if needed) specialists to educate, evaluate, and manage WLS patients

**Note: FCHP credentials physicians at board certification level. The facilities in which these procedures are performed are expected to approve physician privileges at the institutional level.**

## Exclusions

The following are not covered:

1. Biliopancreatic diversion with duodenal switch surgical procedure, as it is considered investigational / experimental.

- a. The weight loss obtained with this procedure has been demonstrated to be no greater than that obtained in alternative surgical techniques. The related clinical trials are relatively few in number and are not randomized prospective studies.
2. Surgical treatments for morbid obesity for individuals not meeting the medical criteria specified above (e.g., under age 18).
3. Standard hospital/inpatient care services exclusions.
4. Patients with the following contraindications will not be authorized for WLS:
  - a. Unstable coronary artery disease (CAD), severe pulmonary disease, portal hypertension with gastric or intestinal varices, and other conditions thought to seriously compromise anesthesia or wound healing risk
  - b. Pregnancy
  - c. Inability to comprehend basic principles of the procedure or to follow basic postoperative instructions

### Codes

Codes	Number	Description
CPT	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
HCPCS	S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band includes placement of subcutaneous port
	S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

Copyright © 2004 American Medical Association, Chicago, IL

### FCHP products to which this policy applies

- ⊕ Direct & Select Care (HMO)
- ⊕ Flex Care Direct & Select (POS)
- ⊕ Fallon Preferred Care (PPO)
- ⊕ Fallon MassHealth
- ⊕ Non-Group: Independent Care, Direct enrollment and Bill at Home
- ⊕ Medicare Plan

### Body mass index chart

<p><b>Body Mass Index</b> Body mass index, or BMI, is an indicator of body fat. The amount of body fat is related to the risk of disease and death. BMI equals body weight in kilograms divided by height in meters squared.</p>	<p><u>Note</u> Federal guidelines suggest that people should keep their BMI under 25. Individuals with a BMI above 25 are at an increased risk for health related complications.</p>
<p><b>To Use This Chart</b> Match your height (left column) to your weight (go across the row to your closest weight in pounds) to determine your BMI reading (go up the column containing your weight to the BMI row)</p>	

BMI	20	21	21	23	24	25	26	27	28	29	30	35	40
4'10"	96	100	105	110	115	119	124	129	134	138	143	167	191
4'11"	99	104	109	114	119	124	128	133	138	143	148	173	198
5'	102	107	112	118	123	128	133	138	143	148	153	179	204
5'1"	106	111	116	122	127	132	137	143	148	153	158	185	211
5'2"	109	115	120	126	131	136	142	147	153	158	164	191	218
5'3"	113	118	124	130	135	141	146	152	158	163	169	197	225
5'4"	116	122	128	134	140	145	151	157	163	169	174	204	232
5'5"	120	126	132	138	144	150	156	162	168	174	180	210	240
5'6"	124	130	136	142	148	155	161	167	173	179	186	216	247
5'7"	127	134	140	146	153	159	166	172	178	185	191	223	255
5'8"	131	138	144	151	158	164	171	177	184	190	197	230	262
5'9"	135	142	149	155	162	169	176	182	189	196	203	236	270
5'10"	139	146	153	160	167	174	181	188	195	202	207	243	278
5'11"	143	150	157	165	172	179	186	193	200	208	215	250	286
6'	147	154	162	169	177	184	191	199	206	213	221	258	294
6'1"	151	159	166	174	182	189	197	204	212	219	227	265	302
6'2"	155	163	171	179	186	194	202	210	218	225	233	272	311
6'3"	160	168	176	184	192	200	208	216	224	232	240	279	319
6'4"	164	172	180	189	197	205	213	221	230	238	246	287	328

## References

1. CMS National Coverage Determination for gastric bypass surgery (100.1), 10/1/79.
2. Commonwealth of Massachusetts, Betsy Lehman Center for Patient Safety and Medical Error Reduction, Expert Panel on Weight Loss Surgery, Executive Report, August 4, 2004.
3. Gastrointestinal Surgery for Severe Obesity Consensus Statement. NIH Consensus Development Conference, March 25-27, 1991, Volume 9, Number 1.
4. Newer Techniques in Bariatric Surgery for Morbid Obesity, Blue Cross Blue Shield Association TEC Assessment Program, Volume 18, No. 10, September 2003.
5. Special Report: The Relationship between Weight Loss and Changes in Morbidity Following Bariatric Surgery for Morbid Obesity. BlueCross Blue Shield Association TEC Assessment Program, Volume 18, No. 9, September 2003.
6. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. The Evidence Report. NIH Publication No. 98-4083, September 1998, National Institutes of Health.

## Mandated benefit/regulatory issues

- Ø Federal
- Ø Commonwealth of Massachusetts
- ⊕ Medicare – National Policy
- Ø Medicare – Local Medical Review Policy

∅ Not applicable

**Committee review dates**

Technology Assessment Committee: 11/2000, 12/7/04, 3/8/05, 6/7/05

Approved by:

*Signature on file*

Dennis A. Batey, MD – Chief Medical Officer

Date