



Bariatric Surgery Clinical Coverage Criteria

Overview

Obesity is a major US health issue, with 39.8% of adults who are obese as of 2016. While surgery isn't for everyone, it does have good outcomes for many who are appropriate candidates. There are several procedures, each with advantages and disadvantages.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an NCD for Treatment of Obesity (40.5) and an NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1). National Government Services, Inc. is the Part A/B Medicare Administrative Contractor (MAC) with jurisdiction in our service area. National Government Services, Inc. does not have an LCD or LCA for treatment of obesity or bariatric surgery (MCD search 07-20-2021).

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Prior authorization is required.

Fallon Health covers the following procedures:

- Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)
- Gastric Reduction Duodenal Switch (BPD/GRDS)
- Laparoscopic adjustable gastric banding (LAGB)
- Laparoscopic sleeve gastrectomy (LSG)

Commercial and MassHealth ACO

Bariatric surgery is covered when all of the following criteria are met:

- The member is an adult or adolescent who has failed other non-surgical approaches to long-term weight loss, and is enrolled in a program which provides pre-op and post-op multidisciplinary evaluation and care including: behavioral health, nutrition, and medical management, AND either:
- BMI \geq 40, OR
- BMI \geq 35 and at least one or more obesity-related co-morbidities such as type II diabetes (T2DM), at least Stage 1 Hypertension based on JNC-VII (SBP $>$ 140 and/or DBP $>$ 90) after combination pharmacotherapy, obesity related cardiomyopathy coronary artery disease, sleep apnea, obesity hypoventilation syndrome, obesity related pulmonary hypertension non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, or pseudotumor cerebri.

Bariatric surgery for preadolescent members is not covered.

Hiatal hernia repair at the time of bariatric surgery:

The Society of American Gastrointestinal and Endoscopic Surgeons have issued evidence-based guidelines for the management of hiatal hernia. Recommendations for indications for repair are as follows:

- Repair of a type I hernia [sliding hiatal hernias, where the gastroesophageal junction migrates above the diaphragm] in the absence of reflux disease is not necessary (moderate quality evidence, strong recommendation).
- All symptomatic paraesophageal hiatal hernias should be repaired (high quality evidence, strong recommendation), particularly those with acute obstructive symptoms or which have undergone volvulus.
- Routine elective repair of completely asymptomatic paraesophageal hernias may not always be indicated. Consideration for surgery should include the patient's age and comorbidities (moderate quality evidence, weak recommendation).

Medicare

Fallon Health follows coverage criteria in Medicare NCD Treatment of Obesity (40.5) and NCD Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) for Medicare members, including Medicare Advantage, NaviCare and PACE plan members.

Policy References:

NCD link: [Treatment of Obesity \(40.5\)](#)

NCD link: [Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#)

Certain designated surgical services for the treatment of obesity are covered for Medicare beneficiaries who have a body mass index (BMI) \geq 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with the medical treatment of obesity.

Type 2 diabetes mellitus is a co-morbidity for purposes of NCD 100.1.

Surgical treatments for obesity alone are non-covered.

The following surgeries are covered for plan members who have a BMI \geq 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity as required by NCD 100.1:

- Open and laparoscopic Roux-en-Y gastric bypass (RYGBP),
- Open and Laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS), and
- Laparoscopic Adjustable Gastric Banding (LAGB)

The following bariatric surgical procedures are non-covered for all Medicare beneficiaries:

- Open adjustable gastric banding;

- Open sleeve gastrectomy;
- Laparoscopic sleeve gastrectomy (prior to June 27, 2012);
- Open and laparoscopic vertical banded gastroplasty (CPT 43842);
- Intestinal bypass surgery; and,
- Gastric balloon for treatment of obesity.

Effective for services performed on and after June 27, 2012, Medicare Administrative Contractors (MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following criteria are met:

- The beneficiary has a body-mass index (BMI) ≥ 35 kg/m²,
- The beneficiary has at least one co-morbidity related to obesity, and,
- The beneficiary has been previously unsuccessful with medical treatment for obesity.

The determination of coverage for any bariatric surgery procedures that are not specifically identified in an NCD as covered or non-covered, for Medicare beneficiaries who have a body-mass index ≥ 35 , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local MACs.

Exclusions

- Bariatric surgery for preadolescent plan members is not covered.
- The following procedures are not covered:
 - Open adjustable gastric banding
 - Open sleeve gastrectomy
 - Open and laparoscopic vertical banded gastroplasty
 - Intestinal bypass surgery
 - Gastric balloon for treatment of obesity
 - Gastric bypass using a Billroth II type of anastomosis (mini-gastric bypass)
 - Biliopancreatic bypass without duodenal switch
 - Long limb gastric bypass (i.e., >150 cm)
 - Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as initial procedure followed by biliopancreatic diversion at a later time)
 - Laparoscopic gastric plication
 - Single anastomosis duodenoileal bypass with sleeve gastrectomy
 - Jejunoleal bypass
 - Horizontal gastric partitioning
 - Gastric wrapping
 - Gastric Electric Stimulation for the treatment of obesity (Gastric pacemaker)
 - any bariatric surgery performed as a cure for type 2 diabetes mellitus
 - Insertion of the StomaphyX™ device
 - Endoscopic gastroplasty
 - Use of an endoscopically placed duodenojejunal sleeve)
 - Aspiration therapy device

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

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

43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, 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

References

- Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS) Table 21. Selected health conditions and risk factors, by age: United States, selected years 1988–1994 through 2015–2016. Available at: <https://www.cdc.gov/nchs/data/hus/2018/021.pdf>.
- American Society for Metabolic and Bariatric Surgery (ASMBS). Bariatric Surgery Procedures. Available at: <https://asmbs.org/patients/bariatric-surgery-procedures>.
- Medicare National Coverage Determination (NCD) for Treatment of Obesity (40.5). Effective Date of this Version 02/21/2006. Available at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. Accessed 07/20/2021.
- Medicare National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1). Effective Date of this Version: 09/24/2013. Available at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Accessed 07/20/2021.
- MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery. Effective August 15, 2019. Available at: <https://www.mass.gov/doc/bariatric-surgery/download>.
- Kohn GP, Price RR, DeMeester SR, Zehetner J, Muensterer OJ, Awad Z, Mittal SK, Richardson WS, Stefanidis D, Fanelli RD; SAGES Guidelines Committee. Guidelines for the management of hiatal hernia. Surg Endosc. 2013 Dec;27(12):4409-28.

Policy history

Origination date: 07/01/2014
Approval(s): Technology Assessment Committee: 06/25/2014 (new modified policy to include Interqual and Fallon Health Criteria) 07/22/2015 (annual review no changes) 10/28/2015 (modifications to additional criteria) 10/26/2016 (annual review), 2/28/2018 (annual review), 02/27/2019 (annual review); 05/27/2019 (changed title: formerly Weight Loss Surgery; adopted Fallon Health criteria).

07/20/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section).

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates 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.