

Bariatric Surgery

Policy

Mass General Brigham Health Plan reimburses participating providers for specific types of medically necessary bariatric surgery when needed to either alleviate or correct medical problems caused by severe obesity.

Policy Definition

Bariatric Surgery procedures are performed to treat comorbid conditions associated with morbid obesity, also referred to as “clinically severe obesity.” Two types of surgical procedures are employed. Malabsorption procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorptions of nutrients occur. Restrictive procedures restrict the size of the stomach and decrease intake. Some surgical techniques combine both types of procedures.

Extreme (morbid) obesity is a condition of persistent and uncontrollable weight gain that is a potential threat to life. It is characterized by a body mass index (BMI) equal to or greater than 35kg/m² (or a BMI of 35 or higher).

Obesity is further classified according to the National Institutes of Health (NIH):

- Class I Obesity = BMI 30.0-34.9 kg/m²
- Class II Obesity = BMI 35.0-39.9 kg/m²
- Class III (Extreme) Obesity = BMI ≥ 40.0 kg/m²

Limitations

Mass General Brigham Health Plan member must meet the Bariatric Surgery requirements established by Mass General Brigham Health Plan Health Partners including, but not limited to:

- Individuals who are at least 95% of predicted adult stature who have:
 - A BMI ≥ 40, or
 - A BMI ≥ 35 accompanied by high-risk co-morbid condition(s).

Provider Payment Guidelines

- Coronary heart disease;
- Type 2 diabetes mellitus;
- Obstructive sleep apnea;
- Pickwickian syndrome;
- Pseudotumor cerebri;
- Non-alcoholic steatohepatitis (NASH);
- Obesity related cardiomyopathy; or
- Presence of 3 or more of the following CV risk factors:
 - Hypertension (SBP>140 or DBP >90 or taking antihypertensive agents);
 - Low HDL cholesterol (<35 mg/dL);
 - Elevated LDL cholesterol (>160 mg/dL);
 - Impaired glucose intolerance (FPG 110 to 125 mg/dL);
 - Current cigarette smoking;
 - Family history of premature coronary heart disease (CHD), (MI or sudden death at or before 55 in father or other male first degree relative, or at or before 65 in mother or other female first degree relative); or Age > 45 in men and >55 in women
- Documented unsuccessful attempts to lose weight with physician supervised methods
- Metabolic causes of obesity have been ruled out. If metabolic disease is established; member must have documented failure of attempts to lose weight through less invasive, physician supervised methods after treatment has been initiated to correct the deficiency;
- Enrollment in and completion of a pre-op and post-op medical and nutritional management program with expressed willingness to participate in treatment and long-term follow-up;
- Non-pregnant, non-nursing members willing to use secure birth control during periods of rapid weight loss.
- Absence of any unmanaged major psychiatric and/or substance abuse issue(s).
- Member must be 18 years of age or over for gastric banding or laparoscopic sleeve gastrectomy.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Provider Payment Guidelines

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider. Mass General Brigham Health Plan's reimbursement is based on the line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

- *Masshealth or MyCare Family members*: Entire policy applies
- Commercial members: Entire policy applies
- *Medicare Advantage*: Entire policy applies

Mass General Brigham Health Plan Reimburses

- Biliopancreatic diversion (BPD) with duodenal switch (DS)
- Gastric bypass using Roux-en-Y anastomosis, short limb
- Laparoscopic Roux-en-Y
- Laparoscopic sleeve gastrectomy

Provider Payment Guidelines

- Laparoscopic Adjustable Silicon Gastric Band (LASGB)
- LAP-BAND® Adjustable gastric banding (LAGB®) system
- Vertical banded gastroplasty (VBG)

Mass General Brigham Health Plan Does *Not* Reimburse

- Biliopancreatic bypass (biliopancreatic diversion [BD] without duodenal switch [DS])
- Garren-Edwards gastric bubble
- Gastric electric stimulation (gastric pacemaker)
- Gastric wrapping
- Horizontal gastric partitioning/gastroplasty
- Jejunioileal bypass
- Long limb gastric bypass
- Mini-gastric bypass

Procedure Codes

Note: Code descriptors modified from the AMA CPT for publishing purposes. This list of codes may not be all-inclusive and can and will change from time to time. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Code	Descriptor	Comment
43644	Laparoscopy, surgical gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Prior Auth Required
43645	Laparoscopy, surgical gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Not a covered service
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)	Prior Auth Required

Provider Payment Guidelines

Code	Descriptor	Comment
43771	Laparoscopy, surgical, gastric restrictive procedure revision of gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of 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; removable of adjustable gastric restrictive device and subcutaneous port components	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	
43842	Gastric restrictive procedure, without bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty (e.g., gastric wrapping)	Not a covered service
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)	Prior Auth Required
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	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Not a covered service
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
43886	Gastric restrictive procedure, open; revision of port component only	Prior Auth

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43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Required
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	No authorization required – Not reimbursable during global period, or when billed with E/M.

Related Documents

Mass General Brigham Health Plan Medical Policies

[Bariatric Surgery Medical Policy](#)

Mass General Brigham Health Plan Payment Guidelines

[General Coding and Billing](#)

[Modifiers](#)

[MassHealth Not Payable Code List](#)

References

Executive Report: Commonwealth of Massachusetts Betsy Lehman Center for Patient Safety and Medical Error Reduction Expert Panel on Weight Loss Surgery, August 4, 2004

[Commonwealth of Massachusetts Betsy Lehman Center for Patient Safety and Medical Error Reduction Expert Panel on Weight Loss Surgery: Executive Report August 4, 2004* - 2005 - Obesity Research - Wiley Online Library](#)

[Medicare National Coverage Determinations Manual, Chapter 1, Part 2 Coverage Determinations, 100.1](#)

Provider Payment Guidelines

Publication History

Topic: Bariatric Surgery	Owner: Network Management
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September 15, 2009	<i>Original documentation of policy</i>
April 26, 2010	<i>Criteria added</i>
March 15, 2011	<i>Age requirement added. Auth grid, limitations, reference, disclaimer updated</i>
April 25, 2012	<i>Annual Review: Limitation revised, Non-Covered procedures codes added, and references updated.</i>
May 1, 2018	<i>Template updated, code review, Addition of information on code S2083</i>
January 1, 2019	<i>Document restructure; codes, code descriptor and references updated. Update coverage for 43847</i>
January 1, 2023	<i>Document rebrand; updated references</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Health Partners Insurance Company.