

Medical Policy

Bariatric Surgery

Policy Number: 08

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for bariatric surgeries for Mass General Brigham Health Plan members. The treating specialist must request prior authorization for bariatric surgery.

Coverage Guidelines

Mass General Brigham Health Plan covers bariatric surgery for the treatment of severe obesity when such surgery is authorized prior to the procedure and meets medical necessity criteria. Medical necessity for bariatric surgery is determined through InterQual® criteria, which Mass General Brigham Health Plan has customized. To access the criteria, log in to Mass General Brigham Health Plan’s provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Based upon InterQual® criteria, authorization of bariatric surgical procedures is limited to:

1. Roux-en-Y Gastric Bypass (RYGB)
2. Gastric Bypass using Biliopancreatic diversion (BPD) with duodenal switch (DS)
3. Sleeve gastrectomy
4. Laparoscopic adjustable gastric banding (LAGB)
5. Adjustable Gastric Banding (AGB) (Repair, removal, and revision)
6. Revisional procedures including:
 - a. Revision of gastroduodenal anastomosis with reconstruction
 - b. Revision of gastrojejunal anastomosis with reconstruction

Bariatric Surgery—Vertical-banded Gastroplasty

Mass General Brigham Health Plan covers revisional procedures for vertical-banded gastroplasty in the following situations:

1. If vertical-banded gastroplasty resulted in significant complications, and bariatric correction surgery needed to be performed through the RYGB procedure.
2. If vertical-banded gastroplasty resulted in a lack of weight loss/fat inconsistent weight loss, and bariatric correction surgery needed to be performed through the RYGB procedure.

Bariatric Surgery – Revisional Procedures

Medical necessity for revisional procedures is determined through InterQual® criteria. To access the criteria, log in to Mass General Brigham Health Plan’s provider website at MassGeneralBrighamHealthPlan.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Exclusions

1. Endoscopic bariatric surgery procedures **including but not limited to the following:**
 - a. Natural orifice transluminal endoscopic surgery (NOTES);
 - b. Transoral gastroplasty;

- c. Endoluminal vertical gastroplasty;
 - d. Endoscopic sleeve gastroplasty;
 - e. Use of endoscopic closure devices (e.g., Apollo OverStich Endoscopic Suturing System)
2. Gastric balloon
 3. Long limb gastric bypass

Definitions

Bariatric surgery: Non-cosmetic, surgical procedures used in the treatment of morbid obesity.

Body Mass Index (BMI): Calculated by dividing the patient’s weight, in kilograms, by height, in meters, squared.

Conversion Surgery: A surgery that changes one type of procedure to a different type of procedure.

Corrective Surgery: Surgical procedures addressing complications or an incomplete treatment effect of a prior surgery, without changing the type of procedure. May include reversal procedures that restore the original anatomy.

Codes

Authorized CPT/HCPCS Codes	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
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, 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 (ie, sleeve gastrectomy)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
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)
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
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline*

***S2083 does not require Prior Authorization**

Related Policies

- [Bariatric Surgery Payment Policy](#)

Effective

October 2022: Annual review. Exclusions clarified. Codes updated. References updated.

October 2021: Annual review.

October 2020: Annual review. References updated.

December 2019: Annual Review. Added exclusion list. References updated.

January 2019: Annual review. References updated.

March 2018: Added CPT, HCPC codes.

September 2017: Annual review. Clarified coverage criteria for Vertical-banded Gastroplasty by adding “revisional procedures”.

February 2017: Changes reflect the addition of InterQual® criteria for Gastric Bypass using Roux-en-Y, Gastric Bypass using biliopancreatic diversion with duodenal switch, Sleeve gastrectomy, Laparoscopic adjustable gastric banding, Adjustable Gastric Banding and Revision procedures.

September 2016: Annual review.

September 2015: Smoking cessation counselling added, and references updated.

September 2014: Reoperation, revision, and surgery to criteria Added.

February 2014: Annual review.

February 2013: gastric placcation added to excluded procedures, specified adolescent criteria added.

January 2012: Modified age requirement for bariatric surgeries, Removed specific requirements for laparoscopic Sleeve surgery.

January 2011: Annual review.

March 2010: Annual review.



January 2009: Annual review.
January 2008: Annual review.
January 2007: Annual review.
January 2006: Annual review.
January 2005: Annual review.
September 2002: Policy Effective.

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