

Medical Policy

Bariatric Surgery

Policy Number: 08

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	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 primary and revisional 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 for adolescents and adults is determined through InterQual® criteria. To access the criteria, log into 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
7. Single anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S)

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 OverStitch Endoscopic Suturing System)
2. Gastric balloon
3. Long limb gastric bypass

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its MassHealth ACO members. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth has [Guidelines for Medical Necessity Determination for Bariatric Surgery](#).**

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

At the time of Mass General Brigham Health Plan's most recent policy review, Medicare includes coverage guidelines for the following:

- [NCD: Bariatric Surgery for the Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#)
- [LCD: Laparoscopic Sleeve Gastrectomy \(LSG\) – Medical Policy Article \(A52447\)](#)

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

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

This list of codes applies to commercial and MassHealth plans only.

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
43659	Unlisted laparoscopy procedure, stomach [†]
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)
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**

†43659 is an unlisted code that may be used to describe SADI-S or other procedures. When SADI-S is requested and member meets InterQual criteria for any bariatric surgery, this code may be approved. When this code is used to describe other procedures, secondary review is required.

Related Policies

- [Bariatric Surgery Payment Policy](#)

Effective

December 2024: Annual review. MassHealth variation language added. Clarified that both primary and revisional bariatric surgical procedures use InterQual® criteria. Deleted section on Vertical-banded Gastroplasty as no longer covered. Codes updated.

May 2024: Ad hoc review. Added SADI-S coverage. References updated.

October 2023: Annual review. Medicare Advantage added to table. Medicare variation language added.

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 plication 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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