Mass General Brigham
Health Plan

Medical Policy
Bariatric Surgery

Policy Number: 08

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization required	X	X	X	X	X
No Prior Authorization	X (S2083)	X (S2083)		X (S2083)	X (S2083)
Not covered/payable		X (C9785)	X (S2083)		

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 adults 18 years of age and older is determined through InterQual® criteria, which Mass General Brigham Health Plan has modified to add coverage for revisional procedures single anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S) and transoral outlet reduction (TORe). 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
    c. Transoral outlet reduction (TORe) following RYGB
7. Single anastomosis duodenal-ileal bypass with sleeve gastrectomy (SADI-S)

Medical necessity for bariatric surgery for adolescents (13 years of age through 17 years of age) 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. Sleeve Gastrectomy
3. Adjustable Gastric Banding (AGB) (Repair, removal, and revision)
4. Revisional procedures including:
    a. Revision of gastroduodenal anastomosis with reconstruction
    b. Revision of gastrojejunal anastomosis with reconstruction

Exclusions

1. Primary 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.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity 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 medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity 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 - Bariatric Surgical Management of Morbid Obesity (L35022)**

For Medicare Advantage plan members, InterQual criteria are superseded by the NCD above.

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, MassHealth had:**

- **Guidelines for Medical Necessity Determination for Bariatric Surgery.**

OneCare and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its OneCare and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no

guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

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.

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
43999	Unlisted procedure, stomach (physician claims only)
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components (ICD-10-PCS 0DV78ZZ Restriction of Stomach, Pylorus, Via Natural or Artificial Opening Endoscopic)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

†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

January 2026: Ad hoc review. Updated prior authorization table and added variation for OneCare and SCO members.

October 2025: Annual review. Fixed code disclaimer. Clarified how medical necessity is determined for adults versus adolescents. Added LCD.
May 2025: Ad hoc review. Added transoral outlet reduction (TORe) to list of approvable revision procedures. Added NCD. Updated codes. TORe codes when used as revisional procedure for RYGB are retroactively approvable to 7/1/2024.
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: Annual review. Added CPT, HCPC codes.
September 2017: Annual review. Clarified coverage criteria for Vertical-banded Gastroplasty by adding "revisional procedures".
February 2017: Ad hoc review. 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: Annual review. Smoking cessation counselling added, and references updated.
September 2014: Ad hoc review. Reoperation, revision, and surgery to criteria Added.
February 2014: Annual review.
February 2013: Annual review. Gastric placation added to excluded procedures, specified adolescent criteria added.
January 2012: Annual review. 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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