

Clinical Policy: FEHB Bariatric Surgery

Reference Number: QCP.CP.029

Last Review Date: 10-13-25

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Description

Policy/Criteria

I. General Selection criteria: Must meet all criteria 1 through 5

a) Presence of severe obesity that has persisted for at least 3 years, defined as **any of the following**:

- i) Body mass index (BMI) (see notes) exceeding 40 (Z68.41-Z68.45); **or**
- ii) BMI greater than 35 (Z68.35-Z68.39) in conjunction with **any** of the following severe co-morbidities:

(1) Coronary heart disease (I20.8-I25.9); **or**

(2) Diabetes mellitus (E11.0-E11.9); **or**

b) Clinically significant obstructive sleep apnea (G47.33); **or**

c) Member must be between the ages of 18-64; **and**,

d) Have a documented length of condition of at least 3 years; **and**,

e) The member has had a psychological evaluation by a qualified mental health clinician, which may include but is not limited to a psychiatrist or psychologist; **and**

f) Member must meet one of following:

i) Member has participated in clinically supervised nutrition and exercise program (including dietician consultation, low calorie diet, exercise counseling, and behavioral modification, and pharmacologic therapy, if appropriate), documented in the medical record.

ii) This clinically supervised nutrition and exercise program must meet all of the following criteria:

a) Nutrition and exercise program must be supervised and monitored in a clinical setting and working in cooperation with dietitians and/or nutritionists; **and**

b) Nutrition and exercise program(s) must be for a cumulative total of 12 months or longer in duration and occur within 2 years prior to surgery. **and**

c) Proximate to the time of surgery, member must participate in organized multidisciplinary surgical preparatory regimen of at least three months duration in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the member's ability to comply with post-operative medical care and dietary restrictions.

II. Examples of multidisciplinary Regimen:

- a. Consultation with a dietician or nutritionist;
- b. Reduced-calorie diet program supervised by dietician or nutritionist;
- c. Exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery, supervised by exercise therapist or other qualified professional;
- d. Behavior modification program supervised by qualified professional;
- e. Documentation in the medical record of the member's participation in the multidisciplinary surgical preparatory regimen.
- f. Roux-en-Y Gastric Bypass (RYGB) and Laparoscopic Adjustable Silicone Gastric Banding (LASGB):
 - i) Open or laparoscopic Roux-en-Y gastric bypass (RYGB) or laparoscopic adjustable silicone gastric banding (LASGB or Lap-Band) is considered medically necessary when the selection criteria above are met.
- g. Vertical Banded Gastroplasty (VBG):
 - i) Open or laparoscopic vertical banded gastroplasty (VBG) is considered medically necessary for members who meet the selection criteria for obesity surgery and who are at increased risk of adverse consequences of a RYGB due to the presence of any of the following comorbid medical conditions:
 - i. Hepatic cirrhosis with elevated liver function tests (K74.0, K74.60 - K74.69, R94.5); or
 - ii. Inflammatory bowel disease (Crohn's disease or ulcerative colitis) (K50.00 - K51.919); or
 - d) Radiation enteritis (K52.0); or
 - iii. Demonstrated complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma; or
 - iv. Poorly controlled systemic disease (American Society of Anesthesiology (ASA) Class IV).

III. Repeat Bariatric Surgery:

Repeat bariatric surgery is considered medically necessary when the initial bariatric surgery was medically necessary (i.e., who met medical necessity criteria), and when either of the following medical necessity criteria is met:

- g) Conversion to a RYGB may be considered medically necessary for members who have not had adequate success (defined as loss of more than 50 percent of excess body weight) two years following the primary bariatric surgery procedure and the member has been compliant with a prescribed nutrition and exercise program following the procedure; or
- h) Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch is considered medically necessary if the primary procedure was successful in inducing weight loss prior to the pouch dilation, and the member has been compliant with a prescribed nutrition and exercise program following the procedure.

IV. Elective cholecystectomy at the time of the covered obesity surgery will be covered.

Background

- 1) Morbid obesity occurs in up to five percent of the U.S. population and the prevalence is increasing. Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements, as a result of an excessive accumulation of fat in the body. In general, 20% to 30% above "ideal" body weight, according to standard life insurance tables, constitutes obesity. Morbid obesity is further defined as a condition of consistent and uncontrollable weight gain that is characterized by a weight which is at least 100 lbs. or 100% over ideal weight and/or a body mass index (BMI) of 40 or greater (35 if comorbid conditions are present). The highest risk for complications of obesity occurs with a BMI of >40. Comorbid conditions include osteoarthritis, sleep apnea, restrictive pulmonary disease, diabetes, cardiac disease and hypertension. Surgery alone is not adequate for long-term management. It must be provided in conjunction with a long-term dietary and activity management program in a multidisciplinary setting. However, diet and activity programs, even with behavioral therapy, are rarely successful alone in achieving weight reduction goals for the morbidly obese person.
- 2) The patient's ability to lose some weight prior to surgery makes surgical intervention easier and also provides an indication of the likelihood of compliance with the severe dietary restriction imposed on patients following surgery.
- 3) Given the importance of patient compliance on diet and self-care in improving patient outcomes after surgery, the patient's refusal to even attempt to comply with a nutrition and exercise regimen prior to surgery portends poor compliance with nutritional and selfcare requirements after surgery. Therefore, the appropriateness of obesity surgery in noncompliant patients should be questioned.
- 4) The patient must be committed to the appropriate work-up for the procedure and for continuing long-term postoperative medical management and must understand and be adequately prepared for the potential complications of the procedure.
- 5) There is rarely a good reason why obese patients (even super obese patients) cannot delay surgery in order to undergo behavior modification to improve their dietary and exercise habits in order to reduce surgical risks and improve surgical outcomes. The patient may be able to lose significant weight prior to surgery in order to improve the outcome of surgery.

Coding Implications

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CPT® Codes	Description
00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
43842	V-band gastroplasty
43843	Gastroplasty w/o v-band
43845	Gastroplasty duodenal switch
43644	Lap gastric bypass/roux-en-y
43645	Lap gastr bypass incl smll i
43770	Lap place gastr adj device
43771	Lap revise gastr adj device
43772	Lap rmvl gastr adj device
43773	Lap replace gastr adj device
43774	Lap rmvl gastr adj all parts
43846	Gastric bypass for obesity
43847	Gastric bypass incl small i
43848	Revision gastroplasty
43886	Revise gastric port open
43887	Remove gastric port open
43888	Change gastric port open

HCPCS Codes	Description
S2083	Adjustment of gastric band diameter

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review Date	10-13-25	

References

- Hayes; Bariatric Surgery for Pediatric Morbid Obesity [revised 02.22.06]
- 1) Arkansas BlueCross BlueShield Coverage Policy Manual; Gastric Restrictive or Bypass Surgery for Morbid (Clinically Severe) Obesity at: www.arkblucross.com.
- 2) Harby K. Adjustable band obesity surgery successful in outpatients. Medscape Medical News, May 17, 2004 (reporting on Digestive Disease Week 2004 abstracts M1953 and M1944, presented May 17, 2004). Available at: www.medscape.com.
- 3) American Medical Association. Diagnostic and therapeutic technology assessment. Garren gastric bubble. JAMA. 1986; 256(23):3282-3284.

- 4) Jain A. What works for obesity? A summary of the research behind obesity interventions. London, UK: BMJ Publishing Group; April 30, 2004.
- 5) Canadian Coordinating Office of Health Technology Assessment (CCOHTA). Laparoscopic adjustable gastric banding for clinically severe obesity. Pre-assessment No. 20. Ottawa, ON: CCOHTA; April 2003.
- 6) Lee WJ, Huang MT, Yu PJ, et al. Laparoscopic vertical banded gastroplasty and laparoscopic gastric bypass: A comparison. *Obes Surg*. 2004; 14(5):626-634.
- 7) Blanco-Engert R, Weiner S, Pomhoff I, et al. Outcome after laparoscopic adjustable gastric banding, uses the Lap-Band and the Heliogast band: A prospective randomized study. *Obes Surg*. 2003; 13(5):776-779.
- 8) Brechner RJ, Farris C, Harrison S, et al. Bariatric Surgery. Summary of Evidence. Baltimore, MD: CMS; November 4, 2004.
- 9) Technology Assessment Unit, Office of Patient Care Services, U.S. Department of Veterans Affairs, Office of Patient Care Services, Technology Assessment Unit (VATAP). Bariatric surgery: Summary of INAHTA reviews. Boston, MA: VATAP; 2003.
- 10) Avenell A, Broom J, Brown TJ, et al. Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement. *Health Technol Assess*. 2004; 8(21):1-182.
- 11) Chapman AE, Kiroff G, Game P, et al. Laparoscopic adjustable gastric banding in the treatment of obesity: A systematic literature review. *Surgery*. 2004; 135(3):326-351.
- 12) Tice JA. Laparoscopic gastric banding for the treatment of morbid obesity. Technology Assessment. San Francisco, CA: California Technology Assessment Forum; June 9, 2004. Available at: www.ctaf.org. Accessed March 4, 2005.
- 13) Tice JA. Duodenal switch procedure for the treatment of morbid obesity. Technology Assessment. San Francisco, CA: California Technology Assessment Forum; February 11, 2004. Available at: www.ctaf.org/content/assessments.
- 14) Ontario Ministry of Health and Long-Term Care, Medical Advisory Secretariat. Bariatric surgery. Health Technology Literature Review. Toronto, ON: Ontario Ministry of Health and Long-Term Care; January 2005. Available at: http://www.health.gov.on.ca/english/providers/program/mas/reviews/review_baria_0105.html. Accessed March 24, 2005.
- 15) BlueCross BlueShield Association (BCBSA), Technology Evaluation Center (TEC). Laparoscopic gastric bypass surgery for morbid obesity. Technology Assessment in Press. Chicago, IL: BCBSA; November 2005. Available at: www.bcbs.com.
- 16) Centers for Medicare and Medicaid Services (CMS). Decision memo for bariatric surgery for the treatment of morbid obesity (CAG-00250R). Medicare Coverage Database. Baltimore, MD: CMS; February 21, 2006. Available at: www.cms.hhs.gov.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

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