



Bariatric Surgery Clinical Coverage Criteria

Description

Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

Policy

This Policy applies to the following Fallon Health products:

- Medicare Advantage (Fallon Medicare Plus, Fallon Medicare Plus Central)
- MassHealth ACO
- NaviCare HMO SNP
- NaviCare SCO
- PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- Community Care

Bariatric surgery requires prior authorization.

Medicare Advantage (Fallon Medicare Plus, Fallon Medicare Plus Central)

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Medicare has an NCD related to bariatric surgery. [NCD Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity](#) (100.1) Version 5, Effective Date of this Version 09/24/2013 (MCD search 11/21/2023).

B. Nationally Covered Indications

Effective for services performed on and after February 21, 2006, the following procedures are covered for Medicare beneficiaries who have a body-mass index ≥ 35 , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity:

- Open Roux-en-Y gastric bypass (RYGBP)
- Laparoscopic Roux-en-Y gastric bypass (RYGBP)
- Laparoscopic adjustable gastric banding (LAGB)
- Open biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS)
- Laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS)

C. Nationally Non-Covered Indications

Treatments for obesity alone remain non-covered.

The following bariatric surgery procedures are non-covered for all Medicare beneficiaries:

- Open adjustable gastric banding;
- Open sleeve gastrectomy;
- Laparoscopic sleeve gastrectomy (prior to June 27, 2012);
- Open and laparoscopic vertical banded gastroplasty;
- Intestinal bypass surgery; and,
- Gastric balloon for treatment of obesity.

D. Other

Effective for services performed on and after June 27, 2012, Medicare Administrative Contractors (MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions (a-c) are satisfied.

- a. The beneficiary has a body-mass index (BMI) ≥ 35 kg/m²,
- b. The beneficiary has at least one co-morbidity related to obesity, and,
- c. The beneficiary has been previously unsuccessful with medical treatment for obesity.

The determination of coverage for any bariatric surgery procedures that are not specifically identified in NCD 100.1 as covered or non-covered, for Medicare beneficiaries who have a body-mass index ≥ 35 , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local MACs.

National Government Services, Inc. is the Part A/B Medicare Administrative Contractor (MAC) with jurisdiction in our service area. National Government Services, Inc. does not have an LCD for bariatric surgery for the treatment of morbid obesity (MCD search 11/21/2023).

Consistent with NCD 100.1, stand-alone laparoscopic sleeve gastrectomy (CPT 43775) is covered for Medicare Advantage members when all of the following conditions (a-c) are satisfied:

- a. The member has a body-mass index (BMI) ≥ 35 kg/m²,
- b. The member has at least one co-morbidity related to obesity, and,
- c. The member has been previously unsuccessful with medical treatment for obesity.

Coverage criteria are not fully established by Medicare for bariatric surgery procedures that are not specifically identified in NCD 100.1 as covered or non-covered for Medicare Advantage members who have a body-mass index ≥ 35 , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

MassHealth ACO

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

MassHealth has [Guidelines for Medical Necessity Determination for Bariatric Surgery](#), Policy Revision Effective Date: 08/15/2019.

Fallon Health determines the medical necessity for bariatric surgery for MassHealth members on an individual case-by-case basis in accordance with MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery.

MassHealth does not provide coverage for bariatric surgery (primary or revision) when the procedures have not been sufficiently studied to determine their effectiveness and safety for the medical indication. MassHealth also does not consider bariatric surgery to be medically necessary under certain other circumstances.

Examples of when the surgery may not be considered medically necessary include, but are not limited to, the following:

- (1) Bariatric surgery as a treatment for infertility;
- (2) Bariatric procedures with limited evidence of efficacy, such as “Band over sleeve” or Laparoscopic adjustable silicone gastric banding (LASGB) revision of prior sleeve gastrectomy; and
- (3) Bariatric surgery not meeting the medical-necessity criteria in the MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery.

NaviCare HMO SNP, NaviCare SCO

For plan members enrolled in NaviCare, Fallon Health first follow’s CMS’s national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan’s service area, and applicable Medicare statutes and regulations when making medical necessity determinations.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria

Effective March 1, 2024, Fallon Health will use the InterQual® criteria in effect on the date of service when reviewing requests for the following bariatric and metabolic surgery procedures for Community Care members ages 18 years of age or older:

- Adjustment of Gastric Band Diameter
- Biliopancreatic Diversion with Duodenal Switch
- Laparoscopic Adjustable Gastric Band
- Laparoscopic Adjustable Gastric Band (Repair, Revision)
- Laparoscopic Adjustable Gastric Band Removal
- One Anastomosis Gastric Bypass (OAGB)
- Revisional Procedure
- Roux-en-Y Gastric Bypass (RYGB)
- Sleeve Gastrectomy

These InterQual® criteria do not address procedures which are not yet standard of care (e.g., gastric balloon, transoral gastroplasty, long limb gastric bypass), or procedures that are not effective or outdated (e.g., jejunioileal bypass, horizontal gastric stapling, vertical band gastroplasty).

Effective March 1, 2024, Fallon Health will use the InterQual® criteria in effect on the date of service when reviewing requests for the following bariatric and metabolic surgery procedures for Community Care members age ≥ 13 and < 18 :

- Laparoscopic Adjustable Gastric Band (Repair or Revision)
- Laparoscopic Adjustable Gastric Band Removal
- Revisional Procedure
- Roux-en-Y Gastric Bypass (RYGB)
- Sleeve Gastrectomy

Bariatric surgery for preadolescent members (< 13 years of age) is non-covered.

Fallon Health makes InterQual® criteria available through the Transparency Tool on our website, effective January 1, 2024.

Hiatal hernia repair at the time of bariatric surgery

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Guidelines strongly recommends not repairing type I hiatal hernia in the absence of reflux disease and symptoms; this recommendation remains valid to this day, as sustained by several authors (Sfara and Dumitrascu, 2019). The SAGES Guidelines also recommend repairing all detected hiatal hernias during Roux-en-Y gastric bypass, sleeve gastrectomy and the placement of adjustable gastric bands (Kohn et al., 2013). This recommendation is largely based on references in the literature of increased complications (gastroesophageal reflux symptoms) after placement of an adjustable gastric band in patients with a hiatal hernia. Laparoscopic adjustable gastric band placement was once the most popular bariatric procedure in the United States, but use of this procedure has decreased sharply due to the inadequate weight loss, weight regain, and high long-term complication rate. According to American Society of Metabolic and Surgery (ASMBS), about 35.4% of all bariatric procedures were lap band in 2011. Utilization has decreased steadily, and in 2021, less than 1% (0.43%) of bariatric procedures in the United States were lap band.

Some insurers have stopped reimbursing concurrent hiatal hernia repair with bariatric surgery. Lewis et al. (2022) examined the outcomes of adults who underwent laparoscopic sleeve gastrectomy (SG) or Roux-en-Y gastric bypass (RYGB) with or without concurrent hiatal hernia repair (HHR) between January 2010 and June 2017 using a large nationwide insurance claims database (Optum Clinformatics Data Mart). Patients who underwent concurrent SG and HHR were more likely to have additional abdominal operations (adjusted hazard ratio [aHR], 2.1; 95% CI, 1.5–3.1, p<0.001) and endoscopies (aHR, 1.5; 95% CI, 1.2–1.8, p<0.001) but not bariatric revisions/conversions (aHR, 1.7; 95% CI, .6–4.6, p=0.33) by 1 year after surgery, a pattern maintained at 3 years of follow-up. Among RYGB patients, concurrent HHR was associated only with an increased risk of endoscopy (aHR, 1.4; 95% CI, 1.1–1.8, p=0.01) at 1 year of follow-up, persisting at 3 years. The authors conclude that concurrent SG and HHR was associated with increased risk of some subsequent operative and nonoperative interventions, a pattern that was not consistently observed for RYGB. Although risk of subsequent operative intervention did not differ for RYGB patients by concurrent HHR status, this does not suggest that hiatal hernia patients should be triaged to RYGB because the overall risk of operative reintervention remains higher for RYGB. Limitations of this study include the observational, nonrandomized design, which precludes causal inference. Because this study used claims data, there is potential for unmeasured confounding by provider and patient characteristics. There is a need for additional studies to better understand the risks and benefits associated with concurrent HHR, and how they may differ between SG and RYGB.

Abdominal wall hernia repair

While the timing of bariatric surgery relative to hernia repair remains controversial, evidence suggests that patients with large, chronic abdominal wall hernia may benefit from significant weight loss initially as staged procedure to definitive hernia repair. Thus, in patients with severe obesity and an abdominal wall hernia requiring elective repair, bariatric surgery should be considered first to induce significant weight loss, and consequently reduce the rate of complications associated with hernia repair and increase durability of the repair (Eisenberg et al., 2022).

Exclusions

- Bariatric surgery for preadolescent members (< 13 years of age).
- The following procedures are non-covered for Medicare Advantage plan members per NCD 100.1:
 - Open adjustable gastric band
 - Open sleeve gastrectomy
 - Open and laparoscopic vertical banded gastroplasty

- Intestinal bypass surgery
- Gastric (intra-gastric) balloon
- Bariatric surgery procedures which are not yet standard of care (e.g., gastric (intra-gastric) balloon, transoral gastroplasty, long limb gastric bypass), or procedures that are not effective or outdated (e.g., jejunioileal bypass, horizontal gastric stapling, vertical banded gastroplasty).
- Endoscopic procedures (e.g., insertion of the StomaphyX device) as a primary bariatric procedure or as a revision procedure.
- Gastric electric stimulation for the treatment of obesity.
- Band over bypass, band over sleeve or laparoscopic adjustable silicone gastric banding (LASGB) revision of prior sleeve gastrectomy.

Coding

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

Periodic adjustment of gastric restrictive device after the global period

Claims for an adjustment of a gastric restrictive device after the global period (90 days after surgery) may be reimbursable in the office setting. An adjustment of the gastric band (CPT code 43999) and an evaluation and management service (E & M) service are not payable on the same day of service. An E & M and the adjustment of a gastric band (CPT code 43999) will only be allowed on the same day if there was a significantly separate service provided. The CPT modifier 25 should be appended to the E & M code to indicate the E & M service was a significantly separate service.

Periodic adjustment of gastric restrictive device after the global period is only reimbursable in the office setting.

HCPCS code S2083 (Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline) is non-payable by Fallon Health. Claims will deny vendor liable.

CPT 43842

CPT code 43842 is for vertical banded gastroplasty and is non-covered for Medicare Advantage plan members per NCD 100.1 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity.

CPT 43842 is nonpayable per MassHealth (MassHealth Physician Manual, Subchapter 6 eff 07/01/2023).

CPT 43843

CPT code 43843 for other than vertical banded gastroplasty is used for open adjustable gastric banding and open sleeve gastrectomy. Open adjustable gastric banding and open sleeve gastrectomy are non-covered for Medicare Advantage plan members per NCD 100.1 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity.

CPT 43843 is nonpayable per MassHealth (MassHealth Physician Manual, Subchapter 6 eff 07/01/2023).

CPT 43845

CPT code 43845 is for biliopancreatic diversion with duodenal switch and is nonpayable per MassHealth (MassHealth Physician Manual, Subchapter 6 eff 07/01/2023).

CPT codes 43886, 43887 and 43888

CPT codes 43886, 43887 and 43888 are for open port revision, removal, and removal and replacement, respectively. These open port procedures are associated with the non-covered open gastric restrictive procedures: adjustable gastric banding and vertical banded gastroplasty and per the National Coverage Determination (NCD) 100.1 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity, open port revision, removal, and removal and replacement procedures are noncovered for Medicare Advantage plan members.

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
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 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)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty
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
43999	Unlisted procedure, stomach

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Policy history

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Approval(s):	Technology Assessment Committee: 06/25/2014 (new modified policy to include InterQual and Fallon Health Criteria) 07/22/2015 (annual review no changes) 10/28/2015 (modifications to additional criteria) 10/26/2016 (annual review), 2/28/2018 (annual review), 02/27/2019 (annual review); 05/27/2019 (changed title: formerly Weight Loss Surgery; adopted Fallon Health criteria); 02/08/2022 (Added clarifying language related to Medicare Advantage, NaviCare, PACE and MassHealth under policy section); 12/12/2023 (adopting InterQual criteria for Community Care members effective for dates of service on or after March 1, 2024).

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.