Policy: Medically necessary bariatric surgical procedures are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define the medical criteria and guidelines used to determine medical necessity for the surgical management of morbid obesity (ICD-9 278.01).

Procedure:

A. Information required in determining medical necessity of bariatric surgery includes the following:

1. BMI: weight (kg) / [height (m)]^2
2. Prior non-invasive attempts at weight loss
3. Result of screen by a licensed mental health professional to determine psychological suitability for bariatric surgery and the rigorous postoperative regimen
4. Nutritional assessment, and documentation of pre-operative counseling for post-operative dietary management.

B. The BMI criteria necessary for eligibility for a bariatric procedure are: ≥40 without co-morbidities (see below) or ≥35 with co-morbidities.
C. Co-morbidities to be considered in determining when the lower BMI shall apply as a criterion for medical necessity of bariatric surgery include but not be limited to:

1. Lower extremity joint pain
2. Back pain
3. Gastro-esophageal reflux
4. Asthma
5. Hypertension
6. Diabetes mellitus
7. Peripheral edema
8. Coronary artery disease
9. Congestive heart failure
10. Obstructive sleep apnea

D. Repeat bariatric surgery is authorized under the following circumstances:

1. There is a complication related to the initial surgery that requires modification of the original surgical site, such as stricture or obstruction

2. The member met criteria for the initial bariatric procedure and
   
a. Had not lost enough weight in the first two post-surgical years to lower the BMI at least 10 units

   OR

b. The patient had lost at least 10 BMI units and after two years the gastric pouch had become dilated enough to result in weight gain of at least 4 BMI units

3. A repeat behavioral health evaluation shall be required of all individuals being considered for repeat bariatric surgery other than those covered by section E.1. above.
E. CPT codes included as bariatric surgical procedure are

1. 43644 (Roux-en-Y gastroenterostomy – laparoscopic)
2. 43645 (Roux-en-Y gastroenterostomy – laparoscopic)
3. 43770 (laparoscopic gastric banding procedure)
4. 43771 (laparoscopic revision of gastric band)
5. 43772 (laparoscopic removal of band component)
6. 43773 (laparoscopic removal and replacement of band component)
7. 43774 (laparoscopic removal of band and subcutaneous port components)
8. 43842 (vertical banded gastroplasty)
9. 43843 (other gastric restrictive procedure)
10. 43845 (biliopancreatic diversion with duodenal switch)
11. 43846 (Roux-en-Y gastroenterostomy - open)
12. 43847 (Roux-en-Y gastroenterostomy - open)
13. 43848 (revision of bariatric procedure other than adjustable band - open)
14. 43886 (revision of subcutaneous port component – open)
15. 43887 (removal of subcutaneous port – open)
16. 48333 (removal and replacement of subcutaneous port – open)

F. CPT codes considered global to a laparoscopically performed bariatric surgical procedure are

1. 43659 (unlisted laparoscopy procedure, stomach)
2. 43999 (unlisted procedure, stomach)

H. Laparoscopic gastric banding is NOT authorized for individuals younger than 18 years of age, as this procedure is still investigational in this age group.

References


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.