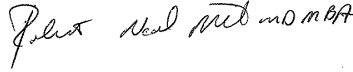


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Developed By: Medical Criteria Committee	



Approved: **Robert Neal Mills, MD**

Date: 07/28/11

**(For plans that provide an obesity surgery benefit)**

**Description:**

Surgical interventions used for the treatment of obesity (bariatric surgery) fall into two general categories: gastric restrictive procedures and malabsorptive procedures. The purpose of gastric restrictive procedures is to restrict food intake without interfering with the normal digestive process. During the procedure, a small gastric pouch is created which results in weight loss by producing early satiety and therefore, decreasing dietary intake. Malabsorptive operations produce weight loss due to malabsorption without requiring dietary modifications. Patients must adhere to a balanced diet to avoid metabolic complications and require life-long follow-up. ODS promotes long-term conservative medical management for the treatment of obesity and/or weight management.

**Criteria:**

ODS will cover bariatric surgery to plan limitations when **ALL** of the following criteria are met:

1. The patient is 18 years of age or older and has reached full skeletal maturity; **and**
  2. Morbid obesity has persisted for at least 2 years and the patient has evidence of one of the following:
    - a. Body mass index (BMI) is  $\geq 40$ ; **or**
    - b. BMI is  $\geq 35$  and there is documentation by the primary treating physician of at least **one** of the following co-morbid conditions:
      - i. Type II diabetes mellitus; **or**
      - ii. Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90mmHg diastolic despite optimal medical management); **or**
      - iii. Life threatening cardiac or pulmonary conditions (i.e. coronary artery disease, severe sleep apnea not responding to CPAP, etc); **or**
      - iv. Debilitating joint disease in weight bearing joints
- and**
3. Documentation of 6 months of active participation in a medically supervised weight reduction program which has failed despite documented patient compliance. Participation must have occurred within the last 2 years and program components must include diet therapy, physical activity and behavioral modification; **and**
  4. Medical consultation prior to surgery to establish the patient's commitment and ability to tolerate the operative trauma and risks associated with surgical intervention; **and**
  5. Psychological consultation/evaluation with clearance for the procedures and likelihood of compliance with a post-operative program; **and**
  6. The patient has no specifically correctable cause for obesity, such as an endocrine disorder; **and**
  7. Weight loss surgery is not an exclusion from the group contract.

**Reoperation and Surgical Revision:**

1. Surgical revision may be considered medically necessary when a patient develops complications from the original surgery (i.e. stricture or obstruction). Medical and surgical complications may be covered if determined to be medically necessary even if the original surgery was not a covered benefit.

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- Revision of a previous bariatric surgical procedure or conversion to another bariatric surgical procedure due to inadequate weight loss may be considered when coverage for bariatric surgery is available under the patient's current health plan and the above criteria are met.

The National Heart, Lung and Blood Institute (NHLBI) (1998) defines the following classifications based on BMI. The NHLBI recommends that the BMI should be used to classify overweight and obesity and to estimate relative risk for disease compared to normal weight:

<b>Classification</b>	<b>BMI</b>
Underweight	< 18.5 kg/m <sup>2</sup>
Normal weight	18.5-24.9 kg/m <sup>2</sup>
Overweight	25-29.9 kg/m <sup>2</sup>
Obesity (Class 1)	30-34.9 kg/m <sup>2</sup>
Obesity (Class 2)	35-39.9 kg/m <sup>2</sup>
Extreme Obesity (Class 3)	40 kg/m <sup>2</sup>

BMI is a direct calculation based on height and weight, regardless of gender:

<b>BMI -</b>	<b>OR</b>
$\frac{\text{weight (kg)}}{\text{height (m)}^2}$	$\frac{[\text{weight (lb)} \div 703]}{\text{height (in)}^2}$

**Information to be Submitted with Pre-Authorization Request:**

The information to be submitted with a surgery request is to include all of the following:

- History and physical
- Prescribed medications/dosages
- Documentation of conservative therapy including the following:
  - Medically supervised weight loss programs including start and stop dates, weight loss, reason for quitting.
  - Dietary Evaluations
  - Behavioral evaluations
  - Physical Activity logs
- Two years of chart records from the primary treating physician (s) documenting weight management and co-morbid conditions.
- Medical consultation establishing the patient's ability to tolerate the operative trauma and risks associated with surgical intervention.
- Psychological Consultation

**CPT/HCPC Codes/Billing Information**

<b>Codes</b>	<b>Description</b>
<b>43644</b>	<b>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</b>

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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 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
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve
43842	Gastric restrictive procedure, without gastric bypass, f ty;
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or
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

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