Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

**BARIATRIC SURGERY**

**Description:** Morbid obesity is associated with a reduction in life expectancy and significant co-morbid medical conditions. Surgical intervention is considered a form of risk reduction in morbidly obese patients with serious medical problems. The decision to undergo surgical intervention is shared by the physician and patient and is based on factors such as the patient’s present weight, weight loss history, physical and mental readiness, patient expectations and motivation, all of which are determined by a qualified team of professionals with integrated knowledge of medicine, surgery, psychiatry, nutrition and exercise.

Bariatric surgeries may be generally categorized as follows:

- **Restrictive procedures**
  - Vertical banded gastroplasty (open or laparoscopic);
  - Adjustable gastric banding;
  - Mini-gastric bypass;
  - Sleeve gastrectomy (open or laparoscopic);
  - Endoluminal procedures (also referred to as endosurgical, endoscopic, or natural orifice).

- **Combined restrictive/malabsorptive procedures**
  - Gastric bypass (Roux-en-Y gastroenterostomy (open or laparoscopic));
  - Biliopancreatic bypass with duodenal switch (open or laparoscopic);
  - Biliopancreatic bypass without duodenal switch;
  - Long-limb gastric bypass

**Definitions:**

**Gastric bypass (Roux-en-Y):** Procedure that involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine, in order to restrict food intake and reduce caloric absorption.
**Vertical banded gastroplasty**: Procedure in which the stomach is divided vertically, with a band stapled around the top portion of the stomach to decrease its size.

**Adjustable gastric banding**: Involves placement of a gastric band around the exterior of the stomach. The band is attached to a reservoir that is implanted subcutaneously in the rectus sheath. The reservoir is injected with saline to alter the diameter of the gastric band. The stoma of the stomach can then be progressively narrowed to induce weight loss or expanded if complications develop.

**Sleeve gastrectomy (SG)**: Procedure in which the majority of the greater curvature of the stomach is removed and a tubular stomach is created. SG can be performed as a stand-alone procedure or in combination with a malabsorptive procedure (e.g. biliopancreatic diversion with duodenal switch).

**Biliopancreatic bypass with duodenal switch**: Procedure is a combination of the sleeve gastrectomy and a long intestinal bypass, with the pylorus (the ring of muscle that connects the stomach with the duodenum) and the most proximal portion of the duodenum left intact.

**Mini-gastric bypass**: Using a laparoscopic approach, the stomach is divided, similar to a traditional gastric bypass. Instead of creating a Roux-en-Y connection, however, the jejunum is connected directly to the stomach.

**Endoluminal bariatric procedures**: Procedures that are performed through the mouth without skin incisions. Examples of endoluminal procedures include: gastroplasty using a transoral endoscopically-guided stapler and placement of devices such as a duodenal-jejunal sleeve and gastric balloon.

**Pseudotumor cerebri (also known as idiopathic intracranial hypertension)**: A neurological condition in which pressure in the brain increases, in the absence of a tumor, resulting in headaches, papilledema, and vision loss. The prevalence of pseudotumor cerebri is increased in children and adolescents with obesity and risk of developing the condition increases with the severity of obesity.

**Polycystic ovarian syndrome (PCOS)**: A hormonal disorder of chronically abnormal ovarian function and abnormally elevated androgen levels, which frequently manifests during adolescence. Characteristics of PCOS include: irregular or no menstrual periods, obesity, and excess hair growth. Women with PCOS are at increased risk of developing additional health problems related to obesity including insulin resistance, diabetes, and cardiovascular disease.

**Nonalcoholic steatohepatitis (NASH)**: An inflammatory form of nonalcoholic fatty liver disease (NAFLD). In most patients, NAFLD is associated with metabolic risk factors such as obesity, diabetes, and
dyslipidemias. The spectrum of NAFLD ranges from nonalcoholic fatty liver or simple benign steatosis to the inflammatory form of disease (NASH). Definitive NASH is described by the American Association for the Study of Liver Disease (AASLD) as lobular and/or portal inflammation and hepatocellular ballooning with or without fibrosis.

**Tanner stages of pubertal development**: A staging system that describes pubertal maturation of boys and girls in terms of the sequence of changes in secondary sexual characteristics. This system categorizes the changes into five stages:

**Boys – Development of External Genitalia**
- Stage I: Prepubertal
- Stage II: Enlargement of scrotum and testes; scrotum skin reddens and changes in texture
- Stage III: Enlargement of penis (length at first); further growth of testes
- Stage IV: Increased size of penis with growth in breadth and development of glans; testes and scrotum larger, scrotum skin darker
- Stage V: Adult genitalia

**Girls – Breast Development**
- Stage I: Prepubertal
- Stage II: Breast bud stage with elevation of breast and papilla; enlargement of areola
- Stage III: Further enlargement of breast and areola; no separation of their contour
- Stage IV: Areola and papilla form a secondary mound above level of breast
- Stage V: Mature stage: projection of papilla only, related to recession of areola

**Boys and Girls – Pubic Hair**
- Stage I: Prepubertal (can see velus hair similar to abdominal wall)
- Stage II: Sparse growth of long, slightly pigmented hair, straight or curled, at base of penis or along labia
- Stage III: Darker, coarser and more curled hair, spreading sparsely over junction of pubes
- Stage IV: Hair adult in type, but covering smaller area than in adult; no spread to medial surface of thighs
- Stage V: Adult in type and quantity, with horizontal distribution (“feminine”)

**Policy:**

1. **ADULT PATIENT SELECTION CRITERIA**
   A. The surgical treatment of morbid obesity may be considered **MEDICALLY NECESSARY** for patients 18 years of age or older who meet ALL the following criteria:
   1. Body mass index (BMI) – **ONE** of the following:
      a. BMI of $\geq 40 \text{ kg/m}^2$ **OR**
b. BMI of 35 kg/m\(^2\) to < 40 kg/m\(^2\) with **AT LEAST ONE** of
   the following comorbid conditions:
   i. Hypertension refractory to standard drug regimens;
   ii. Cardiovascular disease;
   iii. Type 2 diabetes mellitus;
   iv. Severe, progressive degenerative joint disease with
      limitation of motion in a weight-bearing joint or the
      lumbosacral spine;
   v. Obstructive sleep apnea;
   vi. Severe persistent asthma
See attached BMI table at the end of this policy.

**AND**

2. The condition of morbid obesity must be of at least two
   years duration and must be present during the two years
   prior to surgery. Because attempts to lose weight over this
   two-year time period may cause small fluctuations around
   the required levels for the patient’s BMI, the two-year time
   period will not necessarily start over, or be prolonged, if
   small fluctuations occur.

**AND**

3. Over the last year prior to surgery, the patient has actively
   participated in a structured, nonsurgical weight loss
   program (i.e., a program that provides diet, exercise, and
   behavior modification strategies through individual or
   group counseling), for a total of six months with failure to
   achieve weight loss goals or maintain weight loss.
   Participation in one of these programs must be at least 3
   consecutive months in duration. Participation must be
   monitored by the primary care physician providing medical
   oversight for the patient and must be documented in the
   medical record.

**AND**

4. The patient must be evaluated preoperatively by an eligible
   licensed Mental Health Professional\(^1\) to ensure the
   absence of significant psychopathology that would hinder
   the ability of an individual to understand the procedure and
   comply with medical/surgical recommendations.

**AND**

5. The physician requesting authorization for the surgery
   must confirm that the patient’s treatment plan includes a
   surgical preparatory program addressing all the following
   components in order to improve outcomes related to the
   surgery and to establish the member’s ability to comply
   with post-operative medical care and dietary restrictions:
   a. Pre-operative and post-operative dietary plan; AND
   b. Behavior modification strategies; AND

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\(^1\) The “Mental Health Professional” must meet the Minnesota Department of Human Services qualifications, as set forth in Minn.Stat.§245.462, subd. 18 (2013).
c. Counseling and instruction on exercise and increased physical activity; AND
d. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health.

II. ADOLESCENT PATIENT SELECTION CRITERIA
A. The surgical treatment of morbid obesity may be considered MEDICALLY NECESSARY for patients < 18 years of age who meet ALL the following criteria:
1. BMI – ONE of the following:
   a. BMI ≥ 50 kg/m² OR
   b. BMI of 40 kg/m² to < 50 kg/m² with documentation of AT LEAST ONE of the following comorbid conditions:
      i. Type 2 diabetes;
      ii. Obstructive sleep apnea;
      iii. Hypertension, refractory to standard treatment;
      iv. Pseudotumor cerebri;
      v. Polycystic ovarian syndrome (PCOS);
      vi. Nonalcoholic steatohepatitis (NASH) proven on liver biopsy or through a combination of elevated liver function tests and hepatic steatosis on liver imaging

   See attached BMI table at the end of this policy.
   AND
2. Absence of a previous history of genetic or syndromic obesity, such as Prader-Willi syndrome
   AND
3. Patient has attained Tanner IV or V pubertal development AND ONE of the following:
   a. Bone age of ≥ 13 years in girls or ≥ 15 years in boys OR
   b. Attainment of 95% of adult height based on estimates of bone age
   AND
4. The condition of morbid obesity must be of at least two years duration and must be present during the two years prior to surgery. Because attempts to lose weight over this two-year time period may cause small fluctuations around the required levels for the patient’s BMI, the two-year time period will not necessarily start over, or be prolonged if small fluctuations occur.
   AND
5. Over the last year prior to surgery, the patient has actively participated in a structured, nonsurgical weight loss program (i.e., a program that provides diet, exercise, and behavior modification strategies through individual or group counseling), for a total of six months with failure to achieve weight loss goals or maintain weight loss.

Participation in one of these programs must be at least 3 consecutive months in duration. Participation must be monitored by the primary care physician providing medical
oversight for the patient and must be documented in the medical record.

**AND**

6. The patient must be evaluated preoperatively by an eligible licensed Mental Health Professional\(^2\) to ensure the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations. The evaluation must also address the following issues:
   a. Patient’s ability to provide informed assent without coercion; **AND**
   b. Family and social support; **AND**
   c. Assessment of the use of any pharmacologic agents (e.g., anti-psychotic medications) that may contribute to obesity

**AND**

7. The physician requesting authorization for the surgery must confirm that the patient’s treatment plan includes an adolescent-specific surgical preparatory program addressing all the following components in order to improve outcomes related to the surgery and to establish the member's ability to comply with post-operative medical care and dietary restrictions:
   a. Pre-operative and post-operative dietary plan; **AND**
   b. Behavior modification strategies; **AND**
   c. Counseling and instruction on exercise and increased physical activity; **AND**
   d. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health.

**III. SURGICAL PROCEDURES**

A. The following surgical procedures may be considered **MEDICALLY NECESSARY** in the treatment of morbid obesity when the previous patient selection criteria for adults or adolescents have been met:
   1. Open gastric bypass using a Roux-en-Y anastomosis with an alimentary or Roux limb of ≤ 150 cm;
   2. Laparoscopic gastric bypass using a Roux-en-Y anastomosis;
   3. Open vertical banded gastroplasty;
   4. Adjustable gastric banding, consisting of an adjustable external band placed around the stomach (i.e., Lap-Band\(^\circledR\) and REALIZE Band);
   5. Open or laparoscopic biliopancreatic bypass (i.e., Scopinaro procedure) with duodenal switch;
   6. Open or laparoscopic sleeve gastrectomy.

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\(^2\) The “Mental Health Professional” must meet the Minnesota Department of Human Services qualifications, as set forth in Minn.Stat.\(\S\)245.4871, subd. 27 (2013).
B. Any other surgical or minimally invasive procedure is considered **INVESTIGATIVE** as a treatment of morbid obesity, including but not limited to:
1. Laparoscopic vertical banded gastroplasty;
2. Gastric bypass using a Billroth II type of anastomosis, known as the mini-gastric bypass;
3. Biliopancreatic bypass (i.e., the Scopinaro procedure) without duodenal switch;
4. Long-limb gastric bypass procedure (i.e., > 150 cm);
5. Endoluminal (also called endosurgical, endoscopic, sclerosing endotherapy or natural orifice transluminal endoscopic) procedure as a primary bariatric procedure or as a revision procedure (e.g., to treat weight gain after bariatric surgery or to remedy large gastric stoma or large gastric pouches), by any method (e.g., insertion of the StomaphyX™ device);
6. Bariatric surgery (any procedure) **solely** as a cure for type 2 diabetes mellitus.

IV. RE-OPERATION CRITERIA:

A. **Revision** bariatric surgery OR **conversion** of one type of bariatric surgery to a different procedure may be considered **MEDICALLY NECESSARY** using one of the procedures identified under III.A for EITHER of the following indications:
1. Treatment of surgical complications following the original bariatric surgery. Complications may include, but are not limited to: staple-line failure, obstruction, stricture, malnutrition, erosion or band slippage, pouch dilation, or stoma ulcer OR
2. Inadequate weight loss following the original surgery when **ALL** the following criteria are met:
   a. Patient was compliant with the postoperative dietary and exercise program described in I.A.5 (for adults) or II.A.7 (for adolescents); AND
   b. BMI:
      i. Adult patient currently has a BMI ≥ 40 kg/m² OR a BMI of 35 kg/m² to < 40 kg/m² with an obesity-related co-morbid condition as described in I.A.1.b; OR
      ii. Adolescent patient currently has a BMI ≥ 50 kg/m² OR a BMI of 40 kg/m² to < 50 kg/m² with an obesity-related co-morbid condition as described in II.A.1.b; AND
   c. At least two (2) years have elapsed since the original bariatric surgery.

**Documentation Submission:** Documentation supporting the medical necessity criteria described in the policy must be included in the prior authorization. In addition, the following documentation must also be submitted:
1. Documentation from the medical record describing the patient’s participation in a structured, nonsurgical weight loss program, weight loss during participation, and duration of participation.

2. Documentation regarding the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations must be submitted by an eligible licensed Mental Health Professional (as defined by the Minnesota Department of Human Services, Minn. Stat.§245.462, subd. 18 [2013], for adults, or Minn. Stat. §245.4871, subd. 27 [2013]) for adolescents. For adolescent patients, documentation must also address the patient’s ability to provide informed assent without coercion, family and social support, and assessment of the use of any pharmacologic agents (e.g., anti-psychotic medications) that may contribute to obesity.

3. For adolescents: Documentation supporting attainment of Tanner stage IV or V pubertal development AND a written report from a radiologist documenting skeletal bone age.

4. Re-operation:
   a. Documentation describing the surgical complication; OR
   b. For inadequate weight loss:
      i. Documentation showing inadequate weight loss despite patient’s compliance with the postoperative dietary and exercise program described in A.1.5 (for adults) or II.A.7 (for adolescents); AND
      ii. Documentation of patient’s current BMI and any obesity-related co-morbid conditions; AND
      iii. Date of the original bariatric surgery.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if
criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

00797 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity

43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass & Roux-en-Y gastroenterostomy ( Roux limb 150 cm or less)

43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass & small intestine reconstruction to limit absorption

43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band & 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 & replacement of adjustable gastric restrictive device component only

43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device & 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 & ileoileostomy (50-100 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 band (separate procedure)

43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy

43855 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
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 & replacement of subcutaneous port component only

ICD-9 Procedure:
43.7 Partial gastrectomy with anastomosis to jejunum
43.82 Laparoscopic vertical (sleeve) gastrectomy
43.89 Other partial gastrectomy
44.31 High gastric bypass
44.38 Laparoscopic gastroenterostomy
44.39 Other gastroenterostomy without gastrectomy
44.5 Revision of gastric anastomosis
44.68 Laparoscopic gastroplasty
44.69 Other repair of stomach; other
44.95 Laparoscopic gastric restrictive procedure
44.96 Laparoscopic revision of gastric restrictive procedure
44.97 Laparoscopic removal of gastric restrictive device
44.98 Laparoscopic adjustment of size of adjustable gastric restrictive device
44.99 Other operations on stomach; other
45.51 Isolation of segment of small intestine
45.91 Small-to-small intestinal anastomosis

Policy History: Developed December 20, 1985

Most recent history:
Revised May 11, 2011
Revised May 9, 2012
Revised May 8, 2013
Reviewed May 14, 2014
Revised August 13, 2014:

Cross Reference: Panniculectomy/Excision of Redundant Skin or Tissue, IV-24
Psychological and Neuropsychological Testing, X-45
### BMI Table:

**Body Mass Index Table**

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