

# Medical Policy

## Healthcare Services Department

<b>Policy Name</b> Bariatric Surgery	<b>Policy Number</b> MP-SU-FP-03-23	<b>Scope</b> <input checked="" type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth
<b>Service Category</b> <input type="checkbox"/> Anesthesia <input checked="" type="checkbox"/> Surgery <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> DME/Prosthetics or Supplies <input type="checkbox"/> Other _____		
<b>Service Description:</b> <p><b>NCD 100.1</b></p> <p><b>Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity</b></p> <p><b>General</b></p> <p>Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions.</p> <p>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.</p> <p>Please note that all services described in this policy require prior authorization.</p> <ul style="list-style-type: none"> <li>• Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.</li> <li>• Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.</li> <li>• Providers must submit all required and requested documentation for case evaluation and determination.</li> <li>• The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination.</li> <li>• Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria.</li> </ul>		

**Medical Necessity Guidelines****The following are descriptions of bariatric surgery procedures:****1. Roux-en-Y Gastric Bypass (RYGBP)**

The RYGBP achieves weight loss by gastric restriction and malabsorption. Reduction of the stomach to a small gastric pouch (30 cc) results in feelings of satiety following even small meals. This small pouch is connected to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, thereby reducing absorption. RYGBP procedures can be open or laparoscopic.

**2. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS)**

The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients eat relatively normal-sized meals and do not need to restrict intake radically, since the most proximal areas of the small intestine (i.e., the duodenum and jejunum) are bypassed, and substantial malabsorption occurs. The partial BPD/DS or BPD/GRDS is a variant of the BPD procedure. It involves resection of the greater curvature of the stomach, preservation of the pyloric sphincter, and transection of the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis. BPD/DS or BPD/GRDS procedures can be open or laparoscopic.

**3. Adjustable Gastric Banding (AGB)**

The AGB achieves weight loss by gastric restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port that is positioned beneath the skin. The bands are adjustable, allowing the size of the gastric outlet to be modified as needed, depending on the rate of a patient's weight loss. AGB procedures are laparoscopic only.

**4. Sleeve Gastrectomy**

Sleeve gastrectomy is a 70%-80% greater curvature gastrectomy (sleeve resection of the stomach) with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. In the past, sleeve gastrectomy was the first step in a two-stage procedure when performing RYGBP, but more recently has been offered as a stand-alone surgery. Sleeve gastrectomy procedures can be open or laparoscopic.

**5. Vertical Gastric Banding (VGB)**

The VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. In addition, a non-adjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma

(opening). As a result, patients experience a sense of fullness after eating small meals. Weight loss from this procedure results entirely from eating less. VGB procedures are essentially no longer performed.

**B. Nationally Covered Indications**

Effective for services performed on and after February 21, 2006, Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

Effective for dates of service on and after February 21, 2006, these procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (program standards and requirements in effect on February 15, 2006). Effective for dates of service on and after September 24, 2013, facilities are no longer required to be certified.

Effective for services performed on and after February 12, 2009, the Centers for Medicare & Medicaid Services (CMS) determines that Type 2 diabetes mellitus is a co-morbidity for purposes of this NCD.

A list of approved facilities and their approval dates are listed and maintained on the CMS Coverage Web site at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Bariatric-Surgery.html>, and published in the Federal Register for services provided up to and including date of service September 23, 2013.

**Limits or Restrictions:****Limitations of Coverage****C. Nationally Non-Covered Indications****Treatments for obesity alone remain non-covered.**

Supplemented fasting is not covered under the Medicare program as a general treatment for obesity (see section D. below for discretionary local coverage).

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

1. Open adjustable gastric banding
2. Open sleeve gastrectomy
3. Laparoscopic sleeve gastrectomy (prior to June 27, 2012)
4. Open and laparoscopic vertical banded gastroplasty
5. Intestinal bypass surgery
6. 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.

- The beneficiary has a body-mass index (BMI)  $\geq 35$  kg/m<sup>2</sup>,
  - The beneficiary has at least one co-morbidity related to obesity, and,
  - 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 an NCD as covered or non-covered, for Medicare beneficiaries who have a body-mass index  $\geq 35$ , 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.

Where weight loss is necessary before surgery in order to ameliorate the complications posed by obesity when it coexists with pathological conditions such as cardiac and respiratory diseases, diabetes, or hypertension (and other more conservative techniques to achieve this end are not regarded as appropriate), supplemented fasting with adequate monitoring of the patient is eligible for coverage on a case-by-case basis or pursuant to a local coverage determination. The risks associated with the achievement of rapid weight loss must be carefully balanced against the risk posed by the condition requiring surgical treatment.

**Reference Information**

CMS  
 A57145  
 Billing and Coding: Surgical Management of Morbid Obesity (FSCO)  
 Link: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57145&ver=21&bc=0>

CMS  
 L33411  
 Surgical Management of Morbid Obesity(FSCO)  
 Link: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33411&ver=29&bc=0>

CMS  
 NCD 100.1  
 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity

Medicare Coverage Database (MCD)  
 Link: <https://www.cms.gov/medicare-coverage-database/search.aspx>

**Policy History**

Date	Version	Comments
12/07/2023	Draft	New Medical Policy
12/15/2023	Final	Approved by Medical Policy Committee