

## BARIATRIC SURGERY

### Policy

NHP reimburses participating providers for specific types of medically necessary bariatric surgery when needed to either alleviate or correct medical problems caused by severe obesity.

### Prerequisites

#### Authorization, Notification and Referral

Service	Requirement
Bariatric Surgery	Prior Authorization required
For HVMA Providers	A referral for most specialists is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of the Harvard Vanguard Medical Associates Network. Please verify that the member has the appropriate referral prior to rendering care.

### Limitations

NHP member must meet the Bariatric Surgery requirements established by NHP including, but not limited to:

- Individuals who are at least 95% of predicted adult stature who have:
    - A BMI  $\geq$  40, or
    - A BMI  $\geq$  35 accompanied by high risk co-morbid condition(s).
      - Coronary heart disease;
      - Type 2 diabetes mellitus;
      - Obstructive sleep apnea;
      - Pickwickian syndrome;
      - Pseudotumor cerebri;
      - Non-alcoholic steatohepatitis (NASH);
      - Obesity related cardiomyopathy; or
      - Presence of 3 or more of the following CV risk factors:
        - Hypertension (SBP>140 or DBP >90 or taking antihypertensive agents);
        - Low HDL cholesterol (<35 mg/dL);
        - Elevated LDL cholesterol (>160 mg/dL);
        - Impaired glucose intolerance (FPG 110 to 125 mg/dL);
        - Current cigarette smoking;
- Family history of premature coronary heart disease (CHD), (MI or sudden death at or before 55 in father or other male first degree relative, or at or before 65 in mother or other female first degree relative); or Age > 45 in men and >55 in women;
- Documented unsuccessful attempts to lose weight with physician supervised methods;

- Metabolic causes of obesity have been ruled out. If metabolic disease is established; member must have documented failure of attempts to lose weight through less invasive, physician supervised methods after treatment has been initiated to correct the deficiency;
- Enrollment in and completion of a pre-op and post-op medical and nutritional management program with expressed willingness to participate in treatment and long term follow-up;
- Non-pregnant, non-nursing members willing to use secure birth control during periods of rapid weight loss; and
- Absence of any unmanaged major psychiatric and/or substance abuse issue(s).
- For gastric banding, and laparoscopic sleeve gastrectomy the member must be  $\geq 18$  years of age.

### Member Cost-Sharing

The provider is responsible for verifying on a daily basis including but not limited to while the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

### Definitions

**Bariatric Surgery:** Weight-loss surgery consisting of several open or laparoscopic procedures that revise the gastro-intestinal anatomy to restrict the size of the stomach and/or reduce absorption of nutrients.

**Body Mass Index (BMI):** A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters: (m) squared. Since the BMI describes the body weight relative to height, it correlates strongly (in adults) with the total body fat content.

**Comorbid:** A concomitant but unrelated pathologic or disease process used to indicate the coexistence of two or more disease processes.

**Gastric Banding:** A band made of special material that is placed around the stomach near its upper end, creating a small pouch of the upper stomach and a narrow passage into the larger remainder of the stomach.

**Gastric Bypass:** A surgical procedure where a small section of the upper stomach is stapled off from the rest of the stomach and this small stomach is connected to part of the small intestines (jejunum).

**Laparoscopic:** Operation performed using a thin fiber-optic surgical scope to view and examine internal organs and other small surgical instruments that are introduced into the body through a small incision.

**Laparoscopic Adjustable Gastric Banding (LAGB):** An adjustable silicone band is placed around the upper stomach to create a small pouch and a restricted outlet to the rest of the stomach. The diameter of the outlet can be changed by injecting or removing saline (salt water) through an opening (port) under the skin. If necessary, the band can be removed.

**Roux-en-Y Gastric Bypass (RYGB) :** RYGB involves creating a tiny stomach pouch and rerouting a portion of the digestive tract to reduce absorption of food in the intestine.

**Vertical Banded Gastroplasty (VBG):** Both a band and staples are used to create a small stomach pouch. The procedure works best on individuals who are not binge eaters.

**Weight Loss Surgery:** A treatment option in the clinical management of the morbidly obese patient having a BMI  $\geq 40$ , or BMI between 35 and 40 accompanied by high risk co-morbid condition(s).

### Neighborhood Health Plan Reimburses

- Biliopancreatic diversion (BPD) with duodenal switch (DS)
- Gastric bypass using Roux-en-Y anastomosis, short limb
- Laparoscopic Roux-en-Y
- Laparoscopic sleeve gastrectomy
- Laparoscopic Adjustable Silicon Gastric Band (LASGB)
- LAP-BAND® Adjustable gastric banding (LAGB®) system
- Vertical banded gastroplasty (VBG)

### Neighborhood Health Plan Does Not Reimburse

- Biliopancreatic bypass (biliopancreatic diversion [BD] without duodenal switch [DS])
- Garren-Edwards gastric bubble
- Gastric electric stimulation (gastric pacemaker)
- Gastric wrapping
- Horizontal gastric partitioning/gastroplasty
- Jejunioileal bypass
- Long limb gastric bypass
- Mini-gastric bypass

### Procedures Codes Covered Applicable To Guideline

Code	Descriptor	Comment
43644	Laparoscopy, surgical gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Prior Auth Required
43645	Laparoscopy, surgical gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Not a covered service
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port components)	Prior Auth Required
43771	Laparoscopy, surgical, gastric restrictive procedure revision of gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of 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;	

	removable 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 bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; <b>other than vertical banded gastroplasty</b> (E.G. gastric wrapping)	Not a covered service
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)	Prior Auth Required
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	Not a covered service
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
43886	Gastric restrictive procedure, open; revision of port component only	Prior Auth Required
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	No authorization required

## References

Executive Report: Commonwealth of Massachusetts Betsy Lehman Center for Patient Safety and Medical Error Reduction Expert Panel on Weight Loss Surgery, August 4, 2004;

MLN Matters Number: MM5013, Revised September 4, 2007

NHP Coding Provider Payment Guideline

## Publication History

<b>Topic:</b> Bariatric Surgery	<b>Owner:</b> Provider Network Management
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2009/09/15 Original documentation

2010/04/26 Criteria added

2011/03/15 Age requirement added. Auth grid, limitations, cost sharing language, reference, disclaimer updated.

2012/04/25 Annual Review: Limitations revised. Non-covered procedure codes added. References updated.

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