

# Weight Loss Surgery for Obesity

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## Administrative Process

Requires prior approval.

## Coverage

Generally not covered for cosmetic reasons to improve the appearance of the patient, but may be covered subject to the indications listed below.

For coverage of nutritional/dietician counseling for weight loss surgery patients, please refer to the “Dietician Consultation” medical coverage criteria and the “HealthPartners’ A Call to Change...Healthy Lifestyles, Healthy Weight® - Weight Loss Surgery Edition” via this link <http://www.healthpartners.com/files/36790.pdf>

## Indications that are covered

**Weight loss surgery** is covered when the member has been evaluated and treated by an in-network designated weight loss surgical physician and **all of the following are met**:

1. A member must have a two year documented history of BMI equal to or greater than 40 or a documented two year history of a BMI greater than 35 with associated health conditions that do not respond to medical management. Associated health conditions for the purpose of this topic are defined as:

- High blood pressure (BP) of 140/90 or greater, or
- Dyslipidemia with cholesterol LDL greater than or equal to 130 mg/dl, or
- Self reported sleep apnea with use of CPAP or other related sleep apnea treatments, or
- Diabetes with glycosylated hemoglobin level (HbA1c) that is greater than or equal to 7,
- Pseudotumor cerebri, and
- These health conditions are not responding to optimal medical management.

### AND

2. All candidates for weight loss surgery must have completed all of the following:
  - a. Documentation of an evaluation by a mental health professional which addresses the following:
    - The need for any active therapeutic interventions for mental health issues and a plan on how these issues will be addressed;
    - The ability of the patient to participate in:
      - i. Close nutritional monitoring during rapid weight loss, and
      - ii. Long term lifestyle changes;
    - Certification that the member understands the full impact of surgery and post-op compliance.
  - b. At least one session of nutritional counseling with a clinical dietician and documentation of education as well as certification of member’s commitment to post-op compliance program.
  - c. Participation in an appropriate exercise program and documentation of member’s commitment to continue post-operatively.
  - d. Evaluation by a surgical team in the HealthPartners Weight Loss Surgery network. Correctable endocrine disorders and/or other medical conditions have been ruled out.
  - e. Appropriate documentation and assertion by the operating surgeon that the patient understands the surgical procedure chosen, the side effects, the risks, and the weight loss expectations/results.
  - f. Documented qualifying BMI AND with at least 5 completed sessions with HealthPartners’ A Call to Change...Healthy Lifestyles, Healthy Weight® - Weight Loss Surgery Edition. To enroll in the HealthPartners course click on this link <http://www.healthpartners.com/files/36790.pdf>

### AND

- g. The patient is committed to participation in close nutritional monitoring during rapid weight loss, long-term lifestyle changes, diet prescription, and medical surveillance after surgical therapy.
3. Members may qualify for weight loss surgery with less than a two year documented history or without active participation in HealthPartners’ A Call to Change...Healthy Lifestyles, Healthy Weight® Loss Surgery if they have a documented qualifying BMI AND an urgent health care condition (e.g., transplantation, significant diabetic complications, malignant hypertension, Pickwickian syndrome).

FDA approved **adjustable gastric banding** technique is covered per the criteria above. Examples of FDA approved devices used for adjustable gastric banding include but are not limited to **LAP-BAND, Realize™ Personalized Banding Solution, Swedish adjustable gastric banding (SAGB), etc.**

#### **Revisions or Additional Weight Loss Surgeries:**

1. Revisions of weight loss surgeries are covered only for significant medical complications related to the surgery.
  - a. Staple line breakdown with weight gain is not considered a significant medical complication and revision surgery is not covered for this indication.
  - b. Surgery that has failed due to dilation of the gastric pouch is considered medically necessary if the primary procedure was successful in inducing weight loss prior to pouch dilation, and the member has been compliant with prescribed nutrition and exercise program following the procedure.
2. Second or additional weight loss surgeries are not covered except as indicated under revisions above.

#### **Indications that are not covered**

In summary, these are the conditions for which weight loss surgery is not covered:

1. When evaluation documentation and BMI classifications as listed above are not met.
2. For BMI less than 35.
3. Children and adolescents less than 18 years of age.
4. When performed by any provider other than an in-network designated weight loss surgery provider.
5. When the procedure is considered investigational or experimental requires further study to demonstrate safety and efficacy of the procedure.
  - a. The laparoscopic loop or "Mini-Gastric Bypass" is considered investigational.
  - b. Balloon procedures are considered investigational.
  - c. Implantable gastric stimulator is considered investigational.
  - d. Sleeve gastrectomy is considered investigational.

#### **Associated surgeries that are not covered:**

1. Panniculectomy after bariatric surgery is generally considered cosmetic and is not covered. See panniculectomy policy for details.

#### **Definitions**

**Body Mass Index (BMI)** is measure of body fat based on height and weight that applies to both adult men and women. Click here to calculate your BMI - <http://www.nhlbisupport.com/bmi/bmicalc.htm>

**Obesity** is defined as a person who has a Body Mass Index (BMI) greater than or equal to 30. Obesity is divided into three classifications according to the persons BMI:

1. Class I - BMI 30.0 to 34.9.
2. Class II - BMI 35.0 to 39.9.
3. Class III - BMI 40 and above.

Obesity is a chronic condition that develops from an interaction of genetics and the environment. Because of these multiple factors, weight loss surgery is not considered to be the first or only treatment for obesity. Treatment requires comprehensive medical and behavioral management. Weight loss and weight control programs use multiple interventions and strategies, including individualized dietary therapy, physical activity, life-style/behavior therapy and surgery. Weight loss surgery is reserved for a limited number of adults whose obesity is:

- Class II and efforts at combined therapies of diet, exercise, and behavioral management have failed and other medical condition(s) existing simultaneously and usually independently of the severe obesity (co-morbidities).
- Class III and efforts at combined therapies of diet, exercise, and behavioral management have failed and are at high risk for obesity-associated co-morbidity or death (mortality).

**Weight loss surgery** is intended to provide weight loss sufficient to reduce mortality risk and improve medical conditions when less invasive methods of weight loss have failed.

Weight loss surgery is not an alternative to a diet and exercise management program... An integrated program (such as “HealthPartners’ A Call to Change...Healthy Lifestyles, Healthy Weight® - Weight Loss Surgery Edition”) must be in place to provide guidance on diet, physical activity, and behavioral and social support both prior to and after the surgery. Therefore, surgery is a weight loss intervention option for well-informed, motivated individuals with an acceptable operative risk.

The following are descriptions of bariatric surgery procedures:

**a. Roux-en-Y Gastric Bypass (RYGBP) <sup>1</sup> 43644, 45846**

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.

**b. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) <sup>1</sup> 43845**

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 with duodenal switch 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 procedures can be open or laparoscopic.

**c. Adjustable Gastric Banding (AGB) <sup>1</sup> 43770-43774; 43886-43888; S2083**

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. ABG procedures are laparoscopic only.

**d. Sleeve Gastrectomy <sup>1</sup>**

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. It may be the first step in a two-stage procedure when performing RYGBP. Sleeve gastrectomy procedures can be open or laparoscopic.

**e. Vertical Gastric Banding (VGB) <sup>1</sup> 43842**

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.

**CPT Codes for procedures that are covered when they meet the above criteria:**

43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
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 restrictive device and subcutaneous port components
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty
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)
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 restrictive device (separate procedure)
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 component only
75940	Percutaneous placement of IVC filter,

**Experimental / Investigational procedures**

43659 <sup>†</sup>	Unlisted laparoscopy procedure, stomach
43843 <sup>†</sup>	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical banded gastroplasty
43999 <sup>†</sup>	Unlisted procedure, stomach

**Products**

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 800-233-9645.

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