

Weight loss surgery

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior Notification is required for weight loss (bariatric) surgery performed by a designated physician in one of the Preferred Choice Weight Loss Surgery Programs. The Preferred Choice Weight Loss Surgery Program network will be applied to members who reside in regions where they have access to a Preferred Choice weight loss surgeon. Members residing outside of these regions will be exempt from this requirement. See related content section at the right for a list of preferred weight loss surgery programs as well as applicable geographic regions

Prior Authorization is required for weight loss (bariatric) surgery performed by any physician other than a designated physician in one of the Preferred Choice Weight Loss Surgery Programs. See related content section at the right for a list of preferred weight loss surgery programs.

Prior authorization is required for weight loss (bariatric) surgery in members less than 18 years of age. All requests for coverage in members less than 18 years of age will be reviewed by a medical director to determine medical necessity.

This policy applies only to initial weight loss (bariatric) surgery procedures. Refer to the Weight Loss Surgery Re-operations policy for information and coverage criteria for revisions or additional weight loss surgeries.

Note: For all Commercial and Marketplace inquiries, transfer to the Nurse Navigator Line (ext 26109).

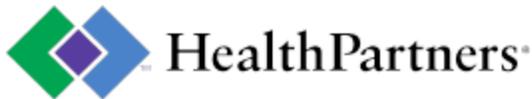
Coverage

We encourage members to check with Member Services regarding their health plan benefits for weight loss surgery as well as any provider network limitations that may impact coverage. All members must meet criteria for coverage regardless of where the service is provided.

Indications that are covered

Initial weight loss surgery may be eligible for coverage when all of the following criteria are met:

1. A member has a documented Body Mass Index (BMI) equal to or greater than 40 (at initial presentation), **or**
2. A member has a documented BMI equal to or greater than 35 (at initial presentation), with at least one of the following associated health conditions:
 - A. High blood pressure requiring medical management or documentation of blood pressure greater than 140/90 mm/Hg on multiple, separate dates
 - B. Dyslipidemia requiring medical management or documentation of LDL level greater than or equal to 130 mg/dl
 - C. Clinically significant obstructive sleep apnea (OSA) requiring medical management or documentation of OSA confirmed by a sleep specialist following a home sleep study or polysomnography
 - D. Diabetes requiring medical management or documentation of diabetes confirmed by standard testing
 - E. Evidence of non-alcoholic fatty liver disease (NAFLD) or nonalcoholic steatohepatitis (NASH) confirmed via physical exam, blood tests, and imaging
 - F. Pseudotumor cerebri (a condition in which the pressure around the brain increases, causing headaches and vision problems), **or**
3. A member has a documented BMI equal to or greater than 30, but less than 35 (at initial presentation), with type 2 diabetes mellitus, and both of the following:
 - A. Requiring glucose-lowering drug management (e.g., oral and/or injectable medications), **and**
 - B. Documentation of a glycosylated hemoglobin (HgbA1c) level at or above 8%.
4. 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:
 - i. The need for any active therapeutic interventions for mental health issues and a



plan on how these issues will be addressed;

- ii. The ability of the member to participate in:
 - a) Close nutritional monitoring during rapid weight loss, **and**
 - b) Long term lifestyle changes;
 - iii. Certification that the member understands the full impact of surgery and post-op compliance.
- B. Documentation of at least one session of nutritional counseling and education with a clinical dietician.
 - C. Documentation of participation in an exercise program deemed appropriate for the member by the care team.
 - D. Documentation by the weight loss surgical team that any correctable endocrine disorder(s) (e.g., Addison's disease, Cushing's syndrome, Graves' disease, etc.) has/have been identified and ruled out.
 - E. Documentation of at least five completed sessions of the HealthPartners' Weight loss surgery program phone course. For further information about this phone-based curriculum, please see the related content at the right. You will be referred into this program by your surgical team.
Note: Members may qualify for weight loss surgery without active participation in HealthPartners' Weight loss surgery phone course if they have a documented qualifying BMI accompanied by an urgent health care condition (e.g., transplantation, significant diabetic complications, malignant hypertension, Pickwickian syndrome).
 - F. Documentation which certifies the member's commitment to participation in close nutritional monitoring during rapid weight loss, long-term lifestyle changes, diet and exercise prescription, and medical surveillance after surgical therapy.

Weight loss surgery procedures, including but not limited to those listed below, are eligible for coverage when the above criteria are met.

1. Roux-en-Y Gastric Bypass (RYGBP)
2. Biliopancreatic diversion with duodenal switch (BPD/DS)
3. Vertical sleeve gastrectomy
4. FDA-approved adjustable silicone gastric banding
5. Other procedures on a case-by-case basis

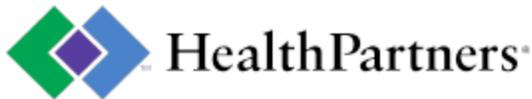
Indications that are not covered

1. The following weight loss procedures are considered investigational as there is insufficient reliable evidence in the form of high-quality, peer-reviewed medical literature to establish the safety and efficacy of these treatments or their effect on health care outcomes. Investigational procedures include but are not limited to:
 - A. The laparoscopic loop or "Mini-Gastric Bypass"
 - B. Intra-gastric balloon procedures
 - C. Implantable gastric stimulator
 - D. Natural Orifice Transluminal Endoscopic Surgery (NOTES)/endoscopic oral-assisted bariatric surgery procedures, including but not limited to:
 - i. StomaphyX
 - ii. Restorative obesity surgery-endoluminal (ROSE)
 - iii. Transoral gastroplasty (e.g., TOGA)
 - E. Vagus nerve blocking for obesity control (VBLOC) (e.g., Maestro)
 - F. Stomach aspiration therapy (e.g., AspireAssist)
2. Any weight loss/bariatric surgery procedure performed solely to treat co-morbidities caused by or exacerbated by obesity unless in accordance with the criteria listed above is considered investigational. There is insufficient published evidence to support bariatric surgery as a definitive treatment for obesity associated diseases. These types of procedures will frequently improve symptoms of diabetes, gastroesophageal reflux disease (GERD), osteoarthritis, obstructive sleep apnea (OSA), etc. However, the primary purpose of bariatric surgery is to achieve weight loss.
3. Weight loss surgery in a member with a BMI less than 35 is considered cosmetic. Note: except in a member with a BMI less than 35 with type 2 diabetes mellitus who meets the criteria above.

Definitions

Body Mass Index (BMI) provides a guideline for weight in relation to height and is equal to the body weight (in kilograms) divided by the height (in meters) squared. Please see related content at right for link to calculate your BMI.

Obesity is defined as a Body Mass Index (BMI) greater than or equal to 30kg/m². Obesity is divided into three



classifications according to the BMI:

- Class I - BMI 30.0 to 34.9 kg/m²
- Class II - BMI 35.0 to 39.9 kg/m²
- Class III - BMI 40 and above kg/m²

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, lifestyle/behavior therapy and surgery.

Weight loss surgery is intended to provide weight loss sufficient to reduce mortality risk and improve obesity related medical conditions.

Weight loss surgery is not an alternative to a diet and exercise management program. An integrated program such as HealthPartners' Weight loss surgery phone course must be in place to provide guidance on diet, physical activity, and behavioral and social support both prior to and after the surgery. Weight loss surgery is a weight loss intervention option for well-informed, motivated individuals with an acceptable operative risk.

Descriptions of bariatric surgery procedures:

Roux-en-Y Gastric Bypass (RYGBP)

The RYGBP works via 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.

Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

BPD works via restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, members 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.

Sleeve Gastrectomy

Sleeve gastrectomy is a restrictive procedure in which the majority of the greater curvature of the stomach is removed and a tubular stomach is created, thus 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.

Adjustable Gastric Banding (AGB)

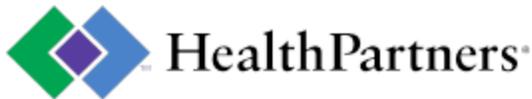
AGB works via restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port 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 member's weight loss. AGB procedures are laparoscopic only.

Laparoscopic loop or Mini-Gastric Bypass

Mini-Gastric Bypass works via restriction and malabsorption. The stomach is divided and a small tube of stomach is created which becomes the pouch. Then the surgeon brings up a loop of bowel and joins it to the lower part of the stomach pouch. The food passes from the stomach pouch into the small bowel where it meets the digestive juices which have moved downwards from the main part of the stomach. Thus, approximately 6 feet of small bowel has been bypassed before absorption of food (and calories) can take place, producing weight loss via fewer calories being absorbed.

Natural Orifice Transluminal Endoscopic Surgery (NOTES)

This is a general term for procedures which may also be referred to as endoluminal or transoral incisionless surgery because they involve using the natural orifice (e.g. mouth) to perform the surgical procedure, thus minimizing or eliminating access incisions.



StomaphX is a device which is inserted endoscopically and used to create permanent folds in the stomach wall using a specific type of fastener. This reduces the size of the stomach and the amount of food a person can eat. The folds can also slow the passage of food through the stomach to prolong the feeling of fullness to further facilitate weight loss.

Restorative Obesity Surgery, Endoluminal (ROSE) is an endoscopic procedure that is used to treat expansion of the gastric pouch and subsequent weight gain following gastric bypass surgery. The stomach pouch is reduced in size using a device such as the StomaphX.

Intragastric balloon systems are acid –resistant balloons that are inserted into the stomach via endoscope and then expanded with saline or air. The balloons occupy space and promote weight loss by creating a feeling of fullness which can lead to decreased food consumption. The device is in place for approximately 6 months before being retrieved.

Implantable gastric stimulators for treatment of obesity are intended to induce early satiety and thus limit intake through electrical stimulation of the gastric wall.

Transoral gastroplasty (TG) is a minimally invasive, incision-less, reversible weight-loss procedure in which the stomach size is restricted with staples or sutures by using endoscopic surgical tools guided through the mouth and esophagus into the stomach.

Stomach Aspiration Therapy involves placement of gastrostomy tube through the skin in the abdomen. The tube is used to drain gastric contents after meal consumption. The AspireAssist is a system which allows instillation of fluid into the stomach and partial aspiration of ingested meals.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Services associated with the following codes are eligible for coverage when medical coverage criteria are met:

Codes	Description
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)
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 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

Services associated with the following codes may be covered when medical coverage criteria are met:

Codes	Description
43659	Unlisted laparoscopy procedure, stomach

Services associated with the following codes are considered investigational:

Codes	Description
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube (when used to report stomach aspiration therapy)
43659	Unlisted laparoscopy procedure, stomach when used to report one of the investigational services listed above



43999	Unlisted procedure, stomach when used to report one of the investigational services listed above
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report (when used to report stomach aspiration therapy).
64590	When used for weigh loss - Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling (Note – this code may be covered for indications other than for weight loss).
64999	Vagus nerve blocking therapy (morbid obesity). Note: Code provided is not specific to this treatment but is considered investigational when used to report this service.

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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. 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 1-800-233-9645.

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