Weight loss surgery-re-operations

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 authorization is required for weight loss (bariatric) surgery re-operations.

Coverage

We encourage members to check with Member Services regarding their health plan benefit for weight loss surgery re-operations as well as any provider network limitations that may impact coverage. 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.

Re-operations after an initial weight loss surgery generally fall into three categories. Please see the Definitions section below for a description of the following procedures:

- Surgical reversals (i.e., take-downs) of the original procedure
- Revisions
- Conversions

Note that coverage criteria may vary between the three types of re-operations as well as between re-operations following laparoscopic adjustable gastric banding (LAGB) versus other types of weight loss surgery.

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

Indications that are covered

Re-operations after failure of Laparoscopic Adjustable Gastric Banding (LAGB):

1. Revisions or Reversals of an LAGB may be eligible for coverage to:
   - A. Treat significant medical/surgical complications related to the surgery, and/or
   - B. Correct medical/surgical complications or malfunction of an implanted device including:
     - i. Slippage of the band
     - ii. Erosion in the area of the band
     - iii. Port related complications
     - iv. Concentric dilatation
     - v. Esophageal dilatation
2. Conversion after failure of an LAGB may be eligible for coverage to:
   - A. Treat significant medical/surgical complications related to the surgery and/or malfunction of an implanted device (see B. i.-v. above) and when revision of the LAGB is not possible; **or**
   - B. There is documented failure of the original LAGB surgery to produce weight loss and **all** of the following criteria are met:
     - i. At least 2 years have elapsed since the original LAGB procedure
     - ii. The member is currently greater than 30% above ideal body weight
     - iii. Compliance with the previously prescribed postoperative dietary and exercise program is documented by the member's primary care physician or surgeon every 3 months for one year before the surgery
     - iv. The member has completed at least five sessions with HealthPartners' weight loss surgery program phone course. For further information about this phone-based curriculum, please see the Related Content at the right for the Weight loss surgery candidates' pre- and post-operative phone-based curriculum Frequently Asked Questions. You will be referred into this program by your surgical team. The member must meet these program requirements prior to a second bariatric surgery even if they completed the course prior to their first bariatric surgery.

Re-operations after other weight loss surgeries including but not limited to:

- Roux-en-Y Gastric Bypass (RYGBP)
- Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
- Vertical Sleeve Gastrectomy
- Vertical Banded Gastroplasty (VBG)
- Other procedures on a case-by-case basis

1. Reversal (take-down) surgery
   A. Take-down surgery may be eligible for coverage only to treat a significant medical/surgical complication related to the initial surgery.
2. Revision of weight loss surgeries (other than LAGB)
   A. Revision surgeries may be eligible for coverage only to treat significant medical/surgical complications related to the initial surgery.
3. Conversions from one weight loss surgery (that was not a LAGB) to another may be eligible for coverage when:
   A. Needed to treat significant medical/surgical complications related to the initial surgery. Potential medical/surgical complications include, but are not limited to, one of the following complications:
      i. Stoma dilation or stenosis
      ii. Stoma ulcer
      iii. Severe gastroesophageal reflux
      iv. Mechanical obstruction
      v. Malnutrition; **or**
   B. There is documented failure of the original surgery to produce weight loss, when **all** of the following criteria are met:
      i. At least 2 years have elapsed since the previous bariatric procedure
      ii. The member is currently greater than 30% above ideal body weight
      iii. Compliance with the previously prescribed postoperative dietary and exercise program is documented by the member's primary care physician or surgeon every 3 months for one year before the surgery
      iv. The member has completed at least five sessions with HealthPartners' weight loss surgery program phone course. For further information about this phone-based curriculum, please see the Related Content at the right for the Weight loss surgery candidates' pre- and post-operative phone-based curriculum Frequently Asked Questions. You will be referred into this program by your surgical team. The member must meet these program requirements prior to a second bariatric surgery even if they completed the course prior to their first bariatric surgery.

Indications that are not covered

The following weight loss surgery 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:

1. The laparoscopic loop or "Mini-Gastric Bypass"
2. Intragastric balloon procedures
3. Implantable gastric stimulator
4. Natural Orifice Transluminal Endoscopic Surgery (NOTES)/endoscopic oral-assisted bariatric surgery procedures including, but not limited to:
   A. StomaphyX
   B. Restorative obesity surgery-endoluminal (ROSE)
   C. Transoral gastroplasty (e.g., TOGA)
   D. OverStitch Endoscopic Suturing System
   E. The TORe procedure
5. Vagus nerve blocking for obesity control (VBLOC) (e.g., Maestro)
6. Stomach aspiration therapy (e.g., AspireAssist)

Definitions

Weight Loss (Bariatric) re-operation refers to subsequent surgery for morbid obesity on a member who had prior bariatric surgical procedures. Re-operations may include surgical reversals (i.e., take-downs) of the original procedure, revisions, and conversions.

Surgical reversal (Take-down) reverses the anatomic changes from the initial procedure.

Revision surgery modifies and restores the effectiveness of the original bariatric procedure.

Conversion surgery is performed to exchange one type of bariatric procedure for another (e.g., conversion of a vertical banded gastroplasty to a Roux-en-Y procedure).

Laparoscopic loop or 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) 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 stomach contents after meal consumption. Drainage and irrigation of the stomach is performed three times daily, 20 minutes after each meal to reduce the number of calories processed by the body.

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.

The 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)
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
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
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

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 describe 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.

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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References

1. Bittner IV, J.G., Clingempeel, N.L., & Wolf, L.G. (2017). Weight Loss Failure and Reoperation After Laparoscopic Adjustable Gastric Banding and Gastric Bypass: a Case-Matched Cohort Study. *Obesity Surgery,* 27, 2885-2889.
2. Brethauer, S., M.D., Kothari, S., M.D., Sudan, R., M.D., Williams, B. M.D., English, W., M.D. Brengman, M.,M. D…. Morton, J., M.D. (2014). Systematic Review on Reoperative Surgery, Surgery for Obesity and Related Diseases. American Society of Metabolic and Bariatric Surgeons.
3. Cheung, D., Switzer, N. J., Gill, R. S., Shi, X., & Karmali, S. (2014). Revisional bariatric surgery following failed primary

laparoscopic sleeve gastrectomy: a systematic review. Obesity surgery, 24(10), 1757-1763.
4. Coblijn, U. K., Verveld, C. J., van Wagensveld, B. A., & Lagarde, S. M. (2013). Laparoscopic Roux-en-Y gastric bypass or laparoscopic sleeve gastrectomy as revisional procedure after adjustable gastric band—a systematic review. Obesity surgery, 23(11), 1899-1914.
5. ECRI Institute. (2014). Custom Rapid Response, Repeat Bariatric SurgeryFor Patients Who Have Not Reached Weight-Loss Goals After Previous Surgery. Plymouth Meeting, PA: ECRI Institute.
6. ECRI Institute. (2016). Intragastric Balloons for Treating Obesity. Plymouth Meeting, PA: ECRI Institute
7. ECRI Institute. (2016). Rechargeable Vagal Blocking System (Maestro) for Treating Obesity. Plymouth Meeting, PA: ECRI Institute.
8. Ellsmere, J.C. Late complications of bariatric surgical operations. In: UpToDate, Jones, D. (Ed), UpToDate, Waltham, MA. (Accessed on August 26, 2021).
9. Ellsmere, J.C. Bariatric operations: Late complications with acute presentations. In: UpToDate, Jones, D. & Chen, W. (Eds), UpToDate, Waltham, MA. (Accessed on December 20, 2023).
10. Falk, V., Sheppard, C., Kanji, A., Birch, D., Karmali, S., & De Gara, C. (2019). The fate of laparoscopic adjustable gastric band removal. *Canadian Journal of Surgery*, 62(5), 328-333.
11. Fehervari, M., Banh, S., Varma, P., Das, B., Al-Yaqout, K., Al-Sabah, S., … & Ashrafian, H. (2022). Weight loss specific to indication, remission of diabetes, and short-term complications after sleeve gastrectomy conversion to Roux-en-Y gastric bypass: a systematic review and meta-analysis. Surgery for obesity and relateddiseases: official journal of the American Society for Bariatric Surgery, S1550-7289(22)00757-2. https://doi.org/10.1016/j.soard.2022.11.004
12. Hany, M., Zidan, A., Elmongui, E., & Torensma, B. (2022). Revisional Roux-en-Y Gastric Bypass Versus Revisional One-Anastomosis Gastric Bypass After Failed Sleeve Gastrectomy: a Randomized Controlled Trial. Obesity surgery, 32(11), 3491–3503. https://doi.org/10.1007/s11695-022-06266-8
13. Hayes, Inc. Directory Report. Intragastric Balloons for the Treatment of Obesity. Lansdale, PA. Hayes, Inc.March 2016/Reviewed March 2022.
14. Hayes, Inc. Directory Report. Revisional Surgery for Treatment of Complications After Bariatric Surgery. Lansdale, PA: Hayes, Inc.; July 2014/Reviewed July 2018/Archived August 2019.
15. Hayes, Inc. Health Technology Brief. Maestro Rechargeable System (EnteroMedics Inc.) for Vagal Blocking for Obesity Control. Lansdale, PA: Hayes, Inc. Feb 2016/ Reviewed Feb 2018/Archived Feb 2019.
16. Hayes, Inc. Hayes Search and Summary Report. Transoral Outlet Reduction After Bariatric Surgery. Lansdale, PA: Hayes, Inc.; January 2017.
17. Hayes, Inc. Subscriber Article. ReShape Integrated Dual Balloon System. Lansdale, PA: Hayes, Inc.Feb 2016.
18. Kuzminov, A., Palmer, A., Wilkinson, S., Khatsiev, B. & Venn, A. (2016) Re-operations after Secondary Bariatric Surgery:a Systematic Review. Obesity Surgery 26:2237-2247.
19. Lim, R.B. Bariatric operations: Early (fewer than 30 days) morbidity and mortality. In: UpToDate, Jones, D. & Chen, W. (Eds.), UpToDate, Waltham, MA. (Accessed on February 23, 2023).
20. Lim, R.B. Bariatric operative procedures: Thirty-day morbidity and mortality. In: UpToDate, Jones, D. & Chen, W. (Eds.), UpToDate, Waltham, MA. (Accessed on August 26, 2021).
21. Lim, R. Bariatric procedures for the management of severe obesity: Descriptions. In: UpToDate, Jones, D. (Ed), UpToDate, Waltham, MA. (Accessed on December 20, 2023)
22. Mahawar, K. K., Graham, Y., Carr, W. R., Jennings, N., Schroeder, N., Balupuri, S., & Small, P. K. (2015). Revisional Roux-en-Y gastric bypass and sleeve gastrectomy: a systematic review of comparative outcomes with respective primary procedures. Obesity surgery, 25(7), 1271-1280.
23. Mahawar, K. and Welborn, R. Follow-up and late complications of bariatric surgery.Oesophagogastric Surgery: A Companion to Specialist Surgical Practice- Sixth Edition. 12, 321-337.
24. Zadeh, J., Le, C., & Ben-David, K. (2020). Safety of adjustable gastric band conversion surgery: a systematic review and meta-analysis of the leak rate in 1-and 2-stage procedures. Surgery for Obesity and Related Diseases, 16(3), 437-444.