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. One of the following complications is present:
      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 without the complications listed above, 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)
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:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
</tr>
<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
</tr>
<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)</td>
</tr>
<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components</td>
</tr>
<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve)</td>
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gastrectomy)

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<tbody>
<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty</td>
</tr>
<tr>
<td>43843</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty</td>
</tr>
<tr>
<td>43845</td>
<td>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)</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
</tr>
<tr>
<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption</td>
</tr>
<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</td>
</tr>
<tr>
<td>43849</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component only</td>
</tr>
<tr>
<td>43850</td>
<td>Gastric restrictive procedure, open; removal of subcutaneous port component only</td>
</tr>
<tr>
<td>43851</td>
<td>Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43659</td>
<td>Unlisted laparoscopy procedure, stomach</td>
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</tbody>
</table>

Services associated with the following codes are considered investigational

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43246</td>
<td>Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube (when used to report stomach aspiration therapy)</td>
</tr>
<tr>
<td>43659</td>
<td>Unlisted laparoscopy procedure, stomach when used to report one of the investigational services listed above</td>
</tr>
<tr>
<td>43999</td>
<td>Unlisted procedure, stomach when used to describe one of the investigational services listed above</td>
</tr>
<tr>
<td>49440</td>
<td>Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report (when used to report stomach aspiration therapy).</td>
</tr>
<tr>
<td>64590</td>
<td>When used for weight 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).</td>
</tr>
<tr>
<td>0312T</td>
<td>Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming</td>
</tr>
<tr>
<td>0313T</td>
<td>Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator</td>
</tr>
<tr>
<td>0314T</td>
<td>Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator</td>
</tr>
<tr>
<td>0315T</td>
<td>Vagus nerve blocking therapy (morbid obesity); removal of pulse generator</td>
</tr>
<tr>
<td>0316T</td>
<td>Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator</td>
</tr>
<tr>
<td>0317T</td>
<td>Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed</td>
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</tbody>
</table>

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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 952-983-7979 or 1-800-233-9645.