

BARIATRIC SURGERY

Policy

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

Policy Definition

Limitations

AllWays Health Partners member must meet the Bariatric Surgery requirements established by AllWays Health Partners Health Partners 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; o
 - Type 2 diabetes mellitus; o
 - Obstructive sleep apnea; o
 - 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;
- 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

- Absence of any unmanaged major psychiatric and/or substance abuse issue(s).
- Member must be 18 years of age or over for gastric banding or laparoscopic sleeve gastrectomy.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the AllWays Health Partners Payment Policy and by the provider's agreement with AllWays Health Partners. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

AllWays Health Partners reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information. All claims are subject to audit services and medical records may be requested from the provider.

AllWays Health Partners reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

Masshealth or MyCare Family members: Entire policy applies

Commercial members: Entire policy applies

AllWays Health Partners 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)

AllWays Health Partners 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

Procedure Codes

Note: Code descriptors modified from the AMA CPT for publishing purposes. This list of codes may not be all-inclusive and can and will change from time to time. Inclusion of a code in this document does not imply or guarantee coverage and/or reimbursement.

Code	Descriptor	Comment
43644	Laparoscopy, surgical gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or	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; other than vertical banded gastroplasty (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	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Not a covered service
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 – Not reimbursable during global period, or when billed with E/M.

Related Documents

[AllWays Health Partners Medical Policies](#)

[Bariatric Surgery Medical Policy](#)

AllWays Health Partners Payment Guidelines

- [General Coding and Billing](#)
- [Modifiers](#)
- [MassHealth Not Payable Code List](#)

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

Publication History

Topic: Bariatric Surgery	Owner: Network Management
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<i>September 15, 2009</i>	<i>Original documentation of policy</i>
<i>April 26, 2010</i>	<i>Criteria added</i>
<i>March 15, 2011</i>	<i>Age requirement added. Auth grid, limitations, reference, disclaimer updated</i>
<i>April 25, 2012</i>	<i>Annual Review: Limitation revised, Non-Covered procedures codes added, and references updated.</i>
<i>May 1, 2018</i>	<i>Template updated, code review, Addition of information on code S2083</i>
<i>January 1, 2019</i>	<i>Document restructure; codes, code descriptor and references updated. Update coverage for 43847</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers’ contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.