

BENEFIT COVERAGE POLICY

Title: BCP-32 Bariatric Surgery

Effective Date: 07/01/2025

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials, including coverage policies.
4. The specific facts of the situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers bariatric surgery when clinical criteria as described in InterQual is met, and covered services are received from network providers.

Services for bariatric surgery require prior approval for the health service being provided.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

Obesity and overweight are defined clinically using the body mass index (BMI). BMI is an objective measurement and is currently considered the most reproducible measurement of total body fat. The National Heart, Lung, and Blood Institute (NHLBI) defines the following classifications based on BMI. The NHLBI recommends that the BMI should be used to classify overweight and obesity and to estimate relative risk for disease compared to normal weight.

Classification	BMI (kg/m ²)
Underweight	< 18.5
Normal weight	18.5–24.9
Overweight	25–29.9
Obesity (Class 1)	30–34.9
Obesity (Class 2)	35–39.9
Extreme Obesity (Class 3)	≥ 40

To calculate BMI, go to: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

Treatment of obesity is generally described as a two-part process:

1. Assessment, including BMI measurement and risk factor identification; and
2. Treatment/management.

- a. Obesity management includes primary weight loss, prevention of weight regain, and the management of associated risk. During the assessment phase, the individual needs to be prepared for the comprehensive nature of the program, including realistic timelines and goals.
- b. Clinical supervision is an essential component of dietary management. According to the NHLBI, “frequent clinical encounters during the initial six months of weight reduction appear to facilitate reaching the goals of therapy. During the period of active weight loss, regular visits of at least once per month and preferably more often with a health professional for the purposes of reinforcement, encouragement, and monitoring will facilitate weight reduction” (NHLBI, 1998). Physicians can also provide clinical oversight and monitoring of what are often complex comorbid conditions and can select the optimal and most medically appropriate weight management, nutritional, and exercise strategies.
- c. Bariatric surgeons and centers advocate for preoperative weight loss, as patients who can achieve weight loss are most likely to have a reduction in operative morbidity and surgical risk. Identification of individuals who will be committed to and compliant with short-term, long-term, and lifelong medical management follow-up, behavioral changes, lifestyle changes, diet, and a physical exercise regimen is most likely to achieve successful outcomes after surgery.
- d. The NHLBI recommends weight-loss surgery as an option for carefully-selected adult patients with clinically severe obesity (BMI of 40 or greater; or BMI of 35 or greater with serious comorbid conditions) when less-invasive methods of weight loss have failed and the patient is at high risk for obesity-associated morbidity or mortality. Surgical therapy for morbid obesity is not only effective in producing weight loss but is also effective in improving several significant complications of obesity, including diabetes, hypertension, dyslipidemia, and sleep apnea. The degree of benefit and the rates of morbidity and mortality of the various surgical procedures vary according to the procedure.
- e. Access to a multidisciplinary team approach involving a physician with a special interest in obesity; a surgeon with extensive experience in bariatric procedures, a dietitian or nutritionist; and a psychologist, psychiatrist, or licensed mental health care provider interested in behavior modification and eating disorders, is optimal. A mental health evaluation should specifically address any mental health or substance abuse diagnoses, the emotional readiness and ability of the patient to make and sustain lifestyle changes, and the adequacy of their support system. Realistic expectations about the degree of weight loss, the compromises required by the patient, and the positive effect on associated weight-related comorbidities and quality of life should be discussed and contrasted with the potential morbidity and operative mortality of bariatric surgery.
- f. With bariatric surgery procedures, patients lose an average of 50–60% of excess body weight and have a decrease in BMI of about 10kg/m² during the first 12–24 postoperative months. Many long-term studies show a tendency for a modest weight gain (5–7 kg) after the initial postoperative years; long-term maintenance of an overall mean weight loss of about 50% of excess body weight can be expected.

3.0 Clinical Determination Guidelines:

- A. Bariatric surgery is considered medically necessary and appropriate when InterQual criteria are met.
- B. Non-covered services:
 1. Exclusions due to being experimental/investigational/unproven and excluded by benefit plan language are:
 - a. Gastric banding with devices that are not FDA-approved.

- b. Gastric balloon and space occupying devices (e.g., Orbera, Reshape Duo).
- c. Mini-gastric bypass procedure.
- d. Gastroplasty (gastric stapling).
- e. Intestinal bypass alone (jejunoileal bypass).
- f. Endoscopic revision of bariatric surgery, including the ROSE™ (Revision Obesity Surgery, Endoscopic) and Stomaphyx™ procedures.
- g. Vagal Blocking for Obesity Control (e.g., vBLOC, Maestro® Rechargeable System).
- h. AspireAssist device.

C. Limitation of benefit - No more than once per lifetime unless done to correct or reverse complications from a previous bariatric surgery. Lap-band conversion to a sleeve gastrectomy or lap-band or sleeve gastrectomy conversion to a Roux-en-Y procedure is limited by lifetime benefit unless medically/ clinically necessary to correct or reverse complication from a previous bariatric procedure. See member's benefit document for specific language.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO L0000264; 4 = ASO L0001269 Non-Union & Union; 5 = ASO L0001631; 6 = ASO L0002011; 7 = N/A; 8 = ASO group L0002184; 9 = ASO L0002237; 10 = ASO L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
00797	Anesthesia for procedures on upper anterior abdominal wall; gastric restrictive procedure for morbid obesity	N	Bariatric Surgery
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Y	Bariatric Surgery
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Y	Bariatric Surgery
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)	Y	Bariatric Surgery
43771	Laparoscopy surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Y	Bariatric Surgery
43772	Laparoscopy surgical, gastric restrictive procedure; removal of adjustable gastric band component only	N	Bariatric Surgery
43773	Laparoscopy, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	Y	Bariatric Surgery
43774	Laparoscopy surgical, gastric restrictive procedure; removal of adjustable gastric	N	Bariatric Surgery

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	restrictive device and subcutaneous port components		
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	Y	Bariatric Surgery
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Y	Bariatric Surgery
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)	Y	Bariatric Surgery
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Y	Bariatric Surgery
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity, with small intestine reconstruction to limit absorption	Y	Bariatric Surgery
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Y	Bariatric Surgery
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	N	Bariatric Surgery
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	N	Bariatric Surgery
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	N	Bariatric Surgery
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	N	Physician Office Visit for Sickness or Injury OR Professional Fees for Surgical and Medical Services

ICD-10 Codes Associated with Covered Health Services

Code	Description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.811	Obesity, Class 1
E66.812	Obesity, Class 2
E66.813	Obesity, Class 3

ICD-10 Codes Associated with Covered Health Services	
Code	Description
E66.9	Obesity, unspecified
K91.1	Post-gastric surgery syndromes
K95.09	Other complications of gastric band procedure
K95.89	Other complications of other bariatric procedure
Z46.51	Encounter for fitting and adjustment of gastric lap band
Z68.30 – Z68.39	Body mass index (BMI) 35.0 – 39.9, adult
Z68.41 – Z68.45	Body mass index (BMI) 40.0 – 70 or greater, adult
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95 th percentile for age
Z98.84	Bariatric surgery status

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	General Exclusions and Limitations; Experimental, investigational, unproven
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	General Exclusions and Limitations; Experimental, investigational, unproven
43632	Gastrectomy, partial, distal; with gastrojejunostomy. (Gastric bypass using a Billroth II type anastomosis, also known as a “mini gastric bypass”)	General Exclusions and Limitations; Experimental, investigational, unproven
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	General Exclusions and Limitations; Experimental, investigational, unproven
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	General Exclusions and Limitations; Experimental, investigational, unproven
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	General Exclusions and Limitations; Experimental, investigational, unproven

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Body mass index (BMI) - An objective measurement of total body fat. BMI calculator:

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

Combined restrictive and malabsorptive surgical procedures. Restricts meal size and may alter the digestion process, thus causing food to be completely absorbed. Examples of combined restrictive and malabsorptive surgical procedures include Roux-en-Y gastric bypass and biliopancreatic diversion with duodenal switch.

Gastric bypass - A surgical procedure that reduces the stomach capacity and diverts partially digested food from the duodenum to the jejunum.

Gastroplasty - A surgical procedure that decreases the size of the stomach.

Restrictive surgical procedures - Reduces the size of the stomach and limits the amount of food that can be ingested at one time. Surgical incision and resection of the intestine is not involved. Examples of purely restrictive operations for morbid obesity include vertical banded gastroplasty and adjustable silicone gastric banding (Lap Band).

7.0 References, Citations & Resources:

[InterQual – CP: Procedures, Bariatric or Metabolic Surgery](#)

[InterQual – CP: Procedures, Bariatric or Metabolic Surgery \(Adolescent\)](#)

8.0 Associated Documents [For internal use only]:

Policies & Procedures (P&P):

- MMP-09 Benefit Determinations
- MMP-02 Transition and Continuity of Care
- UMPP-02 Peer to Peer Conversations

Standard Operating Procedure (SOP):

- MMS-03 Algorithm for Use of Criteria for Benefit Determinations
- MMS-45 UM Nurse Review
- MMS-52 Inpatient Case Process in CCA
- MMS-53 Outpatient Case Process in CCA

Sample Letter:

- TCS Approval Letter
- Clinically Reviewed Exclusion Letter
- Partial Coverage, Partial Non-Coverage Letter
- Specific Exclusion Denial Letter
- Lack of Information Letter

Form – Request Form:

- Out of Network/ Prior Authorization

9.0 Revision History:

Original Effective Date: 12/01/2016

Next Revision Date: 07/01/2026

Revision Date	Reason for Revision
11/16	MRMBD 03 Morbid Obesity Program policy archived. Bariatric Surgery criteria revised into a new policy. Deleted ICD-9 code table. Removing prior approval requirement for outpatient weight management services.
2/17	Converted from Medical Policy 036 to BCP format
5/17	Removed PA requirement for Lap-band adjustments, added CPT code 00797
3/18	Removed BH codes 96150, 96151 and 96152.
6/18	References updated
2/19	Annual review; 96150, 96151, 96152 removed from policy. Criteria Sec. 3.A.2.a. i-vii updated. Sec. 3.C. sleeve gastrectomy added for

	conversion procedures.
6//19	Annual renewal; approved by QI/MRM and BCC.
4/20	Annual review; remove PA from CPT 43774, service covered without review, removed references to MCG criteria.
3/21	Annual review – removed criteria due to move to using InterQual.
4/22	Annual Review; approved at BCC 08/01/22 effective 07/01/2022
4/23	Annual Review; Section 3.0 paragraphs about alternative weight management programs and excluded conditions removed, these are accounted for within InterQual criteria. Limitation of Benefit language updated to align with COC/SPD language. Section 3.0.E. removed due to unlisted code. Codes 43771 and 43773 changed to require auth, these are considered bariatric surgeries. Code 43842 moved from Covered to Non-covered section, this represents gastric stapling which is an exclusion listed in 3.0.B.1.d. Codes 43290 and 43291 added to Non-covered section, new 1/1/23 codes. InterQual references updated. Section 8.0 updated.
4/24	Annual review. Add language re: conversion procedures to 3.0.C; Added 7/1/23 codes C9784, C9785 to Non Covered Code section; Removed deleted codes 0312T-0318T from Non Covered code section; Updated InterQual references dates; Updated Associated documents
4/25	Annual review; Removed “ASO group L0001269 Union Only” from the Prior Approval Legend and added “N/A” as a placeholder for future product(s), Reformatted Associated documents section 7/21/25: Per Gap Analysis, removed invalid diagnosis code E66.8; added valid codes: E66.811, E66.812, E66.813