

# Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (NCD 100.1)

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[↪ Terms and Conditions](#)

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## Related Medicare Advantage Reimbursement Policy

- [Assistant-at-Surgery Services Policy, Professional](#)

## Related Medicare Advantage Coverage Summary

- [Obesity: Treatment of Obesity, Non-Surgical and Surgical \(Bariatric Surgery\)](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Non-surgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions.

In addition, supplemented fasting is a type of very low calorie weight reduction regimen used to achieve rapid weight loss. The reduced calorie intake is supplemented by a mixture of protein, carbohydrates, vitamins, and minerals. Serious questions exist about the safety of prolonged adherence for 2 months or more to a very low calorie weight reduction regimen as a general treatment for obesity, because of instances of cardiopathology and sudden death, as well as possible loss of body protein.

Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

### Descriptions of Bariatric Surgery Procedures

#### Roux-en-Y Gastric Bypass (RYGBP)

The RYGBP achieves weight loss by gastric 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) or Gastric Reduction Duodenal Switch (BPD/GRDS)

The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients 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/DS or BPD/GRDS 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 or BPD/GRDS procedures can be open or laparoscopic.

### **Adjustable Gastric Banding (AGB)**

The AGB achieves weight loss by gastric 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 patient's weight loss. AGB procedures are laparoscopic only.

### **Sleeve Gastrectomy**

Sleeve gastrectomy is a 70%-80% greater curvature gastrectomy (sleeve resection of the stomach) with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. In the past, sleeve gastrectomy was the first step in a two-stage procedure when performing RYGBP, but more recently has been offered as a stand-alone surgery. Sleeve gastrectomy procedures can be open or laparoscopic.

### **Vertical Gastric Banding (VGB)**

The VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. In addition, a non-adjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma (opening). As a result, patients experience a sense of fullness after eating small meals. Weight loss from this procedure results entirely from eating less. VGB procedures are essentially no longer performed.

## **Guidelines**

### ***Nationally Covered Indications***

Procedures open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

Effective for dates of service on and after September 24, 2013, facilities are no longer required to be certified to perform bariatric surgery procedures.

### ***Nationally Non-Covered Indications***

Treatments for obesity alone remain non-covered.

Supplemented fasting is not covered under the Medicare program as a general treatment for obesity (refer to discretionary local coverage, if applicable). Supplemented fasting with adequate monitoring of the patient is eligible for coverage on a case-by-case basis or pursuant to a local coverage determination, where weight loss is necessary before surgery in order to ameliorate the complications posed by obesity when it coexists with pathological conditions such as cardiac and respiratory diseases, diabetes, or hypertension (and other more conservative techniques to achieve this end are not regarded as appropriate). The risks associated with the achievement of rapid weight loss must be carefully balanced against the risk posed by the condition requiring surgical treatment.

The following bariatric surgery procedures are non-covered for all Medicare beneficiaries:

- Open adjustable gastric banding
- Open sleeve gastrectomy
- Laparoscopic sleeve gastrectomy (prior to June 27, 2012)
- Open and laparoscopic vertical banded gastroplasty
- Intestinal bypass surgery

- Gastric balloon for treatment of obesity

### Other

Medicare Administrative Contractors (MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all three (3) of the following conditions are satisfied:

- The beneficiary has a body-mass index (BMI)  $\geq 35$  kg/m<sup>2</sup>,
- The beneficiary has at least one co-morbidity related to obesity, and,
- The beneficiary has been previously unsuccessful with medical treatment for obesity.

The determination of coverage for any bariatric surgery procedures that are not specifically identified in an NCD as covered or non-covered, for Medicare beneficiaries who have a body-mass index  $\geq 35$ , have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local MACs.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
<b>Laparoscopic Gastric Bypass</b>	
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
<b>Laparoscopic Gastric Banding</b>	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., 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
<b>Laparoscopic Sleeve Gastrectomy</b>	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
<b>Miscellaneous Gastric Procedures (Including Removal and Revision)</b>	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty (Non-Covered)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty (Non-Covered)
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)

CPT Code	Description
<b>Miscellaneous Gastric Procedures (Including Removal and Revision)</b>	
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
43999	Unlisted procedure, stomach The following descriptions submitted with 43999 are non-covered services: <ul style="list-style-type: none"> <li>• Laparoscopic vertical banded gastroplasty</li> <li>• Open sleeve gastrectomy</li> <li>• Open adjustable gastric banding</li> <li>• Laparoscopic sleeve gastrectomy (prior to June 27, 2012)</li> <li>• Gastric balloon</li> <li>• Mini-gastric bypass</li> <li>• Long limb gastric bypass (i.e. more than 150 cm)</li> <li>• Silastic ring vertical gastric bypass (Fobi pouch)</li> </ul>
<b>Office Visits/Evaluation and Management for Obesity</b>	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components. Typically, 10 minutes are spent face-to-face with the patient and/or family (short description) (Deleted 01/01/2021)
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

CPT Code	Description
<b>Office Visits/Evaluation and Management for Obesity</b>	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

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ICD Procedure Code	Description
0D16479	Bypass stomach to duodenum with autologous tissue substitute, percutaneous endoscopic approach
0D1647A	Bypass stomach to jejunum with autologous tissue substitute, percutaneous endoscopic approach
0D1647B	Bypass stomach to ileum with autologous tissue substitute, percutaneous endoscopic approach
0D1647L	Bypass stomach to transverse colon with autologous tissue substitute, percutaneous endoscopic approach
0D164J9	Bypass stomach to duodenum with synthetic substitute, percutaneous endoscopic approach
0D164JA	Bypass stomach to jejunum with synthetic substitute, percutaneous endoscopic approach
0D164JB	Bypass stomach to ileum with synthetic substitute, percutaneous endoscopic approach
0D164JL	Bypass stomach to transverse colon with synthetic substitute, percutaneous endoscopic approach
0D164K9	Bypass stomach to duodenum with non-autologous tissue substitute, percutaneous endoscopic approach
0D164KA	Bypass stomach to jejunum with non-autologous tissue substitute, percutaneous endoscopic approach
0D164KB	Bypass stomach to ileum with non-autologous tissue substitute, percutaneous endoscopic approach
0D164KL	Bypass stomach to transverse colon with non-autologous tissue substitute, percutaneous endoscopic approach
0D164Z9	Bypass stomach to duodenum, percutaneous endoscopic approach
0D164ZA	Bypass stomach to jejunum, percutaneous endoscopic approach
0D164ZB	Bypass stomach to ileum, percutaneous endoscopic approach
0DB64Z3	Excision of stomach, percutaneous endoscopic approach, vertical
0DV64CZ	Restriction of stomach with extraluminal device, percutaneous endoscopic approach

## References

### CMS National Coverage Determinations (NCDs)

[NCD 100.1 Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity](#)

Related NCDs: [NCD 40.5 Treatment of Obesity](#), [NCD 100.8 Intestinal Bypass Surgery](#), [NCD 100.11 Gastric Balloon for Treatment of Obesity](#), [NCD 100.14 Surgery for Diabetes](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33411 Surgical Management of Morbid Obesity</a>	<a href="#">A57145 Billing and Coding: Surgical Management of Morbid Obesity</a>	First Coast	FL, PR, VI	FL, PR, VI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L35022 Bariatric Surgical Management of Morbid Obesity</a>	<a href="#">A56422 Billing and Coding: Bariatric Surgical Management of Morbid Obesity</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L34576 Laparoscopic Sleeve Gastrectomy for Severe Obesity</a>	<a href="#">A56852 Billing and Coding: Laparoscopic Sleeve Gastrectomy for Severe Obesity</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	<a href="#">A52447 Laparoscopic Sleeve Gastrectomy (LSG) – Medical Policy Article</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
N/A	<a href="#">A53026 Bariatric Surgery Coverage</a>	Noridian	AS, CA, GU, HI, NV, MP	AS, CA, GU, HI, NV, MP
N/A	<a href="#">A53028 Bariatric Surgery Coverage</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
N/A	<a href="#">A54923 Billing and Coding: Bariatric Surgery for Treatment of Co-Morbidities Conditions Related to Morbid Obesity</a>	WPS	AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NC, ND, NE, NV, NH, NJ, NM, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	IA, IN, KS, MO, MI, NE

## CMS Claims Processing Manual

[Chapter 32: § 150 Billing Requirements for Bariatric Surgery for Morbid Obesity](#)

## CMS Transmittal(s)

[Transmittal 1854, Change Request 10086, Dated 05/26/2017 \(ICD-10 Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 2641, Change Request 8028, Dated 01/29/2013 \(Bariatric Surgery for the Treatment of Morbid Obesity National Coverage Determination, Addition of Laparoscopic Sleeve Gastrectomy \(LSG\)\)](#)

[Transmittal 2841, Change Request 8484, Dated 12/23/2013 \(Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity\)](#)

## UnitedHealthcare Commercial Policy

[Bariatric Surgery](#)

## Other(s)

[2021 ICD-10-CM Updates](#)

[CPT® Office Evaluation and Management \(E/M\) CPT Code Revisions](#)

[AMA CPT® Evaluation and Management \(E/M\) Office or Other Outpatient \(99202-99215\) and Prolonged Services \(99354, 99355, 99356, 99XXX\) Code and Guideline Changes for 2021](#)

[Evaluation and management \(E/M\) changes for 2021](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
03/10/2021	<b>Applicable Codes</b> <i>Miscellaneous Gastric Procedures (Including Removal and Revision)</i> <ul style="list-style-type: none"><li>Revised notation pertaining to CPT codes 43842 and 43843 to indicate these codes are “non-covered”</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version MPG024.07</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).