



Bariatric Surgery SRG-002

Iowa Medicaid Program	Prior Authorization	Effective Date	09/11/2009
Revision Number	13	Last Reviewed	04/18/2025
Reviewed By	Medicaid Medical Director	Next Review	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	Approved Date	01/15/2016

Descriptive Narrative

Obesity is a common, serious, and costly chronic disease of adults and children that continues to increase in the United States. Obesity is putting a strain on American families, affecting overall health, health care costs, productivity, and military readiness. Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. In the United States and worldwide, obesity related conditions include hypertension, diabetes, heart disease, stroke, and some types of cancer. These are among the leading causes of preventable premature death.

The first line treatment of clinically severe obesity is achieved through dietary and lifestyle changes, including regular exercise. Weight loss is accomplished when there is a caloric deficit, that is, calories expended must be greater than calories taken in. All available therapies (dietary, behavioral, pharmacologic, and surgical) help with weight loss by changing the calories ingested, absorbed, or expended. Weight loss can result in a reduction of comorbidities, a decrease in mortality, and an increase in the quality of life.

The United States Preventive Services Task Force (USPSTF) statement 2018 recommends that adults with a body mass index (BMI) of 30 or higher be referred to intensive, multicomponent behavioral interventions (Evidence Grade B).

Surgery for the treatment of clinically severe obesity may be appropriate in a select group of individuals. According to the National Institute of Health, weight loss surgery candidates include those individuals suffering from the complications of extreme obesity, for whom conservative medical therapy has failed. Potential surgical candidates are those with severe obesity, defined as a BMI of 40 or greater, or BMI of 35 or greater with other medical comorbidities. These conditions include (but are not limited to) type 2 diabetes, heart disease, and adult-onset obstructive sleep apnea.

Bariatric procedures can be an aid in achieving weight loss, but successful and sustained weight loss requires that individuals are compliant with significant life-long lifestyle changes. Bariatric procedures are invasive therapies, which come with inherent risks associated with all invasive procedures. The risks and potential complications vary between each technique and each individual; some of these complications are permanent.

There are two categories of bariatric surgery: restrictive procedures and malabsorptive procedures. Gastric restrictive procedures create a small pouch in the stomach to restrict the amount of food that can be eaten, causing early satiety and weight loss. The laparoscopic adjustable gastric banding (LAGB) and laparoscopic sleeve gastrectomy (LSG) are examples of restrictive procedures.

Malabsorptive procedures bypass portions of the stomach and intestines, causing the food to be poorly digested and incompletely absorbed. Duodenal switch is an example of a malabsorptive procedure. Roux-en-Y gastric bypass (RYGB), biliopancreatic diversion with duodenal switch (BPD-DS), and biliopancreatic diversion with gastric reduction duodenal switch (BPD-GRDS) are examples of restrictive and malabsorptive procedures.

Criteria

Prior authorization is required.

Gastric restrictive procedures and malabsorptive procedures are considered medically necessary when **ALL** the following are met:

1. Member is 18 years of age or older; **AND**
2. The requested procedure is one of the following:
 - a. Biliopancreatic bypass with duodenal switch; **OR**
 - b. Laparoscopic adjustable gastric banding; **OR**
 - c. Roux-en-Y procedure up to 150 cm; **OR**
 - d. Sleeve gastrectomy; **OR**
 - e. Vertical banded gastroplasty; **AND**
3. Member has a BMI of ≥ 40 , or BMI of ≥ 35 with one or more obesity-related co-morbid condition including (but not limited to):
 - a. Diabetes mellitus; **OR**
 - b. Cardiovascular disease; **OR**
 - c. Hypertension; **OR**
 - d. Metabolic syndrome; **OR**
 - e. Life threatening cardio-pulmonary problems, (e.g., severe obstructive sleep apnea, Pickwickian syndrome, obesity related cardiomyopathy); **AND**
4. Documentation includes **ALL** the following:

- a. Past participation in a medically supervised weight loss program; **AND**
- b. Inadequate weight loss despite a committed attempt at conservative medical therapy (for example, comprehensive lifestyle interventions, including a combination of diet, exercise, and behavioral modifications); **AND**
- c. Pre-operative medical **and** mental health evaluations and clearances; **AND**
- d. Pre-operative education which addresses the risks, benefits, realistic expectations and the need for long-term follow-up and adherence to behavioral modifications; **AND**
- e. A treatment plan that addresses the pre- and post-operative needs of the member undergoing bariatric surgery.

Surgical revision/conversion to another surgical procedure is considered medically necessary when **ONE** of the following (either criterion 1 or 2) is met:

1. Inadequate weight loss or weight gain 1 year or longer after a prior procedure, when **ALL** the following are met:
 - a. BMI of ≥ 40 ; **OR**
 - b. BMI of ≥ 35 with one or more obesity-related co-morbid conditions, including but not limited to:
 - 1) Diabetes mellitus; **OR**
 - 2) Cardiovascular disease; **OR**
 - 3) Hypertension; **OR**
 - 4) Metabolic syndrome; **OR**
 - 5) Life threatening cardio-pulmonary problems, (e.g., severe obstructive sleep apnea, Pickwickian syndrome, obesity related cardiomyopathy); **AND**
 - c. Pre-operative medical **and** mental health evaluations and clearances; **AND**
 - d. Pre-operative education which addresses the risks, benefits, realistic expectations, and the need for long-term follow-up and adherence to behavioral modifications; **AND**
 - e. A treatment plan that addresses the pre- and post-operative needs of the member undergoing bariatric surgery; **OR**
2. There is documentation of a complication related to the initial procedure (including but not limited to, obstruction, stricture, or the presence of gastroesophageal reflux disease) that is refractory to non-operative treatment.

The following procedures are considered not medically necessary:

- Laparoscopic adjustable gastric banding for members with a BMI < 35 .
- One anastomosis gastric bypass, also known as mini gastric bypass.
- Malabsorptive procedures including (but not limited to) jejunioileal bypass, biliopancreatic bypass without duodenal switch, single

anastomosis duodenal switch or very long limb (greater than 150 cm) distal gastric bypass (other than the biliopancreatic bypass with duodenal switch).

- Minimally invasive endoluminal gastric restrictive surgical techniques, such as use of the EndoGastric StomaphyX™ endoluminal fastener and delivery system or endoscopic sleeve gastropasty.
- Laparoscopic gastric plication (laparoscopic greater curvature plication [LGCP]) with or without gastric banding.
- Balloon systems, (such as the Orbera Intragastic Balloon System or the TransPyloric Shuttle).
- Endoscopically placed percutaneous aspiration tube (such as Aspire Assist®).
- Bariatric arterial embolization.
- Fobi pouch.
- Gastric pacing/electrical stimulation.
- Vertical banded gastropasty.
- Jejunoileal bypass (jejuno-colic bypass).
- Biliopancreatic diversion (BPD) procedure (also known as the Scopinaro procedure).
- Loop gastric bypass ("mini-gastric bypass").
- Laparoscopic re-sleeve gastrectomy (LRSG) performed after the resulting gastric pouch is primarily too large or dilates after the original LSG.
- Laparoscopic greater curvature plication (gastric imbrication).
- Single anastomosis duodenoileal bypass (SADI).
- Gastric plication/ Endoluminal vertical gastropasty;
- Endoscopic gastrointestinal bypass devices (EGIBD [barrier devices]).
- Transoral endoscopic surgery.
- Vagus Nerve Blocking devices such as Maestro.
- Gastric balloon (e.g., ReShape Duo, Orbera intragastric balloon, Obalon Balloon).
- Gastric wrapping.

Requests for bariatric procedures for the pediatric/adolescent population younger than 18 years of age who are skeletally mature with severe morbid obesity and unique circumstances may be discussed with a Medical Director.

Coding

The following list of codes are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

CPT	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 (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.
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., 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.
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less).

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical

coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

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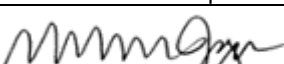
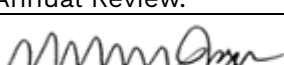
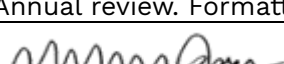
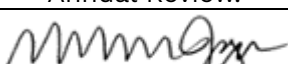
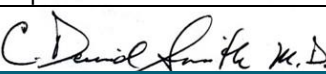
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Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History			
Change Date	Changed By	Description of Change	Version
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Signature			
Change Date	Changed By	Description of Change	Version
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Signature			
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual Review. References updated.	13
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Criteria re-write.	12
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual review. Updated References.	11
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William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual Review.	10
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William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Annual review. Formatting changes.	9
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William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/15/2021	CAC	Annual Review.	8
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
01/15/2016	CAC	Revision of wording in criterion #1. Removal of criterion #2b regarding weight loss and criterion #9 regarding phentermine.	7
Signature			
C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
04/30/2015	Policy	Criterion #2a added "completion of". Criterion #3 changed format of laboratory values from narrative to separate item list.	6

Criteria Change History

Signature

Change Date	Changed By	Description of Change	Version
01/16/2015	CAC	Removed criterion #2 regarding Center of Excellence (CoE) and Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) requirement. Added criterion #9 regarding phentermine. Added last paragraph in References.	5

Signature

Change Date	Changed By	Description of Change	Version
01/17/2014	CAC	Criterion #3 - changed "weight loss program" to "lifestyle modification program". Criterion #5 - Medical clearance - added "for surgery, specifically".	4

Signature

Change Date	Changed By	Description of Change	Version
12/12/2013	Medical Director	Revision of criteria and added references.	3

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Change Date	Changed By	Description of Change	Version
02/28/2013	Policy	Added Reference of 441 IAC 78.3(4).	2

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Change Date	Changed By	Description of Change	Version
03/26/2013	Medical Director	Revision of hypertension and co-morbidity requirement wording.	1

Signature

CAC = Medicaid Clinical Advisory Committee