Medical Necessity Guidelines: Bariatric Reoperation for Complications

Effective: September 12, 2018

<table>
<thead>
<tr>
<th>Prior Authorization Required</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If REQUIRED, submit supporting clinical documentation pertinent to service request.</td>
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</tr>
</tbody>
</table>

Applies to:

COMMERICAL Products
- Tufts Health Plan Commercial products; Fax: 617.972.9409
- Tufts Health Freedom Plan products; Fax: 617.972.9409
- CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products
- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax:888.415.9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW
Tufts Health Plan may cover bariatric surgery for Members who meet specific guidelines. This guideline is for the review of subsequent bariatric procedures that may be requested.

CLINICAL COVERAGE CRITERIA
Tufts Health Plan may authorize coverage of an elective re-operation for complications after bariatric surgery when the Member meets the following:

- The Member has a symptomatic anatomic abnormality resulting from the first bariatric procedure (e.g., obstruction, band erosion, anastomotic stenosis or ulcer) requiring surgery to resolve symptoms.

CODES
The following CPT codes require prior authorization:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<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>
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<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., 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>Code</td>
<td>Description</td>
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<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 (i.e., sleeve gastrectomy)</td>
</tr>
<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty</td>
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<tr>
<td>43843</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty</td>
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<tr>
<td>43845</td>
<td>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoleostomy and ileoileostomy (50 to 100 cm common channel)</td>
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<td>to limit absorption (biliopancreatic diversion with duodenal switch)</td>
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<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 band (separate procedure)</td>
</tr>
<tr>
<td>43886</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component only</td>
</tr>
<tr>
<td>43888</td>
<td>Gastric restrictive procedure, open; removal and replacement of subcutaneous port only</td>
</tr>
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</table>

**REFERENCES**


**APPROVAL HISTORY**

December 11, 2007: Reviewed by the Medical Affairs Medical Policy Committee.

Subsequent endorsement date(s) and changes made:
- October 29, 2008: Reviewed and renewed without changes.
- December 23, 2009: Reviewed and no changes made.
- December 2010: Reviewed by Medical Affairs, Medical Policy. Language reformatted in bullet one; “dilation of gastric pouch or anastomosis” added to bullet two plus language reformatted;

- January 18, 2012: Reviewed by (IMPAC), no changes.
- December 12, 2012: Reviewed by (IMPAC), no changes. Coding updated.
- December 11, 2013: Reviewed by IMPAC, renewed without changes.
- May 14, 2014: Reviewed by IMPAC for an October 1, 2014 effective date, two CPT codes were added to prior authorization; 43886 and 43888.
- December 10, 2014: Reviewed by IMPAC, renewed without changes.
- July 23, 2015: Reviewed by IMPAC, renewed without changes.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- March 17, 2016: Coding updated; ICD-9 procedure codes removed.
- July 20, 2016: Reviewed by IMPAC, renewed without changes.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- July 20, 2017: Reviewed by IMPAC, renewed without changes.
- September 22, 2017: Coding updated
- September 12, 2018: Reviewed by IMPAC, renewed without changes
- October 9, 2018: Template and disclaimer updated

**Background, Product and Disclaimer Information**

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

Provider Services