

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201420 APRIL 29, 2014



IHCP to cover sleeve gastrectomy surgery

The Indiana Health Coverage Programs (IHCP) covers bariatric surgery for individuals with morbid obesity. Effective June 1, 2014, the IHCP will add coverage of sleeve gastrectomy as a surgical treatment option. 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. Sleeve gastrectomy procedures can be open or laparoscopic.

Current Procedural Terminology (CPT^{®1}) code 43775 – *Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (i.e., Sleeve Gastrectomy)* will be added to the list of covered bariatric procedure codes for dates of service on or after June 1, 2014. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages.

The following reimbursement information applies:

Pricing: This procedure is reimbursable in the inpatient setting only. Claims will reimburse according to the IHCP's inpatient reimbursement methodology.

Prior Authorization: Yes.

Billing Guidance: Coverage criteria and billing requirements are the same as for other IHCP-covered bariatric procedures.

The provider [Fee Schedule](#) at indianamedicaid.com will be updated during the next regularly scheduled monthly update to reflect this coverage and reimbursement information. Reimbursement, prior authorization (PA), and billing information

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apply to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system.

Coverage criteria, PA, and billing requirements for bariatric surgery and revisions

Coverage criteria, PA, and billing requirements for bariatric procedures, including sleeve gastrectomies, are outlined in the following sections.

Bariatric surgery is a procedure of last resort, used to treat morbid obesity when other methods of weight management have failed. The term “bariatric surgery” is a collective term used to refer to procedures that involve restricting the stomach size with or without a bypass of the stomach to alter the digestive system. The primary goal of bariatric surgery is to achieve weight loss through restriction of the ability to eat, restriction of the body’s ability to absorb nutrients and calories, or a combination of both. These surgeries are categorized as “restrictive” or “malabsorptive,” depending on the procedure used.

Morbid obesity is defined as a body mass index (BMI)² of at least 35 kilograms per meter squared, with comorbidity or co-existing medical conditions, such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or a BMI of at least 40 kilograms per meter squared without comorbidity.

Bariatric surgery coverage criteria

Bariatric surgery is recognized as medically necessary when used for the treatment of morbid obesity. All types of bariatric surgery require PA and are subject to the following conditions:

- Failed weight-loss therapy: Scope and duration of failed weight-loss therapy must meet the following criteria:
 - Morbid obesity has persisted for at least five years **and**
 - Physician-supervised nonsurgical medical treatment³ has been unsuccessful for at least six consecutive months

or

- Member has successfully achieved weight loss after participating in a physician-supervised nonsurgical medical treatment, but has been unsuccessful at maintaining weight loss for two years (> 3-kilogram [6.6-pound] weight gain).

Successful weight-loss therapy is defined as the ability to reduce body weight by approximately 10% from baseline in a period of eight months. Unsuccessful weight-loss maintenance is defined as a weight regain of > 3 kilograms (6.6 pounds) in two years and the inability to maintain a sustained reduction in waist circumference of at least 4 centimeters.

- Patient must meet age and maturity requirements, including both of the following:
 - Member must be between 18 and 65 years of age **and**
 - Member must be physically mature, as shown by sexual maturity and the closure of growth plates.

² Body mass index is equal to weight in kilograms divided by height in meters squared.

³ Includes a diet to help create a 500 to 1,000 kcal/day deficit; an increase in physical activity; and strategies to change eating and physical activity behaviors.



Members younger than 21 years of age must have documentation in the medical record by two physicians who have determined bariatric surgery is necessary to save the life of the member or restore the member's ability to maintain a major life activity defined as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency. In addition, the member must be physically mature, as shown by sexual maturity and the closure of growth plates.

- Documentation in the member's medical record must be maintained to substantiate the following:
 - A psychological or psychiatric evaluation by a health service provider in psychology (HSPP) or a psychiatrist is required before surgery. Members with one or more of the following contraindications will **not** be candidates for bariatric surgery:
 - ◆ Active abuse of alcohol, illicit or social drugs and other chemicals, or tobacco use during the six months before the request
 - ◆ *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) criteria for bulimia or binge-eating disorder (BED)
 - ◆ Other eating patterns that are deemed likely to interfere with postsurgical safety and success
 - ◆ Active psychosis
 - ◆ Uncontrolled depression
 - ◆ Borderline personality disorder
 - ◆ Other complex psychiatric problems that might interfere with a successful weight-loss outcome
 - Member is able to understand, tolerate, and comply with all phases of care and is committed to long-term follow-up requirements.
 - Member is abstinent from alcohol use, illicit drug use, and tobacco use; member has a negative urine drug screen.
 - Member's treatment plan includes preoperative and postoperative dietary evaluations.
 - Member has received a thorough explanation of the risks, benefits, and possible complications of the procedure.
 - Member's postoperative expectations have been addressed before the bariatric surgery.
 - Member has agreed in writing to participate in all preoperative and postoperative evaluations and sessions considered essential to his or her having a successful outcome to the bariatric surgery.

Noncovered services

The IHCP does not reimburse for the following:

- Procedures that are considered investigational or not meeting safety or efficacy standards will not be covered. The following procedures are not covered by the IHCP (this list may not be all-inclusive):
 - Fobi-Pouch (limiting proximal gastric pouch)
 - Gastroplasty (stomach stapling)
 - Intestinal bypass (jejunoileal bypass)
 - Intra-gastric balloon
 - Loop gastric bypass
 - Mini-gastric bypass

- Natural orifice transluminal endoscopic surgery (NOTES), e.g., StomaphyX is not covered.
- Panniculectomy following gastric bypass procedures performed for cosmetic reasons, even if performed incidentally to a ventral herniorrhaphy, is a noncovered service.

Surgical revisions coverage

Members may require subsequent surgery because of a complication during the perioperative period. They may also require a revision to correct a postoperative technical failure. Re-operation to repair a complication or to correct a technical failure requires PA. Examples of perioperative complications of surgery include but are not limited to the following:

- Gastrointestinal leakage
- Stomal stenosis
- Anastomatic leakage
- Abscess
- Pulmonary embolism (PE)
- Wound infection
- Wound dehiscence
- Gastrointestinal bleeding
- Small Bowel Obstruction (SBO)
- Incisional hernia
- Symptomatic gallbladder disease⁴

Postoperative technical failures of the primary operation include but are not limited to the following:

- Staple-line disruption – Documented by X-ray or endoscopy
- Gastrogastric fistula with weight gain
- Expanded outlet – Documented by gastroscopy
- Enlarged anastomosis – Documented by gastroscopy
- Intolerance to solid food after a band procedure
- Intractable reflux after a band procedure
- Weight loss as a result of anastomotic stenosis
- Stomal ulceration



⁴ Removal of the gallbladder (cholecystectomy) during bariatric surgery may be completed if medically necessary. Prophylactic removal of the gallbladder during bariatric surgery is not covered.

PA requirements for bariatric surgery

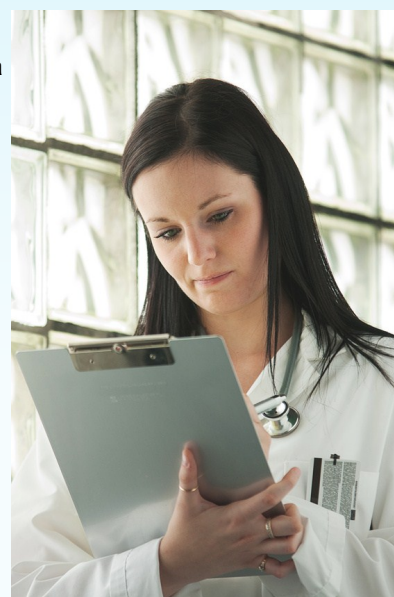
PA is required for all bariatric surgeries described in [Table 1](#) and per *405 Indiana Administrative Code (IAC) 5-3-13*. Surgical procedures performed to correct or revise the initial surgical procedure require PA and are described in the [Surgical revisions coverage](#) section.

PA is not required for Healthcare Common Procedure Coding System (HCPCS) procedure code S2083 – *Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline*. This procedure is considered a routine, frequently performed, office procedure that involves accessing a subcutaneous port, using a needle and syringe, and injecting or aspirating saline; it is not a surgical procedure. Injection or aspiration of saline results in an increase or decrease in the diameter of the gastric band. The adjustment of the gastric band diameter is based on the patient's symptomatology and weight loss, as determined by the surgeon. However, the IHCP does not provide reimbursement for HCPCS code S2083 during the 90-day global period, because adjustment is already included in the 90-day global period reimbursement.

The request for PA for bariatric surgery must be accompanied by the following documentation requirements:

- A signed statement from the member acknowledging an understanding of preoperative and postoperative expectations
- Documentation by the primary care physician of the results of the physician-supervised nonsurgical weight-loss program for at least six consecutive months, including unsuccessful weight loss or maintenance after successful weight loss
- Documentation by a psychiatrist or psychologist licensed as an HSPP that reflects a psychiatric evaluation for possible behavioral health conditions that are contraindications to the surgery
- Consultation reports from other practitioners (anesthesiologist, pulmonologist, cardiologist, and so on) who have seen the member for evaluation
- Documentation of an attempt to follow a physician-supervised, nonsurgical medical treatment for a minimum of six consecutive months; documentation of unsuccessful weight loss or unsuccessful weight maintenance after successful weight loss

The physician requesting PA is responsible for referral of the member to a psychiatrist or an HSPP at any time before or during the nonsurgical treatment. The consultation would include an assessment for any psychosocial needs with recommendation for treatment, if necessary.



PA requirements for surgical revisions

PA is required for re-operation to repair a complication or to correct a technical failure. PA for revision or conversion to Roux-en-Y includes a medical review of documentation. Documentation of medical necessity must include the reason for the failure and the date of the original surgery. Examples of perioperative complications and technical failures are provided in the coverage criteria for surgical revisions.

PA for revision of bariatric surgery due to reasons other than technical failure or due to the noncompliant behavior of the member requires six months of documentation in the medical record to include the following:

- Member participation in all preoperative and postoperative evaluations and sessions included in the treatment plan
- Consultations with the bariatric dietician with documentation in the medical record of the member's compliance with the postoperative dietary treatment plan
- When failure is at least in part due to noncompliant behavior of the member, an evaluation by a psychiatrist or psychologist licensed as an HSPP that reflects the absence of behavioral health contraindications to a successful outcome to revision of the bariatric surgery

Billing requirements

Reimbursement requires compliance with all IHCP billing guidelines, including obtaining appropriate referrals for recipients enrolled in managed care programs. Providers must bill using the appropriate procedure code. Physicians bill professional services on the *CMS-1500* claim form. Providers must bill the ICD-9-CM diagnosis code to the highest level of specificity that supports medical necessity.

The IHCP covers the bariatric surgery procedure codes described in Table 1. All the procedure codes listed in Table 1, except for 43770, 43886, 43887, 43888, and 43999, are reimbursable in the inpatient setting only.

Risk-based managed care coverage criteria and billing

The coverage criteria, PA, and billing requirements outlined in this bulletin, apply to services delivered under the FFS delivery system. Individual MCEs establish and publish coverage criteria, PA, and billing requirements within the risk-based managed care (RBMC) delivery system. For members enrolled in RBMC, providers should contact the MCE with which the member is enrolled for specific criteria and requirements.



Table 1 – IHCP-covered bariatric surgery procedure codes

Code	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 band (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

QUESTIONS?

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