

# Highmark Commercial Medical Policy- PA, WV, DE, NY

---

|                            |   |
|----------------------------|---|
| <b>Medical Policy:</b>     | S-331- <del>001</del> -002                          |
| <b>Topic (or Title):</b>   | Bariatric Surgery                                   |
| <b>Section:</b>            | Surgery   |
| <b>Effective Date:</b>     | <del>January 6, 2025</del> <u>November 10, 2025</u> |
| <b>Issued Date:</b>        | <del>January 6, 2025</del> <u>November 10, 2025</u> |
| <b>Last Revision Date:</b> | <del>November 2024</del> <u>September 2025</u>      |
| <b>Annual Review:</b>      | <del>November 2024</del> <u>September 2025</u>      |

---

Bariatric surgery is a treatment for obesity in individuals who fail to lose weight with conservative measures. Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements because of excessive accumulation of fat in the body.

According to standard life insurance tables, obesity is constituted as 20 to 30 percent above "ideal" bodyweight. Morbid obesity is further characterized by a weight which is at least 100 lbs. or 100 percent over ideal weight or a body mass index (BMI) of at least 40 or a BMI of 35 with comorbidities.

## Policy Position

### Adult Criteria

Bariatric surgery may be considered medically necessary **for individuals aged 18 or over** when **ALL** of the following criteria are met

- The procedure is **ONE or more** of the following
  - Biliopancreatic bypass with duodenal switch (or open procedure for individuals with a BMI of 50 kg/m<sup>2</sup> or greater)
  - Roux-en-Y gastric bypass (RYGB) (laparoscopic or open procedure)
  - Sleeve Gastrectomy (laparoscopic or open procedure)  
**NOTE:** Sleeve gastrectomy is an eligible procedure as a first stage of a two-stage procedure or as a sole definitive procedure. For high BMI individuals in whom the duodenal switch may be difficult, it is reasonable to do a sleeve gastrectomy as the first stage of an intended two-stage duodenal switch. This does permit subsequent assessment of both the efficacy of the sleeve (to see whether the second stage is really needed), assessment of the compliance of the individual (to see whether the more complicated procedure is justified) or to examine the metabolic and nutritional effects of the sleeve (to see whether potential further metabolic derangements of the duodenal switch would make it unadvisable)
  - Laparoscopic adjustable gastric banding using an FDA approved adjustable gastric band when **ALL** of the following criteria are met
    - A contraindication to biliopancreatic bypass with duodenal switch, Rou-en-Y gastric bypass, and sleeve gastrectomy is documented in the medical record
- The individual is morbidly obese as defined by **ONE or more** of the following
  - A weight which is at least 100 lbs. or 100% over ideal weight
  - A BMI of at least ~~40 kg/m<sup>2</sup>~~ 35 kg/m<sup>2</sup>

- A BMI of ~~35 kg/m<sup>2</sup>~~ **30 kg/m<sup>2</sup>** with **ONE or more** of the following
  - Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of three (3) anti-hypertensive agents of different classes)
  - Cardiovascular heart disease (with objective documentation by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction)
  - Coronary heart disease (with objective documentation (by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure, or prior myocardial infarction)
  - Hyperlipidemia (above 30mg/dl above guideline-directed goal) on maximum doses of monotherapy
  - Diabetes mellitus type II with glycosylated hemoglobin (HbA1C) above 8.0% on ~~one or more medications~~
  - Obstructive sleep apnea (OSA) (diagnosed by polysomnography showing apnea-hypopnea index of 15 events/hour or more)
  - Obesity-hypoventilation syndrome (OHS)
  - Pickwickian syndrome (a combination of OSA and OHS)
  - Nonalcoholic fatty liver disease (NAFLD)
  - Pseudotumor Cerebri
  - Nonalcoholic steatohepatitis (NASH)
- The individual has documented failure to respond to conservative measures for weight reduction for a period of at least ~~six (6)~~ **three (3)** consecutive months prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure (Conservative measures include changes to the individual's dietary-and exercise regimen)
- The individual has completed a multidisciplinary evaluation including medical, nutritional, and psychological evaluations. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed
- The individual understands the procedure and has the ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program)

Bariatric surgery not meeting the criteria as indicated in this policy is considered not medically necessary.

#### Procedure Codes

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 43644 | 43645 | 43770 | 43775 | 43843 | 43845 | 43846 |
| 43847 | S2083 |       |       |       |       |       |

---

#### Adolescent Criteria

Bariatric surgery may be considered medically necessary **for individuals under the age of 18** when **ALL** of the following criteria are met

- The procedure is **ONE or more** of the following
  - Biliopancreatic bypass with duodenal switch (or open procedure for individuals with a BMI of 50 kg/m<sup>2</sup> or greater)
  - Roux-en-Y gastric bypass (RYGB) (laparoscopic or open procedure)
  - Sleeve gastrectomy (laparoscopic or open procedure)

**NOTE:** Sleeve gastrectomy is an eligible procedure as a first stage of a two-stage procedure or as a sole definitive procedure. For high BMI individuals in whom the duodenal switch may be difficult, it is reasonable to do a sleeve gastrectomy as the first stage of an intended two-stage duodenal switch. This does permit subsequent assessment of both the efficacy of the sleeve (to see whether the second stage is really needed), assessment of the compliance of the individual (to see whether the more complicated procedure is justified) or to examine the metabolic and nutritional effects of the sleeve (to see whether potential further metabolic derangements of the duodenal switch would make it unadvisable)

- The individual has attained or nearly attained physiologic/skeletal maturity at approximately, age 13 in girls and 15 for boys. (The individual has attained final or near-final adult height (e.g., 95 percent or greater) of adult stature)
- The individual is morbidly obese or severely obese as defined by **ONE or more** of the following
  - BMI greater than ~~50 kg/m<sup>2</sup>~~ 40 kg/m<sup>2</sup> or greater than 140% of the 95th percentile (class III obesity)
  - BMI greater than ~~40 kg/m<sup>2</sup>~~ 35 kg/m<sup>2</sup> or greater than 120% of the 95th percentile (class II obesity) with **ONE or more** of the following
    - Hypertension
    - Insulin resistance
    - Diabetes mellitus type II
    - Glucose intolerance
    - Dyslipidemia
    - Moderate to severe OSA (apnea hypopnea index greater than 15)
    - Clinically significant OSA
    - Substantially impaired quality of life or activities of daily living
    - Nonalcoholic fatty liver disease/steatohepatitis (NAFLD/NASH or MASLD/MASH)
    - Pseudotumor cerebri
  - ~~BMI between 35-40 kg/m<sup>2</sup> with **ONE or more** of the following~~
    - ~~Type II diabetes~~
    - ~~Moderate to severe OSA (apnea hypopnea index greater than 15)~~
    - ~~Pseudotumor cerebri~~
    - ~~NASH~~
- The individual has documented failure to respond to conservative measures for weight reduction for a period of at least ~~six (6)~~ three (3) consecutive months prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure (Conservative measures include changes to the individual's dietary and exercise regimen)
- The individual has had a psychological evaluation performed by a licensed mental health care professional and be recommended for bariatric surgery. The individual's medical record documentation should indicate that all psychosocial issues have been identified and addressed
- The individual shows decisional capacity and maturity in the psychological evaluation and provide informed assent for surgical management
- The individual is capable and willing to adhere to nutritional guidelines postoperatively
- The individual has a supportive and committed family environment
- The individual understands the procedure and has the ability to participate and comply with life-long follow-up and the life-style changes (e.g., changes in dietary habits, and beginning an exercise program)

Bariatric surgery not meeting the criteria as indicated in this policy is considered not medically necessary.

#### Procedure Codes

43644  
43847

43645

43770

43775

43843

43845

43846

---

### Repeat or Revised Bariatric Surgical Procedures

Surgical repair to correct perioperative or late chronic complications of a bariatric procedure may be considered medically necessary when there is documentation of a surgical complication related to the perioperative or late chronic complications of a bariatric procedure. These include but are not limited to:

- Enteric fistula that does not close with bowel rest and nutritional support
- Gastrogastric fistula associated with ulcers, gastroesophageal reflux disease (GERD) and weight gain
- Band erosion
- Disruption/anastomotic leakage of a suture/staple line
- Tubing leak or port dislocation
- Small bowel obstruction
- Band intolerance with obstructive symptoms (e.g. vomiting, esophageal spasm)
- Band slippage and/or prolapse that cannot be corrected with manipulation or adjustment
- Stricture/stenosis with dysphagia, solid food intolerance and/or severe reflux
- Stomal stenosis
- Refractory marginal ulcers
- Non-absorption resulting in hypocalcemia or malnutrition
- Weight loss of 20% or more below ideal body weight

Repeat surgical procedures for revision or conversion to another surgical procedure may be considered medically necessary when the initial bariatric surgery was medically necessary (and the individual continues to meet all the medical necessity criteria for bariatric surgery); **and** when **ONE or more** of the following criteria is met

- A conversion to a sleeve gastrectomy, RYGB or biliopancreatic bypass with duodenal switch (BPD/DS) for individuals who have not had adequate weight loss success (defined as less than 50 percent of excess body weight) two (2) years following the primary bariatric surgery procedure and the individual has been compliant with a prescribed nutrition and exercise program following the procedure
- A revision of a primary bariatric surgery procedure that has failed due to dilatation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy (GJ) anastomosis if the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the individual has been compliant with a prescribed nutrition and exercise program following the procedure
- Replacement of an adjustable band if there are complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments
- A conversion from an adjustable band to a sleeve gastrectomy, RYGB or BPD/DS for individuals who have been compliant with a prescribed nutrition and exercise program following the band procedure, and have experienced complications that cannot be corrected with band manipulation, adjustments or replacement
- Transoral Outlet Reduction (TORe) for individuals with prior Roux-en-Y gastric bypass who have clinically significant weight regain or refractory dumping syndrome

Individual postoperative noncompliance negates the efficacy of revision or conversion surgery.

Conversion or revision surgery is considered not medically necessary when due to inadequate weight loss related to non-compliance with post-operative nutrition and exercise recommendations.

Repeat procedures for repair, revision, or conversion to another surgical procedure following a gastric bypass or gastric restrictive procedure not meeting the criteria as indicated in this policy are considered not medically necessary.

**Procedure Codes**

|              |       |       |       |       |       |       |
|--------------|-------|-------|-------|-------|-------|-------|
| <u>43290</u> | 43644 | 43771 | 43772 | 43773 | 43774 | 43775 |
| 43845        | 43846 | 43848 | 43886 | 43887 | 43888 |       |

Itemized charges reported for gastroduodenostomy and/or surgery should be combined with the stapling or bypass surgery. Modifier 59 may be reported with a non-E/M service to identify it as distinct or independent from other non-E/M services performed on the same day. Liver biopsy, upper gastrointestinal endoscopy, and esophagogastroduodenoscopy (EGD) are considered an inherent part of all bariatric surgical procedures. These services are not eligible for separate payment when reported on the same day as a bariatric surgical procedure. When a doctor reports a liver biopsy, upper gastrointestinal endoscopy, or EGD with a bariatric surgical procedure, the charges should be combined under the appropriate bariatric surgery procedure code.

**Procedure Codes**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 10004 | 10005 | 10006 | 10007 | 10008 | 10009 | 10010 |
| 10011 | 10012 | 10021 | 43235 | 43236 | 43237 | 43238 |
| 43239 | 43241 | 43253 | 43259 | 43644 | 43645 | 43770 |
| 43771 | 43772 | 43773 | 43774 | 43775 | 43843 | 43845 |
| 43846 | 43847 | 43848 | 43886 | 43887 | 43888 | 47001 |
| 47100 | 47379 |       |       |       |       |       |

The following bariatric procedures are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

- Endoscopic procedures including but not limited to
  - StomaphyX™ device or restorative obesity surgery (ROSE) procedure
  - Aspiration therapy devices
  - Endoscopic gastroplasty
  - Gastrointestinal Liners (e.g., the EndoBarrier)
  - Gastric balloons
  - Transoral outlet reduction (TORe)
- Biliopancreatic bypass (the Scopinaro procedure) or laparoscopic
- Intestinal bypass
- Laparoscopic gastric plication
- Vagal nerve blocking (VBLOC) therapy (neuromodulation non-metabolic), also known as the Maestro implant or Maestro rechargeable system
- Mini-gastric bypass
- Vertical banded gastroplasty

**Procedure Codes**

|              |       |       |       |       |       |       |
|--------------|-------|-------|-------|-------|-------|-------|
| 0813T        | 43291 | 43659 | 43842 | 43999 | 44238 | 44799 |
| <u>43290</u> |       |       |       |       |       |       |

## Outpatient HCPCS (C Codes)

C9784 C9785

### Related Policies

Refer to Medical Policy S-155, Gastric Electrical Stimulation, Gastric Pacing, for additional information.

### Professional Statements and Societal Positions

#### American Academy of Pediatrics, 2023

The American Academy of Pediatrics published its “Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity.” The guideline recommends that metabolic and bariatric surgery (MBS) be considered for obesity when medical or lifestyle treatments are not sufficient for youth with class 3 obesity (BMI  $\geq$  140% of the 95th percentile or BMI  $\geq$  40 kg/m<sup>2</sup>) or class 2 obesity (BMI  $\geq$  120 to 140% of the 95th percentile or BMI  $\geq$  35 kg/m<sup>2</sup>) with a comorbidity including obstructive sleep apnea, type 2 diabetes, idiopathic intracranial hypertension, gastroesophageal reflux, or hypertension.

#### Diagnosis Codes

##### Covered Diagnosis Codes for Procedure Codes 43644, 43645, 43770, 43775, 43843, 43846, 43847, and S2083

|        |         |         |        |        |        |        |
|--------|---------|---------|--------|--------|--------|--------|
| E66.01 | E66.812 | E66.813 | Z68.35 | Z68.36 | Z68.37 | Z68.38 |
| Z68.39 | Z68.41  | Z68.42  | Z68.43 | Z68.44 | Z68.45 | Z68.55 |
| Z68.56 |         |         |        |        |        |        |

##### Covered Diagnosis Codes for Procedure Code 43845

|        |        |        |        |
|--------|--------|--------|--------|
| E66.01 | Z68.43 | Z68.44 | Z68.45 |
|--------|--------|--------|--------|

##### Non-Covered Diagnosis Codes

|       |       |         |        |       |        |
|-------|-------|---------|--------|-------|--------|
| E66.1 | E66.3 | E66.811 | E66.89 | E66.9 | E66.09 |
|-------|-------|---------|--------|-------|--------|

### Place of Service: Inpatient/Outpatient

Experimental/Investigational (E/I) services are not covered regardless of place of service.

The treatment of obesity is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

### The policy position applies to all commercial lines of business

### Links

- [Link to Provider Resource Center for the Medical Policy Update](#)
  - [Link to References](#)
- 

*This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.*

*Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.*

*Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.*

#### **Discrimination is Against the Law**

*The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:*

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
  - *Qualified sign language interpreters*
  - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
  - *Qualified interpreters*
  - *Information written in other languages*

*If you need these services, contact the Civil Rights Coordinator.*

*If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.*

*You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:*

*U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building*

Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.*

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود ( TTY: 711 ) تماس بگیرید.