



## NHS MEDICAL POLICY

### Bariatric Surgery Procedure 2016-002

**This policy is intended to supplement Milliman Care Guidelines (MCG). All criteria listed in MCG ISC: S-512, S-513 or S-515, current version, must also be applied.**

**Bariatric surgery may be indicated when ALL the following are present:**

1	All criteria listed in Milliman Care Guidelines ISC: S-512, S-513 or S-515, current version, are met as apply to the specific type of bariatric surgery requested.
2	The provider must also document 6 months of the member's participation in multidisciplinary weight loss efforts during the 2 years preceding the planned bariatric surgery. The documentation must include notes of face-to-face office visits with multidisciplinary care team members during this time period.

### SOURCES

Milliman Care Guidelines, 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> editions.

S-512 ISC ORG Gastric Restrictive Procedure with Gastric Bypass

S-513 ISC ORG Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy

S-515 ISC ORG Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. National Institutes of Health, October 2000.

Saltzman E, Anderson W, Apovian CM, et al. Criteria for patient selection and multidisciplinary evaluation and treatment of the weight loss surgery patient. *Obes Res.* 2005;13(2):234-243.

**CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)**

CPT: 43644, 43645, 43770, 43842, 43846, 43847

**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
09/12/2017	Annual review and approval by UM Committee
09/12/2018	Annual review and approval by UM Committee
09/12/2019	Annual review and approval by UM Committee
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee