# Medical Pre-Authorization Criteria

## Procedure / Equipment
- Bariatric Surgery, Open and Laparoscopic
  - Gastric Bypass, Roux-en-Y Gastric Bypass, Vertical Banded Gastroplasty, Adjustable Gastric Restrictive Device (Gastric Band), Sleeve Gastrectomy

## CPT/HCPCS Codes
- 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888

## Criteria

<table>
<thead>
<tr>
<th>MUST MEET ALL OF THE FOLLOWING:</th>
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<td>1. The member is age 18 or over.</td>
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<td>2. The member has a Body Mass Index between 35 and 39.9 with one or more of the following life-threatening, obesity-related co-morbidities: cardio-pulmonary problems (Obesity-related cardiomyopathy, Obstructive Sleep Apnea (w/AHI &gt;15), Pickwickian syndrome, Respiratory insufficiency, Hypoxia at rest), Type II diabetes, CAD, Medically refractory hypertension.</td>
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<td>OR</td>
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<td>The member has a BMI of 40 or greater that has either persisted for at least one year or is associated with one or more of the life-threatening, obesity-related co-morbidities listed above.</td>
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<td>3. A preoperative weight management program prepares an member for postoperative dietary management and may improve surgical outcomes. Therefore, there must be documentation of at least one of the following:</td>
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<td>a. In the two years prior to the surgery, the member has participated in a physician-supervised weight management program for a minimum of six months. Such a program must consist of dietary therapy (utilizing a dietician/nutritionist), a low-calorie diet, structured exercise program (unless medically contraindicated) and behavioral modification. The documentation must contain contemporaneous weights and physician medical record notes detailing the member’s progress through the course of the program. A physician summary letter does not meet these documentation requirements.</td>
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<td>OR</td>
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<td>b. In the year prior to surgery, the member has participated in a multidisciplinary surgeon-supervised preparatory program for at least three consecutive months. Such a program must consist of dietary therapy (utilizing a dietician/nutritionist), a low-calorie diet, structured exercise program (unless medically contraindicated) and behavioral modification. The documentation must contain evidence of contemporaneous weights, physician oversight and physician medical record notes detailing the member’s progress and completion of the program. A physician summary letter does not meet these documentation requirements.</td>
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<td>4. There must be evidence of a psychiatric or psychological evaluation demonstrating no barriers to the understanding of, and compliance with, the surgical procedure and required postoperative medical and dietary care. Members with active alcoholism, drug abuse or an uncontrolled major psychiatric disorder are not medically appropriate for bariatric surgery.</td>
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REFERENCES


To view ConnectiCare’s list of policies on various medical treatments and emerging technologies, go to www.connecticare.com/provider/MedicalPolicyCriteria.aspx

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