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1.0 Description of the Procedure

Surgery for clinically severe obesity is performed for long-term surgical weight loss management by reducing the size of the stomach or by means of bypassing the stomach and/or intestinal tract. This may result in improvement of the comorbidities of obesity. The following bariatric procedures are covered by N.C. Medicaid.

1.1 Roux-en-Y Gastric Bypass

The roux-en-Y gastric bypass achieves weight loss by gastric restriction and malabsorption. Gastric bypass may be performed with either an open or laparoscopic approach. The short limb procedure (roux limb that is 150 centimeters or less) is the benchmark standard for bypass surgery. The long limb (roux limb greater than 150 cm) may be considered for recipients with a Body Mass Index (BMI) greater than or equal to 50.

1.2 Adjustable Gastric Banding

Adjustable gastric banding achieves weight loss by gastric restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cubic centimeters encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted, allowing the size of the gastric outlet to be modified as needed, depending on the rate of weight loss.

1.3 Biliopancreatic Diversion with or without Duodenal Switch

Biliopancreatic diversion is primarily a malabsorptive procedure created with minimal gastric restriction and a small common channel for digestion. The procedure is performed with or without duodenal switch.

1.4 Vertical-Banded Gastroplasty

Vertical-banded gastroplasty (also called vertical-banded gastric partition or vertical gastric stapling) is a gastric restrictive procedure in which a proximal pouch of 30–60 ml and a 1-cm outlet are created by a vertical row of staples and a horizontally placed reinforcing band.

1.5 Revision of Surgery for Clinically Severe Obesity

Revision of a surgery for clinically severe obesity is used to correct complications such as slippage of an adjustable gastric band, obstruction, or stricture for recipients who met medical necessity criteria for an initial bariatric surgery.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does NOT eliminate the requirement for prior approval.
- b. IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Procedure Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate

a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 General Criteria

Medicaid covers surgery for clinically severe obesity when it is medically necessary and

- a. the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Prior approved surgery for clinically severe obesity is covered when all of the following criteria (a through g) are met.

- a. The recipient is at least 18 years old. Recipients less than 18 years of age will be considered on a case-by-case basis under the EPSDT requirements.

and

- b. Medical record documentation substantiates that the recipient
 1. has a BMI greater than or equal to 40; **or**
 2. has a BMI greater than or equal to 35 with at least one of the following conditions:
 - (a) There is medical record documentation that management of primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension, pseudotumor cerebri, etc., is significantly complicated by clinically severe obesity; **or**
 - (b) The obesity causes incapacitating physical trauma as documented by the medical record, including x-ray findings and other diagnostic test results; **or**
 - (c) There is significant respiratory insufficiency or sleep apnea documented by respiratory function studies, blood gases, sleep studies, etc.; **or**
 - (d) There is significant circulatory insufficiency documented by objective measurements.

and

- c. Medical record documentation substantiates that clinically severe obesity, as indicated by BMI as outlined above, must have been present for the past 2 years (for example, a weight from each of the past 2 years along with the recipient's height).

and

d. Medical record documentation substantiates **all** of the following information:

1. The recipient has attempted weight loss in the past without successful long-term weight reduction.
2. The recipient has met either criterion (a) or criterion (b) below:
 - (a) **Physician-supervised nutrition and exercise program:** The recipient has participated in physician-supervised nutrition and exercise program (including dietician consultation, low-calorie diet, increased physical activity, and behavioral modification), documented in the medical record. This physician-supervised nutrition and exercise program must meet all of the following criteria:
 - (1) Nutrition and exercise program must be supervised and monitored by a physician working in cooperation with dietitians and/or nutritionists; **and**
 - (2) Nutrition and exercise program(s) must be for a cumulative total of 6 months or longer in duration and occur within 2 years prior to surgery, with participation in one program of at least 3 consecutive months; **and**
 - (3) Recipient's participation in a physician-supervised nutrition and exercise program must be documented in the medical record by an attending physician who supervised the recipient's participation. The nutrition and exercise program may be administered as part of the surgical preparative regimen, and participation in the nutrition and exercise program may be supervised by the surgeon who will perform the surgery or by some other physician.

Note: A physician's summary letter is not sufficient documentation. Documentation should include medical records of physician's contemporaneous assessment of patient's progress throughout the course of the nutrition and exercise program. For recipients who participate in a physician-administered nutrition and exercise program (such as MediFast or OptiFast), program records documenting the recipient's participation and progress may substitute for physician medical records;

or

- (b) **Multidisciplinary surgical preparatory regimen:** Proximate to the time of surgery, the recipient must participate in an organized multidisciplinary surgical preparatory regimen of at least 3 months' duration, meeting all of the following criteria, in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the recipient's ability to comply with postoperative medical care and dietary restrictions:
 - (1) Consultation with a dietician or nutritionist; **and**

- (2) Reduced-calorie diet program supervised by dietician or nutritionist; **and**
- (3) Exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery, supervised by exercise therapist or other qualified professional; **and**
- (4) Behavior modification program supervised by qualified professional; **and**
- (5) Documentation in the medical record that the recipient has satisfactorily complied with the multidisciplinary surgical preparation regimen.

Note: A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation should include medical records of the physician's initial assessment of the recipient, and the physician's assessment of the recipient's progress at the completion of the multidisciplinary surgery preparation.

Note: These medical record entries must indicate individualized intervention (prewritten entries to which only the date, recipient's name, and vital signs are entered do not document the specific interaction that occurred on that date).

and

- e. The recipient has no correctable cause for the obesity, such as an endocrine disorder.

and

- f. There is medical record documentation of a psychological evaluation assessing the recipient's suitability for surgery and his or her ability to comply with lifelong dietary changes and medical follow-up. Components of such an assessment should include
 1. levels of depression due to increased risk of suicide
 2. eating behaviors
 3. substance abuse evaluation
 4. stress management
 5. cognitive abilities
 6. social functioning
 7. self-esteem
 8. personality factors or other mental health diagnoses that may affect treatment
 9. readiness and ability to adhere to required lifestyle modifications
 10. follow up/social support

Note: Providers should consider after-care follow up if issues are identified.

and

- g. The surgery is one of the following procedures:
 1. gastric bypass with roux limb 150 cm or less (roux-en-Y) (CPT code 43846 or 43644), **or**
 2. adjustable gastric banding, for recipients with a BMI of less than 50 (the open gastric banding is covered only when complications occur during the

laparoscopic attempt) Recipients with a BMI greater than or equal to 50 will be considered on a case by case basis when information is provided as to the necessity of this procedure for the specific recipient (CPT code 43770 or 43999); or

3. biliopancreatic diversion with or without duodenal switch, for the most severely obese recipients (typically with a BMI greater than or equal to 50), to be considered on an individual basis with appropriate documentation of the indications for this procedure under current standards of care (CPT code 43659, 43845, or 43999); or
4. gastric bypass, with small intestine reconstruction to limit absorption, with roux limb greater than 150 cm (long-limb roux-en-Y) for recipients with a BMI greater than or equal to 50, to be considered on an individual basis (CPT code 43847 or 43645).
5. vertical-banded gastroplasty (CPT code 43842 or 43659), to be considered only for those recipients who are at increased risk of adverse consequences of a roux-en-Y gastric bypass due to the presence of any of the following co-morbid medical conditions:
 - (a) inflammatory bowel disease (Crohns disease or ulcerative colitis); or
 - (b) radiation enteritis; or
 - (c) hepatic cirrhosis; or
 - (d) demonstrated complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma; or
 - (e) poorly controlled systemic disease with documented evidence of rapidly progressive morbidity or impending mortality.

Note: N.C. Medicaid may request medical records for determination of medical necessity. When medical records are requested, letters of support or explanations are often useful, but are not sufficient documentation. Please refer to **Section 5.1, Prior Approval**, for the specific items that are required to fulfill such a request.

3.3 Revision of Bariatric Surgery

Medically necessary surgery to correct complications from previous bariatric surgery, such as obstruction and stricture, as described in **Section 1.5**, is covered. The following are examples of conditions and/or diagnoses for which revisions to the primary procedure for morbid obesity may be covered:

- a. weight loss of 20% or more below the ideal body weight
- b. esophagitis, unresponsive to nonsurgical treatment
- c. hemorrhage or hematoma complicating a procedure
- d. excessive bilious vomiting following gastrointestinal surgery
- e. complications of the intestinal anastomosis and bypass
- f. stomal dilation, documented by endoscopy
- g. documented slippage of adjustable gastric band
- h. pouch dilation documented by upper gastrointestinal examination or endoscopy, producing weight gain of 20% or more, provided that

1. the primary procedure was successful in inducing weight loss prior to the pouch dilation, and
 2. the recipient has been compliant with a prescribed nutrition and exercise program following the procedure (weight and BMI prior to surgery, at lowest stable point, and at current time must be submitted along with surgeon's statement to document compliance with diet and exercise)
- i. other and unspecified post surgical non-absorption (such as hypoglycemia and malnutrition following gastrointestinal surgery)

4.0 When the Procedure Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

Surgery for clinically severe obesity is not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Sections 3.0 and 5.0**;
- c. the procedure unnecessarily duplicates another provider's procedure; or
- d. the procedure is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria

Medicaid does not cover the following procedures:

- a. Jejunioleal bypass
- b. Biliopancreatic diversion with or without duodenal switch when the criteria in **Section 3.2, item g.3**, are not met
- c. Gastric wrapping
- d. Adjustable gastric banding for recipients when the criteria in **Section 3.2, item g.2**, are not met
- e. Jejunocolostomy
- f. Mini-gastric bypass
- g. Gastric sleeve
- h. Gastric bypass with roux limb greater than 150 cm (except as noted in **Sections 3.2, item g.4**, and **5.3**)
- i. Gastric electrical stimulation
- j. Vertical-banded gastroplasty, except as noted in **Sections 3.2, item g.5**, and **5.4**

- k. Revision of a previous gastric restrictive surgery when the recipient does not meet the criteria in **Section 3.3**
- l. Staged procedures

4.3 Cosmetic Follow-up

Weight loss following surgery for clinically severe obesity can result in skin and fat folds in locations such as the medial upper arms, lower abdominal area, and medial thighs. Surgical removal of this skin and fat for solely cosmetic purposes is not covered. Refer to Clinical Coverage Policy #1A-10, *Panniculectomy*, on DMA's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm> for additional information.

4.4 Pregnancy

Bariatric surgery is not covered during pregnancy.

5.0 Restrictions for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Prior Approval

Prior approval is required for all surgeries for clinically severe obesity. When recipients are covered by Medicare or private insurance, prior authorization must be requested from their primary payor. If the primary payor determines that the procedure is not medically necessary, or the claim is denied because the provider did not follow the primary payor's requirements, Medicaid will not pay for these services. Medical record documentation of the following must be submitted with the prior approval request in order to document that the criteria in **Section 3.0** are met:

- a. documentation that the requirements in **Section 3.2, item d**, have been met
- b. documentation of the recipient's weight for the past 2 years in which the recipient's BMI meets the criteria in **Section 3.2, item c**
- c. the recipient's present weight, height, and BMI
- d. medical history of all of the recipient's relevant diagnoses, such as, but not limited to, hypertension, heart problems, pulmonary problems, arthritis, joint pains, back problems, etc.
- e. a complete listing of all of the recipient's medications
- f. blood pressures, fasting blood sugar levels, pulmonary study results, orthopedic X-ray reports, etc.

- g. documentation that all correctable causes of obesity have been ruled out, with description and results of laboratory tests performed
- h. documentation of a psychological evaluation as described in **Section 3.2, item f**
- i. documentation of a fully developed, psychosocial, nutritional, and activity-based follow-up plan
- j. certification that the recipient has been informed about the surgical procedure, including all risks, benefits, complications, alternatives, the need for extensive follow-up care, expectancy of weight loss, and a signed statement that the recipient has been informed of the risks and results and still desires a surgical procedure
- k. description of the type of gastro-bariatric surgery planned and CPT code that describes the surgery planned

5.2 Adjustable Gastric Banding

Adjustable gastric banding is limited as outlined in **Section 3.2, item g.2.**

5.2 Biliopancreatic Diversion with or without Duodenal Switch

Biliopancreatic diversion may be considered on an individual basis as described in **Section 3.2, item g.3.**

5.3 Gastric Bypass with Long-Limb Roux-en-Y

Gastric bypass with small intestine reconstruction to limit absorption (with roux limb greater than 150 cm) may be considered on an individual basis for recipients with a BMI greater than or equal to 50.

5.4 Vertical-Banded Gastroplasty

Vertical banded gastroplasty may be considered on an individual basis as described in **Section 3.2, item g.5.**

5.5 Revision of Bariatric Surgery

Revision of bariatric surgery may be considered on an individual basis when the criteria in **Section 3.3** are met.

5.6 Lifetime Limitation

Only one procedure from those listed in **Section 3.2, item g**, is allowed per lifetime.

5.7 Postoperative Adjustments to Gastric Band

Postoperative adjustments to the gastric band during the postoperative period (90 days) are included in the global surgery reimbursement. Adjustments after the postoperative period are billed as an office visit and are not separately reimbursable.

6.0 Providers Eligible to Bill for the Procedure

Physicians enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

7.0 Additional Requirements:

7.1 Federal and State Requirements

All providers must comply with all applicable federal and state regulations and laws.

7.2 Records Retention

As a condition of participation, providers are required to keep records necessary to disclose the extent of services rendered to recipients and billed to the N.C. Medicaid program [Social Security Act 1902(a)(27) and 42 CFR 431.107]. Records must be retained for a period of at least five years from the date of service, unless a longer retention period is required by applicable federal or state law, regulations, or agreements (10A NCAC 22F.0107).

Copies of records must be furnished upon request.

The Health Insurance Portability and Accountability Act (HIPAA) does not prohibit the release of records to Medicaid (45 CFR 164.502).

8.0 Policy Implementation/Revision Information

Original Effective Date: January 1, 1985

Revision Information:

Date	Revised	Change
9/1/04	Entire Policy	Changed all references to “morbid” obesity to “clinically severe” obesity
9/1/04	Section 3.1	Removed less than 60 age restriction
9/1/04	Section 3.2	Added BMI requirement
9/1/04	Section 3.2	Made co-morbidity requirements more specific.
9/1/04	Section 3.2	Removed “in excess of 100 pounds over ideal weight for height and age.”
9/1/04	Section 3.3	Changed duration of obesity from “must exceed three years” to “at least three years”
9/1/04	Section 3.4	Specified a requirement for previous weight loss attempt of six months or longer under physician supervision or in an organized weight loss program.
9/1/04	Section 5.1	Added components of psychological evaluation
9/1/04	Section 5.1	Added “Documentation of a psychosocial, nutritional and activity based follow up plan for at least five years”
9/1/04	Section 5.2	Revised text to clarify that surgical removal of this skin and fat solely for cosmetic purposes is not covered.
9/1/04	Section 8.3	Documented covered codes.
2/1/05	Section 3.0 #6	The unlisted procedure code 43659 was replaced with 43644 for the laparoscopic version of gastric bypass/roux-en-Y.
2/1/05	Section 8.3	CPT code 43644 was added to the list of covered codes.

Date	Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/1/06	Sections 2.2	The special provision related to EPSDT was revised.
12/1/06	Sections 3.0, 4.0, and 5.0	A note regarding EPSDT was added to these sections.
7/1/08	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age
7/1/08	Section 1.0	Language was added to indicate that surgery for clinically severe obesity may result in improvement of the comorbidities of obesity.
7/1/08	Section 1.1 through 1.5	Descriptions of roux-en-Y gastric bypass, adjustable gastric banding, biliopancreatic diversion with or without duodenal switch, and revision surgery were added as new sections to the policy.
7/1/08	Section 3.1	General coverage criteria were added to the policy as Section 3.1.
7/1/08	Section 3.2, item a	The age limitation was revised to "at least 18" and a note was added to indicate that surgeries for individuals under the age of 18 are considered on a case-by-case basis under EPSDT requirements.
7/1/08	Section 3.2, item b.2	Language was added to clarify that medical justification of criteria must be documented in the medical record.
7/1/08	Section 3.2, item c	The requirement that medical record documentation of clinically severe obesity must be available for at least three years was revised to two years and was clarified.
7/1/08	Section 3.2, item d	The types of activities that qualify as meeting the requirement of attempted weight loss were expanded and an additional option of a 3-month surgical preparatory regimen was added.
7/1/08	Section 3.2, item f	This item was added to document the requirement for a psychological evaluation, the components of the evaluation, and potential follow-up.
7/1/08	Section 3.2, item g	Coverage criteria for gastric bypass was clarified; criteria for vertical-banded gastroplasty was revised; and criteria for adjustable gastric banding, biliopancreatic diversion with or without duodenal switch, and gastric bypass with small intestine reconstruction to limit absorption with long limb roux-en-Y were added. Information was added concerning medical record requirements.
7/1/08	Section 3.3	Coverage criteria and requirements for bariatric surgery revision were added to the policy.
7/1/08	Section 4.1	General criteria for noncoverage was added to the policy.

Date	Revised	Change
7/1/08	Section 4.2	Additional criteria for non coverage were added and other criteria clarified.
7/1/08	Section 4.3	Specific criteria for non coverage of cosmetic follow-up surgery was added to the policy.
7/1/08	Section 4.4	Added a statement that bariatric surgery is not covered during pregnancy.
7/1/08	Section 5.1	Prior approval requirements and medical necessity documentation were clarified. Information on coordination of benefits was also added.
7/1/08	Section 5.2	This section was renumbered to Section 4.3.
7/1/08	Section 5.2 through 5.6	Limitations on adjustable gastric banding, biliopancreatic diversion with or without duodenal switch, gastric bypass with roux limb greater than 150 cm, vertical-banded gastroplasty, and revisions of bariatric surgery were added to the policy.
7/1/08	Section 5.7	Lifetime limitations were added to the policy.
7/1/08	Section 5.8	Limitation on billing for postoperative adjustments was added to the policy.
7/1/08	Section 7.1	A statement was added to indicate that providers must comply with all applicable federal and state regulations and laws was added to the policy.
7/1/08	Section 7.2	Requirements related to records retention were added to the policy.
7/1/08	Attachment A	Section 8.0 was moved to Attachment A, and the list of procedure codes was revised. CPT procedures codes 43645, 43770, 43771, 43772, 43773, 43774, 43845, 43847, 43848, and 43999 were added to the policy as covered codes.

Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

C. Procedure Codes

CPT codes that are covered by the N.C. Medicaid program include

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
43659	Unlisted laparoscopy procedure, stomach
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
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; 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 restrictive device (separate procedure)
43999	Unlisted procedure, stomach

Note: The CPT procedure codes listed above are subject to the global surgery policy.

D. Reimbursement Rate

Providers must bill their usual and customary charges.