

**SURGICAL MANAGEMENT OF MORBID OBESITY CHECKLIST**  
**Medicare Local Coverage Determinations L33411**

ICD-L33411  LCA-A5714E	<b>Patient Name:</b>	<b>MR:</b>
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Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity such as: hypertensive cardiovascular disease, pulmonary/respiratory disease, diabetes, sleep apnea or degenerative arthritis of weight-bearing joints. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

**GENERAL REQUIREMENT**

- Surgeon must be certified by American College of Surgeons (ACS) or the American Society for Bariatric Surgery (ASBS).
- Coding/Billing Requirements: Refer to the LCA and [Medicare Claims Processing Manual, Chapter 32, Section 150](#)

**COVERAGE /MEDICAL RECORD DOCUMENTATION**

**Covered Procedures**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Open Roux-en-Y gastric bypass (RYGBP)</b></li> <li><input type="checkbox"/> <b>Laparoscopic Roux-en-Y gastric bypass (RYGBP)</b></li> <li><input type="checkbox"/> <b>Laparoscopic Adjustable Gastric Banding (LAGB)</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Open biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS)</b></li> <li><input type="checkbox"/> <b>Laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS)</b></li> <li><input type="checkbox"/> <b>Laparoscopic Sleeve Gastrectomy (LSG)</b></li> </ul> |
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Coverage for selected bariatric surgery procedures on patients who meet national and local coverage criteria requires reporting three appropriate diagnoses. Documentation should be legible and made available upon request.

*The covered bariatric surgical procedures ARE considered medically reasonable and necessary when patient's medical record supports/includes the following:*

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Primary diagnosis:</b> morbid (severe) obesity due to excess calories (ICD-10 E66.01)</li> <li><input type="checkbox"/> <b>Secondary Diagnosis</b> for body mass index (BMI)<br/>Body mass index (BMI) 35.0-35.9, adult - Body mass index (BMI) 70 or greater, adult (ICD-10 Z68.35-Z68.45)</li> <li><input type="checkbox"/> <b>Third Diagnosis:</b> co-morbidity related to obesity (as appropriate); History, physical, testing or imaging includes evidence and severity of at least one of the following:                     <ul style="list-style-type: none"> <li>• Type II diabetes mellitus (by American Diabetes Association diagnostic criteria)</li> <li>• Resistant hypertension (blood pressure of 140 mmHg systolic and/or 90 mmHg diastolic despite medical treatment with maximal doses of three antihypertensive medications)</li> <li>• Refractory hyperlipidemia (acceptable levels of lipids unachievable with diet and maximum doses of lipid lowering medications)</li> <li>• Obesity-induced cardiomyopathy</li> <li>• Clinically significant obstructive sleep apnea</li> <li>• Obesity-related hypoventilation</li> <li>• Pseudotumor cerebri (documented idiopathic intracerebral hypertension)</li> <li>• Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for the obesity)</li> <li>• Nonalcoholic fatty liver disease (NAFLD) as confirmed by physician with expertise in liver disease</li> </ul> </li> <li><input type="checkbox"/> Operative report containing a detailed procedure note with physician's signature</li> <li><input type="checkbox"/> For patients with a history of psychiatric or psychological disorder, preoperative psychological evaluation and assessment with clearance for surgery</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatable metabolic causes for obesity (e.g., adrenal or thyroid disorders) have been ruled out or clinically treated if present</li> <li><input type="checkbox"/> Unsuccessful medical treatment for obesity; Progress/office notes indicate the following:                     <ul style="list-style-type: none"> <li>• The patient has been provided with knowledge and tools needed to achieve such lifelong lifestyle changes, exhibits understanding of the needed changes and has demonstrated to clinicians involved in his or her care to be capable and willing to undergo the changes.</li> <li>• The patient has made a diligent effort to achieve healthy body weight with such efforts described in the medical record and certified by the operating surgeon.</li> <li>• The patient has failed to maintain a healthy weight despite adequate participation in a structured dietary program overseen by one of the following:                             <ul style="list-style-type: none"> <li>◦ Physician (MD or DO)</li> <li>◦ Registered dietician (RD)</li> <li>◦ Board certified specialist in pediatric nutrition (CSP)</li> <li>◦ Board certified specialist in renal nutrition (CSR)</li> <li>◦ Fellow of the American Dietetic Association (FADA)</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Required preoperative and postoperative evaluations and interventions</li> <li><input type="checkbox"/> For patients with smoking history or status, counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation</li> </ul> |
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**LIMITATIONS**

*The bariatric surgical procedures are not considered medically and are noncovered for the following:*

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| <p align="center"><b>NONCOVERED SURGERIES/INDICATIONS</b></p> <ul style="list-style-type: none"> <li>• Open Adjustable Gastric Banding</li> <li>• Open Sleeve Gastrectomy</li> <li>• Open and Laparoscopic Vertical Banded Gastroplasty</li> <li>• Intestinal Bypass Surgery</li> <li>• Gastric Balloon for Treatment of Obesity</li> <li>• Mini-Gastric Bypass</li> <li>• Long-Limb Gastric Bypass</li> <li>• Silastic Ring Vertical Gastric Bypass</li> <li>• Treatment for Obesity Alone Including Supplemental Fasting</li> </ul> | <p align="center"><b>CONTRAINDICATIONS TO SURGERY</b></p> <ul style="list-style-type: none"> <li>• Prohibitive perioperative risk of cardiac complications due to cardiac ischemia or myocardial dysfunction</li> <li>• Severe chronic obstructive airway disease or respiratory dysfunction</li> <li>• Non-compliance with medical treatment of obesity or treatment of other chronic medical conditions</li> <li>• History of significant eating disorders, including anorexia nervosa, bulimia and pica (sand, clay or other abnormal substance)</li> <li>• Active hepatic disease with inflammation, portal hypertension or ascites</li> <li>• Failure to cease tobacco use at least 6 weeks prior to surgery or documentation in the medical record that the patient has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation</li> <li>• Severe hiatal hernia/gastroesophageal reflux (for purely restrictive procedures such as LAGB)</li> <li>• Autoimmune/rheumatological disorders (also inflammatory bowel diseases and vasculitides) exacerbated by the presence of intra-abdominal foreign bodies (for LAGB procedure).</li> <li>• Psychological/psychiatric conditions:                     <ul style="list-style-type: none"> <li>◦ Schizophrenia, borderline personality disorder, suicidal ideation, severe or recurrent depression, or bipolar affective disorders with difficult-to-control manifestations</li> <li>◦ Mental retardation that prevents personally provided informed consent or the ability to understand and comply with a reasonable pre and postoperative regimen</li> <li>◦ Other psychological/psychiatric disorder that, per psychologist/psychiatrist, imparts a significant risk of psychological/psychiatric decompensation or interference with the long- term postoperative management.</li> </ul> </li> </ul> |
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**Note:** Document compelling arguments for exceptions. Repeat bariatric surgery is generally not reasonable and necessary, however, claims for the following procedures can be submitted for consideration: replacement of a defective device or correcting a complication in a patient who had met medical necessity for the original procedure and has achieved acceptable weight loss.

<b>Checklist Completed By:</b>	<b>Date:</b>
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**Disclaimer:** The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.