Local Coverage Determination (LCD):
Surgical Management of Morbid Obesity (L33411)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

**Contractor Information**

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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
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<td>Florida</td>
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<td>09302 - MAC B</td>
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**LCD Information**

**Document Information**

**LCD ID**
L33411

**Original ICD-9 LCD ID**
L33019

**LCD Title**
Surgical Management of Morbid Obesity

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

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**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
For services performed on or after 10/01/2018

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
N/A
CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources: CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 120 Program Memorandum, Transmittal 23 (CR 3502)
CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 2, Sections 100.0, 100.01, 100.08, 100.11 and 100.14.
Change Request 4399, Transmittal 889, March 17, 2006, rescinded and replaced with Transmittal 897, dated March 29, 2006
Change Request 5013, Transmittal 931, April 28, 2006
Change Request 8484, Transmittals 157 and 2816, dated November 15, 2013

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

CMS National Coverage Policy:
Effective for services performed on and after June 27, 2012, A/B Medicare Administrative Contractors (A/B MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions a.-c. are satisfied.

a. The beneficiary has a body-mass index (BMI) ≥ 35 kg/m²,
b. The beneficiary has at least one co-morbidity related to obesity, and,
c. The beneficiary has been previously unsuccessful with medical treatment for obesity.

The following bariatric surgery procedures are non-covered for all Medicare beneficiaries:
The following are descriptions of bariatric surgery procedures:

1. **Roux-en-Y Gastric Bypass (RYGBP)**
2. **Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS)**
3. **Adjustable Gastric Banding (AGB)**
4. **Sleeve Gastrectomy**
5. **Vertical Gastric Banding (VGB)**

Note: Any service associated with the above noncovered services are also noncovered.

**Local Coverage Determination:**

Gastrointestinal surgery for obesity, also called bariatric surgery, promotes weight loss by closing off parts of the stomach to make it smaller. Program payment may not be made for treatment of obesity alone since this treatment cannot be considered reasonable and necessary for the diagnosis or treatment of an illness or injury.

Bariatric surgery procedures must be performed by a surgeon trained and substantially experienced with surgery of the digestive tract, working in a clinical setting with adequate support for all aspects of management, assessment and follow-up. The American College of Surgeons (ACS) and American Society for Bariatric Surgery (ASBS) certification requirements for physician credentialing satisfy this requirement. Physicians who do not meet ACS or ASBS certification criteria for performing bariatric procedures do not qualify for payment for bariatric surgery procedures.

**Laparoscopic sleeve gastrectomy (LSG)**

* - CPT code 43775

**Change Request 8028, Transmittal 2590, dated November 9, 2012 (Implementation date December 10, 2012)** for the CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, Section 150.5 & 150.6 revisions, effective for claims for dates of service on or after June 27, 2012. Medicare Administrative Contractors acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries.

The surgical management for the treatment of morbid obesity is considered reasonable and necessary for all nationally covered bariatric surgical procedures and Laparoscopic sleeve gastrectomy (CPT code 43775) when ALL of the following conditions are met and recorded in the medical record:

- The patient meets the definition of morbid obesity which is defined as a body mass index (BMI) > 35 and comorbid conditions exist (e.g. hypertensive cardiovascular disease, pulmonary/respiratory disease, diabetes, sleep apnea or degenerative arthritis of weight-bearing joints). Documentation of the level of severity of the comorbid existing condition must be included in the patient’s medical record; AND
- The patient has been previously unsuccessful with medical treatment for obesity; AND
- Treatable metabolic causes for obesity (e.g., adrenal or thyroid disorders) have been ruled out or have been clinically treated if present.

**Unsuccessful Medical Treatment for Obesity**

With or without bariatric surgery, successful obesity management requires adoption and lifelong practice of healthy eating and physical exercise (i.e. lifestyle modification) by the obese patient. Without adequate patient motivation and/or skills needed to make such lifestyle modifications, the benefit of bariatric surgical procedures is severely jeopardized and not medically reasonable or necessary. Patients considering bariatric surgical options must have been provided with knowledge and tools needed to achieve such lifelong lifestyle changes and must be capable and willing to undergo the changes.

For the purposes of this LCD, a patient will be deemed to have been unsuccessful with medical treatment of obesity if all of the following minimal requirements are met per documentation in the medical record:
• The patient has BMI ≥ 35 at the time of surgery.
• 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.
• 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.
• The patient has failed to maintain a healthy weight despite adequate participation in a structured dietary program overseen by one of the following:
  ○ Physician (MD or DO).
  ○ Registered dietitian (RD).
  ○ Board certified specialist in pediatric nutrition (CSP).
  ○ Board certified specialist in renal nutrition (CSR).
  ○ Fellow of the American Dietetic Association (FADA).

Preoperative Psychological/Psychiatric Evaluation

Patients who have a history of psychiatric or psychological disorder or are currently under the care of a psychologist/psychiatrist, or are on psychotropic medications, must undergo preoperative psychological evaluation and clearance and the patient’s record must include documentation of the evaluation and assessment.

An objective examination by a mental health professional (psychiatrist or psychologist) experienced in the evaluation and management of bariatric surgery candidates to exclude patients who are unable to personally provide informed consent, who are unable to comply with a reasonable pre- and postoperative regimen, or who have a significant risk of postoperative decompensation is recommended. Such evaluation is a covered service. A diagnostic session is appropriate, and treatment sessions are appropriate if the patient has a diagnosable disorder that is likely to adversely impact the surgical outcome including post—operative compliance. The mental health professional, the surgeon and the patient should be in agreement that the patient is an appropriate candidate for the surgery.

Comorbid Conditions

Severe obesity (BMI) ≥ 35 kg/m² is known to exacerbate numerous medical conditions. Comorbid conditions for which bariatric surgery is covered include the following:

• Type II diabetes mellitus (by American Diabetes Association diagnostic criteria).
• Resistant hypertension (defined as blood pressure of 140 mmHg systolic and/or 90 mmHg diastolic despite medical treatment with maximal doses of three antihypertensive medications).
• Refractory hyperlipidemia (acceptable levels of lipids unachievable with diet and maximum doses of lipid lowering medications).
• Obesity-induced cardiomyopathy.
• Clinically significant obstructive sleep apnea.
• Obesity-related hypoventilation.
• Pseudotumor cerebri (documented idiopathic intracerebral hypertension).
• Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for the obesity).
• Nonalcoholic fatty liver disease (NAFLD) as confirmed by physician with expertise in liver disease.

Consideration of the risk-benefit for each individual patient must be used to determine that surgery for obesity is the best option for treatment for that patient and no contraindications to bariatric surgery may exist.

Contraindications to Bariatric Surgery

Any major procedure has significant benefit and risk (injury or death) that the treating physician discusses with the patient. To meet reasonable and necessary (R&N) threshold for covered surgeries in the treatment of morbid obesity, the physician’s documentation for the case should clearly support the indication and the medical need (the procedure does not exceed the medical need) and is at least as beneficial as existing alternatives. The following list includes contraindications to surgery to treat morbid obesity and lacking compelling arguments for an exception in the supporting documentation, the hospital (FISS claim) and physician services (MCS claim) can be denied if reviewed.

• Prohibitive perioperative risk of cardiac complications due to cardiac ischemia or myocardial dysfunction.
• Severe chronic obstructive airway disease or respiratory dysfunction.
• Non-compliance with medical treatment of obesity or treatment of other chronic medical conditions.
• History of significant eating disorders, including anorexia nervosa, bulimia and pica (sand, clay or other abnormal substance).
• Severe hiatal hernia/gastroesophageal reflux (for purely restrictive procedures such as LAGB).
• Autoimmune and rheumatological disorders (including inflammatory bowel diseases and vasculitides) that will be exacerbated by the presence of intra-abdominal foreign bodies (for LAGB procedure).
• Active hepatic disease with inflammation, portal hypertension or ascites.
• 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.
• Psychological/psychiatric conditions:
  ◦ Schizophrenia, borderline personality disorder, suicidal ideation, severe or recurrent depression, or bipolar affective disorders with difficult-to-control manifestations (e.g., history of recurrent lapses in control or recurrent failure to comply with management regimen).
  ◦ Mental retardation that prevents personally provided informed consent or the ability to understand and comply with a reasonable pre- and postoperative regimen.
  ◦ Any other psychological/psychiatric disorder that, in the opinion of a psychologist/psychiatrist, imparts a significant risk of psychological/psychiatric decompensation or interference with the long-term postoperative management.

Note: A history of or presence of mild, uncomplicated and adequately treated depression due to obesity is not normally considered a contraindication to obesity surgery.

Limitations of Coverage:

Under provisions of this LCD, the following procedures are not considered reasonable and necessary and will be denied:

• Mini-gastric bypass (CPT code 43999)
• Long limb gastric bypass (i.e. more than 150 cm) (CPT code 43999)
• Silastic ring vertical gastric bypass (Fobi pouch) (CPT code 43999)

Procedure codes 43886, 43887, and 43888 are for open port replacement. The open port replacement procedures are non-covered since they are associated with the non-covered open gastric restrictive procedures. For covered laparoscopic restrictive procedures that require port replacements use 43771, 43772, or 43773.

43886 Gastric restrictive procedure, open; revision of subcutaneous port component only
43887 removal of subcutaneous port component only
43888 removal and replacement of subcutaneous port component only

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

<table>
<thead>
<tr>
<th>Bill Type</th>
<th>Description</th>
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<tr>
<td>011x</td>
<td>Hospital Inpatient (Including Medicare Part A)</td>
</tr>
<tr>
<td>012x</td>
<td>Hospital Inpatient (Medicare Part B only)</td>
</tr>
<tr>
<td>013x</td>
<td>Hospital Outpatient</td>
</tr>
<tr>
<td>085x</td>
<td>Critical Access Hospital</td>
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Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report
this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>0360</td>
<td>Operating Room Services - General Classification</td>
</tr>
<tr>
<td>0361</td>
<td>Operating Room Services - Minor Surgery</td>
</tr>
<tr>
<td>0750</td>
<td>Gastro-Intestinal (GI) Services - General Classification</td>
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**CPT/HCPCS Codes**

*Group 1 Paragraph: N/A*

*Group 1 Codes:*

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<th>Code</th>
<th>Description</th>
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<td>43644</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)</td>
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<tr>
<td>43645</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION</td>
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<tr>
<td>43770</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)</td>
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<tr>
<td>43771</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
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<tr>
<td>43772</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
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<tr>
<td>43773</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
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<tr>
<td>43774</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS</td>
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<tr>
<td>43775</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)</td>
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<tr>
<td>43842</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY</td>
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<tr>
<td>43843</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY</td>
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<tr>
<td>43845</td>
<td>GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOLEISTOMY AND ILEOILEISTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)</td>
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<td>43846</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY</td>
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<td>GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION</td>
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<td>43848</td>
<td>REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)</td>
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<td>43886</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY</td>
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<td>GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:
For procedure codes 43644, 43645, 43770, 43775, 43845 43846, and 43847.

Report the primary diagnosis as E66.01 then an additional secondary diagnosis for body mass index (BMI) and a third diagnosis for the comorbidities as appropriate. Coverage for selected bariatric surgery procedures on patients who meet national and local coverage criteria set forth in this LCD requires reporting three appropriate diagnoses.

Group 1 Codes:

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<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
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<tr>
<td>Z68.35 - Z68.45*</td>
<td>Body mass index (BMI) 35.0-35.9, adult - Body mass index (BMI) 70 or greater, adult</td>
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</table>

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:
*Diagnosis codes identified with asterisks should not be billed as the primary diagnosis code.

Group 2 Paragraph:
Additional diagnosis for comorbidity to be reported in addition to the primary diagnosis of E66.01 and the secondary diagnosis for the BMI.

Group 2 Codes:

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<td>A18.84</td>
<td>Tuberculosis of heart</td>
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<tr>
<td>E11.00 - E13.9</td>
<td>Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) - Other specified diabetes mellitus without complications</td>
</tr>
<tr>
<td>E66.2</td>
<td>Morbid (severe) obesity with alveolar hypoventilation</td>
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<tr>
<td>E78.00 - E78.5</td>
<td>Pure hypercholesterolemia, unspecified - Hyperlipidemia, unspecified</td>
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<tr>
<td>G47.33</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
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<td>G47.36*</td>
<td>Sleep related hypoventilation in conditions classified elsewhere</td>
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<tr>
<td>G93.2</td>
<td>Benign intracranial hypertension</td>
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<tr>
<td>I10</td>
<td>Essential (primary) hypertension</td>
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<td>I27.21 - I27.29</td>
<td>Secondary pulmonary arterial hypertension - Other secondary pulmonary hypertension</td>
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<td>I27.83</td>
<td>Eisenmenger's syndrome</td>
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<td>I27.89</td>
<td>Other specified pulmonary heart diseases</td>
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<td>I43*</td>
<td>Cardiomyopathy in diseases classified elsewhere</td>
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<td>K21.0</td>
<td>Gastro-esophageal reflux disease with esophagitis</td>
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<tr>
<td>K75.81</td>
<td>Nonalcoholic steatohepatitis (NASH)</td>
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<td>K76.0</td>
<td>Fatty (change of) liver, not elsewhere classified</td>
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<td>K76.89</td>
<td>Other specified diseases of liver</td>
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<td>M15.3</td>
<td>Secondary multiple arthritis</td>
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<tr>
<td>M15.8</td>
<td>Other polyosteoarthritis</td>
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<td>M16.0 - M17.9</td>
<td>Bilateral primary osteoarthritis of hip - Osteoarthritis of knee, unspecified</td>
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<td>M19.071 - M19.079</td>
<td>Primary osteoarthritis, right ankle and foot - Primary osteoarthritis, unspecified ankle and foot</td>
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<td>M19.171 - M19.179</td>
<td>Post-traumatic osteoarthritis, right ankle and foot - Post-traumatic osteoarthritis, unspecified ankle and foot</td>
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M19.271 - M19.279  Secondary osteoarthritis, right ankle and foot - Secondary osteoarthritis, unspecified ankle and foot
M19.90  Unspecified osteoarthritis, unspecified site
M48.061 - M48.07  Spinal stenosis, lumbar region without neurogenic claudication - Spinal stenosis, lumbosacral region
M51.06  Intervertebral disc disorders with myelopathy, lumbar region
M51.36 - M51.37  Other intervertebral disc degeneration, lumbar region - Other intervertebral disc degeneration, lumbosacral region
M99.23  Subluxation stenosis of neural canal of lumbar region
M99.33  Osseous stenosis of neural canal of lumbar region
M99.43  Connective tissue stenosis of neural canal of lumbar region
M99.53  Intervertebral disc stenosis of neural canal of lumbar region
M99.63  Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73  Connective tissue and disc stenosis of intervertebral foramina of lumbar region

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

* Diagnosis codes G47.36 and I43 should not be billed as the primary diagnosis.

ICD-10 Codes that DO NOT Support Medical Necessity

Additional Information

N/A

General Information

Associated Information

Documentation Requirements

Medical record documentation must support that all NCD requirements for Bariatric surgery are met as well as the additional requirements stated in this LCD. Medical record documentation must include the following: history and physical containing evidence of comorbid conditions, operative report containing a detailed procedure note, and office/progress notes documenting unsuccessful medical treatment for obesity. Documentation supporting medical necessity should be legible, maintained in the patient’s medical record and made available upon request.

- The medical record must substantiate presence and severity of associated organic diseases requiring the treatment of obesity documented through appropriate physiologic testing and/or imaging.
- The patient’s medical record must include documentation of all required preoperative and postoperative evaluations and interventions and all other applicable coverage provisions required as outlined in this LCD.
- Patients who have a history of psychiatric or psychological disorder must undergo preoperative psychological evaluation and clearance and the patient’s record must include documentation of the evaluation and assessment.
- Documentation of smoking history, and that the patient has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation, if applicable.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Repeat bariatric surgery is generally not reasonable and necessary. Claims for more than one bariatric surgical procedure may be submitted for individual consideration, and potentially covered when clinical circumstances demonstrate reasonability and necessity (such as replacing 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).

Sources of Information

First Coast Service Options, Inc. reference LCD numbers: L29317, L29477

Aarts EO, Janssen IM, Berends FJ. The gastric sleeve: losing weight as fast as micronutrients? Obes Surg. 2011


Patterson EJ, Davis DG, Khajanchee Y, Swanstrom LL. Comparison of objective outcomes following laparoscopic Nissen fundoplication versus laparoscopic gastric bypass in the morbidly obese with heartburn. Surg Endosc. 2003; 17:1561-1565


Pranchand VN, Alverdy JC. Gastroesophageal reflux disease and severe obesity: Fundoplication or bariatric surgery? World J Gastroenterol. 2010 August 14; 16(30): 3757-3761


Salome CM, King GG, Bernard N. Physiology of obesity and effects on lung function. J App/Physiol. 20 I0;108:206 -211

S. A. Brethauer et al., Systematic review of sleeve gastrectomy as staging and primary bariatric procedure, Surgery for Obesity and Related Diseases 5 (2009) 469–475


Trailblazer Health Enterprises,LLC., Contract Number 04202, Local Coverage Determination (LCD) for Bariatric Surgical Management of Morbid Obesity - 4S-155AB-R7,(L26758),12/29/2011Revised Date


Bibliography

N/A
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<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<tr>
<td>10/01/2018</td>
<td>R6</td>
<td>Revision Number: 4</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td></td>
<td></td>
<td>Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update), the LCD was revised to indicate that diagnosis codes were added, deleted and descriptor revised within existing diagnosis code ranges. The effective date of this revision is based on date of service.</td>
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<tr>
<td>03/15/2018</td>
<td>R5</td>
<td>Revision Number: 3</td>
<td>• Other (Revisions made based on an annual review completed on 12/26/2017.)</td>
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<tr>
<td></td>
<td></td>
<td>Publication: March 2018 Connection LCR A/B2018-028 Explanation of Revision: Based on an annual review of the LCD, it was determined that some of the italicized language in the &quot;Indications and Limitations of Coverage and/or Medical Necessity&quot; section of the LCD does not represent direct quotation from the CMS sources listed in the LCD; therefore, this LCD is being revised to assure consistency with the CMS sources. The effective date of this revision is based on date of service. 03/15/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
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</tr>
<tr>
<td>10/01/2017</td>
<td>R4</td>
<td>Correction made to ICD-10 Code range in Group 2 codes.</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td>10/01/2017</td>
<td>R3</td>
<td>Revision Number: 2</td>
<td>• Revisions Due To ICD-10-CM Code Changes</td>
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<td>Publication: September 2017 Connection LCR A/B2017-038 Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis codes I27.21 - I27.29, I27.83. Changed ICD-10-CM diagnosis code range M48.06-M48.07 to M48.061-M48.07. Deleted ICD-10-CM diagnosis code I27.2, M48.06. The effective date of this revision is based on date of service. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Revision</td>
<td>Description</td>
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| 10/01/2016 | R2       | Revision Number: 1 Publication: October 2016 Connection LCR A/B2016-097
Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Deleted diagnosis code E78.0 and changed diagnosis code range E78.0-E78.5 to read E78.00-E78.5. The effective date of this revision is based on date of service. |
| 10/01/2015 | R1       | 03/25/15 - The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.                                                                       |

**Associated Documents**

**Attachments**

N/A

**Related Local Coverage Documents**

N/A

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 10/03/2018 with effective dates 10/01/2018 - N/A
Updated on 03/07/2018 with effective dates 03/15/2018 - 09/30/2018
Updated on 02/28/2018 with effective dates 10/01/2017 - 03/14/2018
Updated on 09/22/2017 with effective dates 10/01/2017 - N/A Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

**Keywords**

N/A

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