

**BlueCross North Carolina (8/06)**

[https://www.bcbsnc.com/services/medical-policy/pdf/surgery\\_for\\_morbid\\_obesity.pdf](https://www.bcbsnc.com/services/medical-policy/pdf/surgery_for_morbid_obesity.pdf)

**Gastric Bypass**

- BMI of 40 or greater OR BMI 35-39 with at least one of the following problems: obesity that interferes with daily function to the extent that performance is severely curtailed or obesity causes incapacitating physical trauma as documented by medical history, significant respiratory insufficiency or sleep apnea, or significant circulatory insufficiency, or documentation that management of primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension etc, is significantly complicated by morbid obesity
- Diagnosed as morbidly obese for four of the previous five years
- Achieved full growth
- No endocrine disorder
- Psychological evaluation
- Consult with surgeon
- Nutritional evaluation
- Sleeve gastrectomy not covered Lap-band – Above criteria plus
- Age must be 18 years of age or older
- BMI must be under 50 BPD/DS – Above gastric bypass criteria plus
- BMI must be over 50
- Re-operation or surgical revision – The following may be considered medically necessary for patients whose initial surgery met medical necessity criteria: surgical reversal when the patient develops complications from the original surgery such as stricture or obstruction. The following are examples of conditions and/or diagnoses for which revisions to the primary surgical procedure for morbid obesity may be covered:
  - weight loss of 20% or more below the ideal body weight,
  - esophagitis,
  - hemorrhage or hematoma complicating a procedure,
  - vomiting following gastrointestinal surgery, gastrointestinal complications (i.e., complications of intestinal anastomosis and bypass),
  - stomal dilation documented by endoscopy,
  - pouch dilation documented by upper gastrointestinal examination or endoscopy, producing weight gain of 20% or more provided that the primary procedure was successful in inducing weight loss prior to the pouch dilation and the patient has been compliant with a prescribed nutrition and exercise program following the procedure (compliance with diet and exercise must be documented via a detailed evaluation by a mental health procedure and/or nutritionist),
  - other and unspecified post surgical nonabsorption (i.e., hypoglycemia and malnutrition following gastrointestinal surgery),
  - other post-operative functional disorders (i.e., diarrhea following gastrointestinal surgery),
  - severe dumping syndrome,
  - post-gastric surgery syndromes (i.e., post-gastrectomy syndrome),
  - disruption of operative wound,
  - staple line failure, documented by upper gastrointestinal examination,
  - disrupted staple line provided there has been prior weight loss.