



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## Preauthorization Request Form for #379 Surgical Management of Obesity Policy

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's\*) medical necessity criteria for gastric bypass surgery. For members who do not meet the criteria submit a letter of medical necessity with a request for Individual Consideration. Once completed, fax to **1-888-282-0780**.

### Patient Information

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 BCBSMA ID#: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Height/Weight: \_\_\_\_\_  
 Blood Pressure: \_\_\_\_\_ Current BMI: \_\_\_\_\_

### Physician Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 NPI#: \_\_\_\_\_

### Facility Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Fax#: \_\_\_\_\_  
 NPI#: \_\_\_\_\_

### Procedure Information

Select the appropriate information below:

#### Diagnosis code:

|  |  |
|--|--|
| <input type="checkbox"/> E66.01                | Morbid (severe) obesity due to excess calories |
| <input type="checkbox"/> Z68.35                | Body mass index (BMI) 35.0-35.9, adult         |
| <input type="checkbox"/> Z68.36                | Body mass index (BMI) 36.0-36.9, adult         |
| <input type="checkbox"/> Z68.37                | Body mass index (BMI) 37.0-37.9, adult         |
| <input type="checkbox"/> Z68.38                | Body mass index (BMI) 38.0-38.9, adult         |
| <input type="checkbox"/> Z68.39                | Body mass index (BMI) 39.0-39.9, adult         |
| <input type="checkbox"/> Z68.41                | Body mass index (BMI) 40.0-44.9, adult         |
| <input type="checkbox"/> Z68.42                | Body mass index (BMI) 45.0-49.9, adult         |
| <input type="checkbox"/> Z68.43                | Body mass index (BMI) 50-59.9, adult           |
| <input type="checkbox"/> Z68.44                | Body mass index (BMI) 60.0-69.9, adult         |
| <input type="checkbox"/> Z68.45                | Body mass index (BMI) 70 or greater, adult     |
| Other diagnoses or co-morbid conditions: _____ |  |

#### Procedure codes:

|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric by-pass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)      |
| <input type="checkbox"/> 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components) |

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|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)  |
| <input type="checkbox"/> 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) |
| <input type="checkbox"/> 43846 | Gastric restrictive surgery, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy  |
| <input type="checkbox"/> 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)   |

### Procedure codes for Medicare Advantage Plans only:

|                                |   |
|--------------------------------|---|
| <input type="checkbox"/> 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric by-pass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)   |
| <input type="checkbox"/> 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)  |
| <input type="checkbox"/> 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)   |
| <input type="checkbox"/> 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50-100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) |
| <input type="checkbox"/> 43846 | Gastric restrictive surgery, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy   |
| <input type="checkbox"/> 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption  |

The following CPT codes are considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

### Procedure codes:

|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty            |
| <input type="checkbox"/> 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty |

The following CPT code is considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO and Indemnity:**

### Procedure codes:

|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption   |
| <input type="checkbox"/> 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption |
| <input type="checkbox"/> 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty                          |
| <input type="checkbox"/> 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty               |

### **Patient Selection Criteria**

Patient is morbidly obese with a BMI >40kg/m<sup>2</sup> or the patient has a BMI >35kg/m<sup>2</sup> with one or more severe co-morbidities that are likely to reduce quality of life and/or life expectancy. Please check to indicate patient's co-morbidities:

- Coronary Artery Disease
- Pickwickian syndrome
- Pseudo-tumor Cerebri
- Obesity-related cardiomyopathy
- Type 2 Diabetes Mellitus     on oral medication     insulin-dependent
- Obesity related pulmonary hypertension
- At least stage 1 hypertension based on JNC-VII (SBP>140 and/or DBP>90) after combination pharmacotherapy
- Sleep Apnea/Obstructive Sleep Apnea
- Other co-morbidity: \_\_\_\_\_

The physician has indicated that the patient:

- Is well-informed and well-motivated with acceptable operative risks
- Has had a failure of other non-surgical approaches to long-term weight loss
- Has a strong desire for substantial weight loss
- Is enrolled in a pre-operative multidisciplinary evaluation and care program that includes behavioral health, nutrition, and medical management

\*BCBSMA comprises Blue Cross Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue<sup>®</sup>, Inc. <sup>®</sup>Registered Mark of the Blue Cross Blue Shield Association. PEP-2658 (rev 7/14)