# Bariatric Surgery

Humana®

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## Medical Coverage Policy

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## Description

Obesity may be treated with bariatric surgery (weight loss surgery) performed on the gastrointestinal (GI) tract to alter the digestive process and induce weight loss. Bariatric surgical techniques may be classified as restrictive, malabsorptive or a combination of both. Restrictive procedures reduce the stomach size, thus decreasing the amount of food the stomach can hold. Malabsorptive procedures limit the amount of nutrients and calories that the body can absorb. Most procedures are performed using a laparoscopic or open approach, however endoscopic approaches are also being investigated.

The two most commonly performed bariatric procedures include:

- **Roux-en-Y gastric bypass (RYGB) (open or laparoscopic)** is a malabsorptive surgery and is generally known as gastric bypass. In this procedure, a small stomach pouch is created to restrict food intake. The rest of the stomach is bypassed via a Y-shaped segment of the small intestine, which reduces the amount of calories and nutrients the body absorbs. Long-limb RYGB is similar to standard RYGB, except that the

limb through which food passes is longer and is typically performed to treat a super obese individual (defined as a body mass index [BMI] greater than or equal to 50 kg/m$^2$).[75]

- **Sleeve gastrectomy (open or laparoscopic)** involves the removal of the greater curvature of the stomach and approximately 80 percent of the stomach volume. While pyloric sphincter and stomach functions are preserved, the remaining stomach resembles a slender curved tube. Sleeve gastrectomy was originally the first step of a more extensive two step bariatric surgery (eg, biliopancreatic diversion with duodenal switch), but may also be performed as a single stage primary procedure for a potential bariatric surgery candidate.

Other bariatric procedures and techniques include, but may not be limited to:

- **Aspiration therapy device insertion** involves the endoscopic surgical placement of a drainage tube in the stomach that connects to an externally accessible port that sits flush against abdominal skin. Approximately 20 to 30 minutes after eating each daily meal, the individual attaches external components which open the port valve. The stomach contents are drained, irrigated with water and drained again. The only US Food & Drug Administration (FDA)-approved device was voluntarily withdrawn from the market in 2022. **(Refer to Coverage Limitations section)**

- **Biliopancreatic diversion (BPD)** consists of a partial gastrectomy (resection of the stomach) and gastroileostomy (surgical connection of the stomach to the ileum, the last section of small intestine). It allows for relatively normal meal size, since the most proximal areas of the small intestine are bypassed, and substantial malabsorption occurs. BPD is less frequently used than other types of procedures because of the high risk for nutritional deficiencies.

- **Biliopancreatic diversion (BPD) with duodenal switch (DS)**, while similar to the above procedure, this technique leaves a larger portion of the stomach intact, including the pyloric valve that regulates the release of stomach contents into the small intestine. It also keeps a small portion of the duodenum in the digestive pathway.

- **Laparoscopic adjustable gastric banding (LAGB)** (eg, Lap-Band) involves the placement of a hollow band around the upper end of the stomach, creating a small pouch and a narrow passage into the larger remainder of the stomach. The band is inflated with a saline solution, which can be increased or decreased over time to alter the size of the passage.

- **Laparoscopic gastric plication** is the creation of a smaller stomach pouch by folding and sewing the stomach. It may also be performed in conjunction with gastric banding, which purportedly increases early weight loss and decreases the need for band adjustments. **(Refer to Coverage Limitations section)**

- **Laparoscopic mini gastric bypass-one anastomosis gastric bypass (MGB-OAGB)** divides the stomach similar to a traditional gastric bypass, but instead of creating a Roux-en-Y connection, the jejunum is attached directly to the stomach. **(Refer to Coverage Limitations section)**

- **Natural orifice transluminal endoscopic surgery (NOTES)** procedures are incisionless and performed with an endoscope passed through the mouth. NOTES techniques for bariatric purposes include, but may not be limited to:

  - **Endoscopic gastrointestinal bypass device (EGIBD)**, also known as a **duodenal jejunal bypass** or **gastrointestinal liner**, is a removable barrier that extends from the upper segment of the GI tract (gastroesophageal junction or duodenum) to the jejunum. By lining the upper portion of the small intestine, it causes nutrient absorption to occur further along the GI tract, which purportedly affects hormone levels. The EndoBarrier is an example of an EGIBD, which is not yet FDA approved but is undergoing studies for the management of conditions such as diabetes and obesity. **(Refer to Coverage Limitations section)**

  - **Endoscopic sleeve gastroplasty (ESG)** is an incisionless procedure in which the stomach is restricted with staples or sutures by using endoscopic surgical tools (eg, Apollo ESG, Apollo ESG SX) guided through the mouth and esophagus. **(Refer to Coverage Limitations section)**

  - **Intragastric balloon (IGB) insertion** involves temporary endoscopic placement or deglutition (swallowing) of a silicone balloon or dual balloon system filled with air or saline solution into the stomach. The presence of the balloon conveys a sense of fullness and restricts the stomach volume, thereby purportedly decreasing food intake. Intragastric balloons differ in their insertion method, volume, duration in the stomach, adjustability and means of removal. These balloons remain in place for 4 to 6 months and then removed endoscopically or excreted naturally, depending on the type. Examples of intragastric balloons include, but may not be limited to **(Refer to Coverage Limitations section)**:

    - Allurion Gastric Balloon
    - Obalon Balloon System
    - Orbera Intragastric Balloon System
    - Spatz3 Adjustable Gastric Balloon

  - **Restorative obesity surgery endoluminal (ROSE) procedure** is suggested for the treatment of weight regain following gastric bypass surgery. The pouch and stoma are reduced in size using an endoscopic closure device. **(Refer to Coverage Limitations section)**

  - **Transoral outlet reduction (TORe)** is an endoscopic method of correcting a dilated gastrojejunostomy outlet after Roux-en-Y in an individual experiencing weight regain due to a relaxed gastric outlet. An endoscopic suturing device (eg, Apollo Revise, Apollo Revise SX) is used to reduce the diameter of the gastric outlet. **(Refer to Coverage Limitations section)**

  - **TransPyloric Shuttle (TPS)** is another kind of space occupying device intended to treat obesity by slowing gastric emptying. It consists of a large spherical bulb connected to a smaller cylindrical bulb by a flexible tether that is placed endoscopically into the stomach. The TPS self-positions across the pylorus to create an intermittent obstruction to gastric outflow that purportedly delays gastric emptying. The device is temporary and intended for endoscopic removal after 12 months. **(Refer to Coverage Limitations section)**

- **Single anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S),** also referred to as a **single anastomosis duodenal switch (SADS)** or **stomach intestinal pylorus sparing surgery (SIPS),** is an operation based on the biliopancreatic diversion with duodenal switch (BPD-DS), however the pylorus is preserved. The reconstruction occurs in one loop, which purportedly reduces operating time and requires no mesenteric opening. **(Refer to Coverage Limitations section)**

- **Vagus/vagal nerve block, vagal blocking for obesity control (VBLOC)**, also referred to as gastric pacing or vagal nerve stimulation, involves laparoscopic placement of two leads (electrodes) in contact with vagal nerve trunks and a subcutaneously implanted neuromodulation device which is externally programmed to intermittently send electrical impulses via the implanted electrodes. The electrical impulses are purported to block vagus nerve signals in the abdominal region, inhibiting gastric motility and increasing satiety (feeling full). The only FDA-approved device was voluntarily withdrawn from the market.[97] **(Refer to Coverage Limitations section)**

- **Vertical banded gastroplasty (VBG) (open or laparoscopic)** involves removal of stomach tissue with the subsequent use of a band and staples to create a small stomach pouch. VBG has been largely replaced by other procedures deemed to be more successful regarding sustained weight loss and is therefore rarely performed. **(Refer to Coverage Limitations section)**

**Bariatric Surgery Revision/Conversion**

Revision of a bariatric surgery procedure and/or conversion from one type of bariatric surgery procedure to another type may be necessary due to insufficient weight loss despite postoperative compliance to dietary or behavior modifications, specific complications from the primary procedure, nutritional problems or other reasons. The revision performed and subsequent coverage depends on several factors, including the initial bariatric surgery performed and the type of complication that has occurred. **(Refer to Coverage Limitations section)**

## Coverage Determination

**Bariatric surgery may be excluded by certificate. Surgical procedures for the removal of excess skin and/or fat in conjunction with weight loss or weight loss surgery may also be excluded by certificate. Please consult the member's individual certificate regarding Plan coverage.**

**Any state mandates for bariatric surgery take precedence over this medical coverage policy.**

**Services provided by a psychiatrist, psychologist or other behavioral health professionals are subject to the provisions of the applicable behavioral health benefit.**

**Commercial Plan members: requests for ALL bariatric procedures require review by a medical director.**

**ADULT**

Humana members 18 years of age or older may be eligible under the Plan for the following **open or laparoscopic bariatric surgeries**:

**Initial Bariatric Procedures**

- Biliopancreatic diversion (BPD) with or without duodenal switch (DS); **OR**

- Laparoscopic adjustable gastric banding (LAGB) (eg, Lap-Band)*****; **OR**
- Roux-en-Y gastric bypass (RYGB) (short or long limb); **OR**
- Sleeve gastrectomy

Humana members 18 years of age or older must meet **ALL** of the following criteria to be eligible for the above surgical treatments:

- BMI greater than or equal to 40 kg/$m^2$; **OR**

- BMI greater than or equal to 35 kg/$m^2$ (32.5 kg/$m^2$ or greater for individuals with Asian ancestry)[12,33,78,79,80,81,89] with at least one of the following associated comorbidities:

  - Cardiovascular disease (eg, uncontrolled hypertension and/or uncontrolled hyperlipidemia); **OR**

  - Evidence of fatty liver disease (eg, nonalcoholic fatty liver disease [NAFLD], nonalcoholic steatohepatitis [NASH]); **OR**

  - Idiopathic intracranial hypertension (pseudotumor cerebri); **OR**

  - Joint disease (eg, osteoarthritis); **OR**

  - Life threatening cardiopulmonary conditions (eg, severe obstructive sleep apnea [apnea-hypopnea index greater than 30], obesity hypoventilation syndrome [Pickwickian syndrome] or obesity related cardiomyopathy); **OR**

  - Type II diabetes;

**AND** all of the following:

- Clinical record****** demonstrating that the individual has failed previous attempts to achieve and maintain weight loss with medically supervised nonsurgical treatment for obesity; **AND**

- Clinical record****** of participation in and compliance with a multidisciplinary surgical preparatory regimen (within 6 months prior to surgery) which includes the following:

  - Behavior modification regarding dietary intake and physical activity (unless medically contraindicated); **AND**

  - Nutrition education/counseling with a dietician or nutritionist that addresses pre- and postoperative dietary intake expectations; **AND**

- Documentation of clearance from a cardiologist for an individual with elevated cardiac risk (eg, Class III or IV on the Revised Cardiac Risk Index [RCRI]) and/or history of cardiac disease (eg, decompensated heart failure, high-grade arrhythmias, myocardial infarction, unstable angina, valvular heart disease); **AND**

- If a tobacco smoker, documentation of smoking cessation program completion at least 6 weeks prior to the date of the anticipated surgery; **AND**

- Individual is not currently pregnant or breastfeeding and is not planning to become pregnant within 18 months of surgery; **AND**

- Preoperative psychological evaluation and clearance by a licensed mental health professional (within 12 months prior to procedure) to rule out psychiatric disorders (eg, chemical dependency, eating disorders, major depression or schizophrenia), inability to provide informed consent or inability to comply with pre- and postoperative regimens

*****Adjustments of gastric banding are considered integral to the office visit and not separately reimbursable.

******Clinical record documentation must include a summary of historical (failed) weight loss attempts as well as details of present exercise program participation (eg, physical activity, workout plan), nutrition program (eg, calorie intake, meal plan, diet followed), BMI and/or weight loss.

**ADOLESCENT**
Humana members 12-17 years of age may be eligible under the Plan for the following **open or laparoscopic bariatric surgeries**:

**Initial Bariatric Procedures**
- Roux-en-Y gastric bypass (RYGB) (short or long limb); **OR**
- Sleeve gastrectomy

Humana members 12-17 years of age must meet **ALL** of the following criteria to be eligible for the above surgical treatments:

- BMI greater than or equal to 40 kg/$m^2$; **OR**

- BMI greater than or equal to 35 kg/$m^2$ (32.5 kg/$m^2$ or greater for individuals with Asian ancestry)[12,33,78,79,80,81,89] with at least one of the following significant comorbidities:

  - Cardiovascular disease (eg, uncontrolled hypertension and/or uncontrolled hyperlipidemia); **OR**

  - Evidence of fatty liver disease (eg, nonalcoholic fatty liver disease [NAFLD], nonalcoholic steatohepatitis [NASH]); **OR**

  - Idiopathic intracranial hypertension (pseudotumor cerebri); **OR**

  - Life threatening cardiopulmonary conditions (eg, severe obstructive sleep apnea [apnea-hypopnea index greater than 30], obesity hypoventilation syndrome [Pickwickian syndrome] or obesity-related cardiomyopathy); **OR**

- Orthopedic disease (eg, Blount's disease, slipped capital femoral epiphysis); **OR**
- Type II diabetes;

**AND** all of the following:

- Clinical record** demonstrating that the individual has failed previous attempts to achieve and maintain weight loss with medically supervised nonsurgical treatment for obesity; **AND**
- Clinical record** of participation in and compliance with a multidisciplinary surgical preparatory regimen (within 6 months prior to surgery) which includes the following:
  - Behavior modification regarding dietary intake and physical activity (unless medically contraindicated); **AND**
  - Nutrition education/counseling with a dietician or nutritionist that addresses pre- and postoperative dietary intake expectations; **AND**
- Documentation of clearance from a cardiologist for an individual with elevated cardiac risk (eg, Class III or IV on the Revised Cardiac Risk Index [RCRI]) and/or history of cardiac disease (eg, decompensated heart failure, high-grade arrhythmias, myocardial infarction, unstable angina, valvular heart disease); **AND**
- If a tobacco smoker, documentation of smoking cessation program completion at least 6 weeks prior to the date of the anticipated surgery; **AND**
- Individual is not currently pregnant or breastfeeding and is not planning to become pregnant within 18 months of surgery; **AND**
- Letters of recommendation from the adolescent's pediatrician and bariatric surgeon verbalizing that the individual is an appropriate candidate for the procedure, including demonstration of the ability to adhere to postoperative regimens; **AND**
- Preoperative psychological evaluation and clearance by a licensed mental health professional (within 12 months prior to procedure) to rule out psychiatric disorders (eg, chemical dependency, eating disorders, major depression or schizophrenia), inability to provide informed consent or inability to comply with pre- and postoperative regimens

**Bariatric Surgery Revision/Conversion in Adults and Adolescents**

Humana members may be eligible under the Plan for **bariatric surgery revision/conversion** when the following criteria are met:

- Bariatric surgery coverage is available under the individual's current Plan; **AND**

- Documentation of smoking cessation program completion (if a tobacco smoker) at least 6 weeks prior to the date of the anticipated surgery; **AND**

- Major surgical complication resulting from the initial bariatric procedure or its mechanical failure (see also the Coverage Limitations section). Examples of such a complication may include, but are not limited to:

  - Anastomotic leak or stricture; **OR**

  - Band erosion; **OR**

  - Band migration (slippage) with documentation that it was unable to be corrected with a manipulation or an adjustment; **OR**

  - Band removal for gastrointestinal symptoms (eg, persistent nausea and/or vomiting, GERD); with or without imaging evidence of obstruction; **OR**

  - Bowel obstruction or perforation; **OR**

  - Candy cane syndrome (Roux syndrome) when an individual is symptomatic (eg, abdominal pain, emesis, nausea) and diagnosis confirmed by endoscopy or upper gastrointestinal contrast studies; **OR**

  - Fistula; **OR**

  - GI bleeding; **OR**

  - Postoperative gastroesophageal reflux disease (GERD) refractory to maximum medical treatment including both over-the-counter and prescribed anti-reflux medications; **OR**

  - Staple line dehiscence; **OR**

  - Stomal stenosis

## Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **bariatric surgery (including revisions/ conversions)** for any indications other than those listed above or for **any other surgical treatments for severe obesity** including, but may not be limited to:

- Aspiration therapy); **OR**

- Laparoscopic gastric plication; **OR**

- Mini gastric bypass-one anastomosis gastric bypass (MGB-OAGB); **OR**

- Natural orifice transluminal endoscopic surgery (NOTES) techniques for bariatric surgery including, but may not be limited to:
    - Endoscopic gastrointestinal bypass device (EGIBD) (also known as a duodenal jejunal bypass or gastrointestinal liner [eg, EndoBarrier]); **OR**
    - Endoscopic sleeve gastroplasty (ESG) (eg, Apollo ESG, Apollo ESG SX); **OR**
    - Intragastric balloon (eg, Allurion, Obalon, Orbera, Spatz3); **OR**
    - Restorative obesity surgery endoluminal (ROSE); **OR**
    - Transoral outlet reduction (TORe) (Apollo Revise, Apollo Revise SX); **OR**
    - TransPyloric Shuttle (TPS) device; **OR**
- Single anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S) (also known as single anastomosis duodenal switch [SADS] or stomach intestinal pylorus sparing surgery [SIPS]); **OR**
- Vagus/vagal nerve blocking (VBLOC) also referred to as gastric pacing or vagal nerve stimulation**; OR**
- Vertical banded gastroplasty (VBG) (open or laparoscopic)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible for **bariatric surgery revision/conversion** due to inadequate weight loss, stretching or pouch dilatation related to dietary or behavior modification noncompliance or subsequent postoperative weight regain as it is not considered to be a mechanical failure or major surgical complication. This is considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for any other **surgical procedures related to obesity** including, but may not be limited to:

- Liposuction (eg, suction assisted lipectomy, ultrasonic assisted liposuction); **OR**
- Surgical procedures for the removal of excess skin and/or fat in conjunction with, or resulting from, weight loss or weight loss surgery (may be excluded by certificate)

These are considered cosmetic and are performed to improve or change appearance or self-esteem. Please refer to the member's individual certificate for the specific definition.

**Intraoperative endoscopy is considered integral to the primary procedure and not separately reimbursable.**

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

| CPT® Code(s) | Description | Comments |
|---|---|---|
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | **Not Covered** |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) | **Not Covered** |
| 43631 | Gastrectomy, partial, distal; with gastroduodenostomy | |
| 43632 | Gastrectomy, partial, distal; with gastrojejunostomy | |
| 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction | |
| 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch | |
| 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 | **Not Covered if used to report any procedure outlined in Coverage Limitations section** |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, 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 | |

| | | |
|---|---|---|
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | **Not Covered** |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than 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) | |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy | |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only | |
| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | |
| 43999 | Unlisted procedure, stomach | **Not Covered if used to report any procedure outlined in Coverage Limitations section** |
| 44238 | Unlisted laparoscopy procedure, intestine (except rectum) | **Not Covered if used to report any procedure outlined in Coverage Limitations section** |
| 44799 | Unlisted procedure, small intestine | **Not Covered if used to report any procedure outlined in Coverage Limitations section** |
| 64999 | Unlisted procedure, nervous system | **Not Covered if used to report any procedure outlined in Coverage Limitations section** |

| CPT® Category III Code(s) | Description | Comments |
|---|---|---|
| 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon | **Not Covered**<br><br>**New Code Effective 01/01/2024** |
| **HCPCS Code(s)** | **Description** | **Comments** |
| C9784 | Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | **Not Covered**<br><br>**New Code Effective 07/01/2023** |
| C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | **Not Covered**<br><br>**New Code Effective 07/01/2023** |
| S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline | **Considered integral to the office visit and not separately reimbursable** |
| S9449 | Weight management classes, nonphysician provider, per session | **Not Covered** |
| S9451 | Exercise classes, nonphysician provider, per session | **Not Covered** |
| S9452 | Nutrition classes, nonphysician provider, per session | **Not Covered** |

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## Appendix

**Appendix A**
**BMI Categories for Adults**[38]

| BMI Category | BMI Range (kg/m$^2$) |
|---|---|
| Underweight | Less than 18.5 |
| Healthy Weight | 18.5 to less than 25 |
| Overweight | 25 to less than 30 |
| Obesity | 30 or greater |
| Class 1 Obesity | 30 to less than 35 |
| Class 2 Obesity | 35 to less than 40 |
| Class 3 Obesity (Severe Obesity) | 40 or greater |
| BMI is a calculation of a body person's weight (in kilograms) divided by the square of their height (in meters). | |

**Appendix B**

**BMI Categories for Children and Teens age 2-19**[39]

| BMI Category | BMI Range (kg/m$^2$) |
|---|---|
| Underweight | Less than the 5$^{th}$ percentile |
| Healthy Weight | 5$^{th}$ percentile to less than the 85$^{th}$ percentile |
| Overweight | 85$^{th}$ percentile to less than the 95$^{th}$ percentile |
| Obesity | 95$^{th}$ percentile or greater |
| Severe Obesity | 120% of the 95$^{th}$ percentile or greater, or 35 kg/m$^2$ or greater |
| Class 2 Obesity[2] | 120% to less than 140% of the 95$^{th}$ percentile, or BMI 35 kg/m$^2$ to less than 40 kg/m$^2$ |
| Class 3 Obesity[2] | 40% of the 95$^{th}$ percentile or greater, or BMI 40 kg/m$^2$ or greater |

BMI is a calculation of a body person's weight (in kilograms) divided by the square of their height (in meters). BMI categories for children and teens are based on sex-specific BMI-for-age percentiles (or BMI percentiles). The American Academy of Pediatrics uses an expanded definition of severe obesity.[2]

## Change Summary

08/29/2024 Annual Review, Coverage Change.