

Bariatric Surgery

Humana

Medicaid Medical Coverage Policy

Original Effective Date: 08/08/2022

Effective Date: 05/18/2026

Review Date: 09/02/2025

Policy Number: LA.CLI.038.001

Line of Business: Medicaid

State: LA

Table of Contents

[Description](#)

[Coverage Limitations](#)

[References](#)

[Appendix](#)

[Coverage Determination](#)

[Coding Information](#)

[Change Summary](#)

Disclaimer

The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

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 are 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:

- Laparoscopic sleeve gastrectomy (LSG) 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.
- 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 number 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 an individual with as a body mass index [BMI] greater than or equal to 50 kg/m².

Coverage Determination

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for **bariatric surgery** when ALL the following criteria are met:

- The individual has received a preoperative evaluation within the previous 12 months of the scheduled surgery to include **ALL** of the following;
 - Conducted by a multidisciplinary team including, at a minimum;
 - A physician; **AND**
 - Nutritionist OR dietician; **AND**
 - A licensed qualified mental health professional; **AND**
 - For individuals under the age of 18, the multidisciplinary team must have pediatric expertise;

AND

- The preoperative evaluation must document all of the following:
 - A determination that previous attempt(s) at weight loss have been unsuccessful and that future attempts, other than bariatric surgery, are not likely to be successful; **AND**
 - A determination that the individual is capable of adhering to the post-surgery diet and follow-up care; **AND**
 - For individuals capable of becoming pregnant, counseling to avoid pregnancy preoperatively and for at least 12 months postoperatively and until weight has stabilized

Adults 18 Years of Age and Older

- Individuals age 18 and older must meet the following criteria:
 - BMI equal to or greater than 40 kg/m², or more than 100 lbs overweight; **OR**
 - BMI of greater or equal to 35 kg/m² with one or more of the following comorbidities related to obesity:

- Cardiovascular disease (eg, stroke, myocardial infarction, poorly controlled hypertension (systemic blood pressure greater than 140 mm Hg or diastolic blood pressure 90 mm Hg or greater, despite pharmacotherapy); **OR**
- History of cardiomyopathy; **OR**
- History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty; **OR**
- Obstructive sleep apnea confirmed on polysomnography with an AHI or RDI greater than or equal to 30; **OR**
- Type 2 diabetes mellitus; **OR**
- Any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss;

OR

- BMI of 30 to 34.9 kg/m² with type 2 diabetes mellitus if hyperglycemia inadequately controlled despite optimal medical control by oral or injectable medications

Pediatric Individuals 13 Through 17 Years of Age

- Individuals age 13 through 17 years old must have one of the following:
 - BMI equal to or greater than 40 kg/m² or 140% of the 95th percentile for age and sex, whichever is lower; **OR**
 - BMI of 35 to 39.9 kg/m² or 120% of the 95th percentile for age and sex, whichever is lower, with one or more of the following comorbidities related to obesity:
 - Blount's disease; **OR**
 - Gastroesophageal reflux disease; **OR**
 - Hypertension; **OR**
 - Idiopathic intracranial hypertension; **OR**
 - Nonalcoholic steatohepatitis; **OR**
 - Obstructive sleep apnea confirmed on polysomnography with an AHI greater than 5; **OR**

- Slipped capital femoral epiphysis; **OR**
- Type 2 diabetes mellitus; **OR**
- Any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss

Note: Requests for bariatric surgery for members under the age of 13 will be reviewed on a case-by-case basis.

Revision

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

- Initial bariatric surgery requirements are met; **OR**
- Major surgical complication resulting from the initial bariatric procedure or its mechanical failure. 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 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 GERD refractory to maximum medical treatment including anti-reflux medications (over-the-counter and/or prescription); **OR**
 - Staple line dehiscence; **OR**
 - Stomal stenosis

Panniculectomy After Bariatric Surgery

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for **panniculectomy subsequent to bariatric surgery** when ALL the following criteria are met:

- The individual had bariatric surgery at least 18 months prior and the individual's weight has been stable for at least 6 months; **AND**
- The pannus is at or below the level of the pubic symphysis; **AND**
- The pannus causes significant consequences, as indicated by one or more of the following:
 - Cellulitis, other infections, skin ulcerations, or persistent dermatitis that failed to respond to at least 3 months of nonsurgical treatment; **OR**
 - Functional impairment such as interference with ambulation

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for **bariatric surgery** or **panniculectomy subsequent to bariatric surgery** for any indication other than those above.

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
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	
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)	
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)	
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	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

References

1. Hayes, Inc. Medical Technology Directory. Open restrictive bariatric surgery: gastroplasty and gastric banding. <https://evidence.hayesinc.com>. Published June 7, 2007. Updated June 22, 2011.
2. Hayes, Inc. Medical Technology Directory. Revisional surgery for treatment of complications after bariatric surgery. <https://evidence.hayesinc.com>. Published July 24, 2014. Updated July 26, 2018.
3. Horgan S, Jacobsen G, Weiss GD, et al. Incisionless revision of post-Roux-en-Y bypass stomal and pouch dilation: multicenter registry results. *Surg Obes Relat Dis*. 2010 May-Jun;6(3):290-295.
4. Lee Y, Ellenbogen Y, Doumouras AG, Gmora S, Anvari M, Hong D. Single- or double-anastomosis duodenal switch versus Roux-en-Y gastric bypass as a revisional procedure for sleeve gastrectomy: A systematic review and meta-analysis. *Surg Obes Relat Dis*. 2019;15(4):556-566.
5. Louisiana Department of Health. Medicaid Services Manual. Chapter 5: Professional Services. <https://ldh.la.gov/medicaid>. Published February 1, 2012. Updated August 1, 2025

Change Summary

8/22/22: Policy Creation-Approved by LDH for Readiness

5/15/23: Approved by LA UM Committee

9/26/23: Changed to new template for Annual Review Due by 5.15.24

9/26/24: Annual Review, minor grammatical changes and updated references to most recent edition reviewed

1/20/25: Updates approved by LDH.

09/02/2025 Annual Review, Coverage Change (revision/conversion criteria) New Clinical Coverage Policy Template