



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

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for **gastric bypass surgery** must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for **Clinical Exception (Individual Consideration)** explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Surgical Management of Obesity [\(047\)](#) using [Authorization Manager](#)

For out of network providers: Requests should still be faxed to 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 for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

| | |
|--------------------------------|--|
| <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 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"/> 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 |
| <input type="checkbox"/> 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption |

Patient Selection Criteria

Patient is morbidly obese with a BMI >40kg/m² or the patient has a BMI >35kg/m² with one or more severe co-morbidities that are likely to reduce quality of life and/or life expectancy. Please check to indicate individual's co-morbidities:

- Coronary Artery Disease
- Pickwickian syndrome
- Pseudo-tumor Cerebri
- Obesity-related cardiomyopathy
- 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
- Individual has a BMI >30kg/m² and has type 2 diabetes.
- 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[®], Inc. *Registered Mark of the Blue Cross Blue Shield Association. PEP-2658 (rev 5/24)