



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)