Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines: **Bariatric Surgery**

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

For Harvard Pilgrim Health Care Members:

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions here). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742

For Tufts Health Plan Members:

To obtain InterQual® SmartSheets™

- **Tufts Health Plan Commercial Plan products:** If you are a registered Tufts Health Plan provider click here to access the Provider Website. If you are not a Tufts Health Plan provider, please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888-884-2404
- **Tufts Health Public Plans products (excludes Tufts Health Together and Tufts Health One Care Plan- See below):** InterQual® SmartSheet(s) available as part of the prior authorization process

Tufts Health Plan requires the use of current InterQual® Smartsheet(s) to obtain prior authorization.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual® SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan

Overview

Harvard Pilgrim Health Care Commercial Products:

Harvard Pilgrim Health Care (HPHC) has designated selected in-network facilities as Weight Loss Surgery Centers of Excellence (COE); these facilities provide access to integrated programs focused on patient health, safety and cross-functional team support, and have met stringent quality criteria established by the American College of Surgeons and/or the American Society for Metabolic and Bariatric Surgery.

- A list of designated Weight Loss Surgery Centers of Excellence is published on HPHC's public website: https://www.harvardpilgrim.org/public/find-a-provider

To ensure quality of care, HMO members should be directed to a designated Weight Loss Surgery Center of Excellence.

- For POS and PPO members, medically necessary procedures performed at designated Centers of Excellence facilities are covered at in-network cost; procedures performed at non-COE facilities may be covered at out-of-network benefits levels.

Tufts Health Plan Commercial HMO and EPO Products:

Bariatric surgery must be performed at facilities in the Designated Provider Network for Bariatric Surgery (DPNBS) in order for the procedure to be covered for HMO and EPO Members.

Tufts Health Plan Commercial POS and PPO Products:

If POS and PPO Members want to receive coverage at the authorized/In-network level of benefits, bariatric surgery must be performed at one of the facilities in the Designated Provider Network for Bariatric Surgery (DPNBS). For POS/ PPO Members, if bariatric surgery is not performed at a DPNBS facility, coverage will be provided at the unauthorized/out of network level of benefits.

Tufts Health Together:

Bariatric surgery must be performed at facilities that are either accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery or have waiver status from Mass Health. For a listing of facilities, refer to Hospital and Facilities | ACS (facs.org).

Clinical Guideline Coverage Criteria

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan Members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations where available. For Tufts Health One Care plan and Tufts Health Together plan Members, the following criteria is used: Mass Health Guidelines for Medical Necessity Determination for Bariatric Surgery

The Plan requires the use of InterQual® Subsets or SmartSheets for the following procedures:

1. Adjustment of Gastric Band Diameter – Adult
2. Biliopancreatic Diversion with Duodenal Switch – Adult
3. Revisional Procedure – Adult
4. Laparoscopic Adjustable Gastric Band - Adult
5. Laparoscopic Adjustable Gastric Band (Repair, Revision) – Adult
6. Laparoscopic Adjustable Gastric Band (Removal) – Adult
7. One Anastomosis Gastric Bypass (OAGB) – Adult
8. Roux-en-Y Gastric Bypass (RYGB) – Adult
9. Sleeve Gastrectomy - Adult

For adolescents the Plan requires the use of InterQual® Subsets or SmartSheets for the following procedures:

1. Laparoscopic Adjustable Gastric Band (Removal) – Adolescent
2. Laparoscopic Adjustable Gastric Band (Repair Revision) – Adolescent
3. Revisional Procedure – Adolescent
4. Roux-en-Y Gastric Bypass - Adolescent
5. Sleeve Gastrectomy – Adolescent

Limitations

The Plan considers the following procedures to be investigational and, therefore, not medically necessary:

1. Intragastric balloon procedures for the treatment of obesity (e.g., Orbera Intragastric Balloon System, ReShape Integrated Dual Balloon System)
2. Endoscopic sclerotherapy for bariatric indications (e.g., revision of Roux-en-Y procedure to address weight regain) and endoscopic gastric suturing (e.g., with the Apollo Overstitch™ System) for revision of gastric bypass or as a primary bariatric procedure
3. Single anastomosis gastric bypass (also referred to as “mini gastric bypass”)
4. TransPyloric Shuttle
5. Bariatric Surgery, Adjustable Gastric Banding in Adolescents

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
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 (e.g., 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 (i.e., sleeve gastrectomy)
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
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with 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
*43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
43999	Unlisted procedure, stomach

***For code 43889, Endoscopic Sleeve Gastroplasty (ESG), PA is required for Tufts Health Together and Tufts Health One Care plan; For all other plans, this procedure is considered investigational.**

References:

1. Apollo ESG System (Apollo Endosurgery Inc.) for Endoscopic Sleeve Gastroplasty. Hayesinc.com/login [via subscription only]. Published September 11, 2024. Accessed March 25, 2025.
2. Comparative Effectiveness Review of Bariatric Surgeries for Treatment of Obesity in Adolescents. Hayesinc.com/login [via subscription only]. Published January 13, 2019. Updated January 20, 2022. Accessed March 25, 2025.
3. Comparative Effectiveness Review of Mini Gastric Bypass–One Anastomosis Gastric Bypass for the Treatment of Obesity: A Review of Reviews. Hayesinc.com/login [via subscription only]. Published May 30, 2018. Updated January 20, 2023. Accessed March 25, 2025.
4. Comparative Effectiveness of Roux-en-Y Gastric Bypass and Sleeve Gastrectomy for Treatment of Type II Diabetes: A Review of Reviews. Hayesinc.com/login [via subscription only]. Published July 27, 2017. Updated September 10, 2021. Accessed March 25, 2025.
5. Endoscopic Sleeve Gastroplasty (ESG) Using the Apollo ESG System/Overstitch Endoscopic Suturing System (Boston Scientific Corp.) for Treating Obesity. ECRI Evidence Analysis. Ecri.com/login [via subscription only. Published June 3, 2025. Accessed May 20, 2026.
6. Intragastric Balloons for Treatment of Obesity**.** Hayesinc.com/login [via subscription only]. Published March 29. 2018. Updated March 16, 2022. Accessed March 25, 2025.
7. Laparoscopic Adjustable Gastric Banding for Weight Reduction in Obese Adults. Hayesinc.com/login [via subscription only]. Published December 19, 2024. Accessed March 25, 2025.
8. OverStitch Endoscopic Suturing System (Apollo Endosurgery Inc.) for Transoral Outlet Reduction. Hayesinc.com/login [via subscription only]. Published December July 22, 2022. Updated July 24, 2024. Accessed March 25, 2025
9. Mass Health MassHealth Guidelines for Medical Necessity Determination for Bariatric Surgery | Mass.gov. March 2025. Accessed May 19, 2026.
10. Orbera Intragastric Balloon (Apollo Endosurgery, Inc.) for Treating Obesity. ECRI Evidence Analysis. Ecri.com/login [via subscription only. Published April 25, 2025. Accessed May 20, 2026.
11. Single-Anastomosis Duodenal Switch for Weight Loss. Health Technology Assessment. Hayesinc.com/login [via subscription only]. Published December 3, 2024. Accessed March 25, 2025.

Approval And Revision History

February 16, 2022: Reviewed by Medical Policy Approval Committee (MPAC) for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan with an effective date of March 4, 2022. Retired medical policy for “Reoperation of Bariatric Operations”; content for reoperation included in this MNG and procedures now require review with IQ SmartSheets

Subsequent endorsement date(s) and changes made:

- November 16, 2022: Reviewed by MPAC; bariatric surgery must be performed at facilities in the Designated Provider Network to be covered for Public Plan Products, effective January 1, 2023.
- December 1, 2022: Reviewed by MPAC, renewed without changes
- June 21, 2023: Review by MPAC, renewed without changes
- September 20, 2023: Review by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care and updated One Care criteria effective January 1, 2024
- December 1, 2023: Reviewed and approved by the UM Committee effective January 1, 2024
- February 21, 2024: Reviewed by MPAC, addition of a waiver form for THP Together Members for Bariatric Surgery. Criteria for One Care updated to refer to MassHealth criteria effective April 1, 2024
- June 13, 2024: Reviewed and approved by the UM Committee effective July 1, 2024
- June 20, 2024: Reviewed by MPAC for 2024 IQ Upgrade effective August 1, 2024
- May 21, 2025: Reviewed by MPAC for 2025 InterQual Update, effective July 1, 2025
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- September 15, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed
- December 17, 2025: Reviewed by MPAC, For Tufts Health One Care and Tufts Health Together plans, medical necessity determination reviews will be reviewed with the Mass Health “Guidelines for Medical Necessity Determination for Bariatric Surgery” and added new CPT code, 43889 requiring PA for Tufts Health Together and Tufts One Care plan; for all other plans, this procedure is considered investigational, effective February 1, 2026
- May 20, 2026: Reviewed by MPAC for 2026 InterQual Update, administrative update to guideline template and annual review, effective July 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.