

InterQual® Review Summary

Created By:	Singh, Nishant	Criteria Status:	Criteria Met
Created Date:	07-25-2024 09:22 PM IST	Setting:	CMS Inpatient Only
Facility:	Testing Physicians Office West	Criteria Product:	Medicare Procedures
		Criteria Subset:	Bariatric Surgery
		Criteria Version:	InterQual® 2024, Mar. 2024 Release
		Determination #:	100.1

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Utilization Benchmarks

Length of Stay: None selected

Recommendations ✓ indicates reviewer selection

RECOMMENDED Evidence supports services as medically necessary.

- ✓ Laparoscopic Sleeve Gastrectomy - NCD
 - ✓ CPT 43775 LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)
Benchmark Setting: CMS Inpatient Only, Source: CMS
 - Or
 - Laparoscopic Adjustable Gastric Banding - NCD
 - Or
 - Open or Laparoscopic Roux-en-Y Gastric Bypass - NCD
 - Or
 - Open or Laparoscopic Biliopancreatic Diversion with Duodenal Switch - NCD

Medical Review Q & A

CriteriaView™, Selected Recommendations

- ✓ Laparoscopic Sleeve Gastrectomy - NCD

Choose one:

✓ **National Coverage Determination**

- First Coast Service Options, Inc.
- National Government Services, Inc.
- Noridian Healthcare Solutions, LLC
- Novitas Solutions, Inc.
- Palmetto GBA
- Wisconsin Physicians Service Insurance Corporation
- None of the above

CriteriaView™, Selected Recommendations

- ✓ Laparoscopic Sleeve Gastrectomy - NCD

Choose all that apply: [All except Other clinical information (add comment)]

- ✓ **Morbid obesity (BMI ≥ 35 kg/m2)**
- ✓ **Patient has at least one comorbidity related to obesity**
- Other clinical information (add comment)

CriteriaView™, Selected Recommendations

- ✓ Laparoscopic Sleeve Gastrectomy - NCD

Medical treatment for obesity unsuccessful

- ✓ **Yes**
- No

CriteriaView™, Selected Recommendations

- ✓ Laparoscopic Sleeve Gastrectomy - NCD