

Medical Policy

Bariatric Surgery

Policy Number: 1101

Policy History			
Approve Date:	01/01/2020	Effective Date:	01/01/2020
Reviewed/Revised Dates:	01/03/2021		

Preauthorization	
ETF Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.

Policy

Indications of Coverage

- I. All approved Bariatric surgery must be provided at an accredited Bariatric Surgery Center as identified by the American Society for Metabolic and Bariatric Surgery (ASMBS) within the individuals network
- II. Bariatric Surgery using vertical sleeve gastrectomy or Roux-en-Y gastric bypass is considered medically necessary in ADULT patients 18 years of age and older who have completed growth and if ALL of the following criteria are met:
 - A. The individual meets ONE of the following BMI criteria:
 - i. BMI greater than 35 for a minimum of two consecutive years with at least ONE of the following comorbidities:
 1. Severe obstructive sleep apnea OR
 2. Type 2 Diabetes Mellitus OR
 3. Poorly controlled hypertension (BP > 140/90) as documented by provider while compliant with the use of at least three antihypertensive medications OR
 4. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome OR
 5. Severe activity limited degenerative joint disease documented by a medical care provider other than a bariatric surgeon OR
 6. Pseudotumor cerebri
 - ii. An average BMI of greater than 40 for at least a two year time frame
 - B. There is confirmed failure of medically supervised multifaceted weight loss program including consultation with a dietician and pharmacologic interventions of at least five months duration. This must have happened within two years of the request for surgery (see Weight Management Medical Policy 1102).
 - C. The individual must be free of illicit drug use and alcohol abuse or dependence for a minimum of six months prior to surgery
 - D. The individual who have used nicotine/tobacco must have demonstrated successful nicotine cessation program via a negative Smokalyzer and/or nicotine blood test for a minimum of six weeks prior to surgery

- E. The individual has been evaluated by either their primary care physician or cardiologist, assessing the pre-operative condition and surgical risk and deem the individual an appropriate candidate based upon medical criteria
 - F. The individual has been evaluated by and experienced and knowledgeable multidisciplinary bariatric team composed of health care providers with medical, nutritional and psychological training. The evaluation must include at a minimum the following:
 - i. Complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management
 - ii. Evaluation for correctable endocrinopathy that might contribute to obesity
 - iii. Psychological or psychiatric evaluation to determine appropriateness for surgery
 - G. Individual with a psychiatric disorder are undergoing active treatment
 - H. Individual must agree to attend medically supervised post-operative weight management program for a minimum of six months post-surgery for the purpose of ongoing dietary, physical activity, behavioral/psychological and medical education and monitoring
 - I. Individual has no evidence of active cancer
 - J. Documentation of willingness to comply with the preoperative and postoperative plans
 - K. Pregnancy is an exclusion. Procedure will not be considered for at least one year after the date of delivery
 - L. Revisions will not be covered for weight regain or failed weight loss
- III. Bariatric Surgery using vertical sleeve gastrectomy or Roux-en-Y gastric bypass is considered medically necessary in adolescents who have completed growth (Typically girls aged 13 – 14 and older and boys aged 15-16 and older) if ALL of the following criteria are met
- A. The individual meets ONE of the following BMI criteria:
 - i. BMI of 30.1-34.9 with Type 2 Diabetes mellitus and inadequately controlled hyperglycemia as demonstrated by an inability to maintain a hemoglobin A1c below 8% despite optimal medical management including but not limited to oral medication and or insulin
 - ii. BMI greater than 35 for a minimum of two consecutive years with at least TWO of the following comorbidities:
 - 1. Severe obstructive sleep apnea OR
 - 2. Type 2 Diabetes Mellitus OR
 - 3. Poorly controlled hypertension (BP > 140/90) as documented by provider while compliant with the use of at least three antihypertensive medications OR
 - 4. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome OR
 - 5. Severe activity limited degenerative joint disease documented by a medical care provider other than a bariatric surgeon OR
 - 6. Pseudotumor cerebri
 - iii. An average BMI of greater than 40 for at least a two year time frame
 - B. There is confirmed failure of medically supervised multifaceted weight loss program including consultation with a dietician and pharmacologic interventions of at least five months duration. This must have happened within two years of the request for surgery (see Weight Management Medical Policy 1102 for an explanation of covered services)
 - C. The individual must be free of illicit drug use and alcohol abuse or dependence for a minimum of six months prior to surgery
 - D. The individual who have used nicotine/tobacco must have demonstrated successful nicotine cessation program via a negative Smokalyzer and/or nicotine blood test for a minimum of six weeks prior to surgery
 - E. The individual has been evaluated by either their primary care physician or cardiologist, assessing the pre-operative condition and surgical risk and deem the individual an appropriate candidate based upon medical criteria

- F. The individual has been evaluated by and experienced and knowledgeable multidisciplinary bariatric team composed of health care providers with medical, nutritional and psychological training. The evaluation must include at a minimum the following:
 - i. Complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management
 - ii. Evaluation for correctable endocrinopathy that might contribute to obesity
 - iii. Psychological or psychiatric evaluation to determine appropriateness for surgery
 - G. Individual with a psychiatric disorder are undergoing active treatment
 - H. Individual must agree to attend medically supervised post-operative weight management program for a minimum of six months post-surgery for the purpose of ongoing dietary, physical activity, behavioral/psychological and medical education and monitoring
 - I. Individual has no evidence of active cancer
 - J. Documentation of willingness to comply with the preoperative and postoperative plans
 - K. Pregnancy is an exclusion. Procedure will not be considered for at least one year after the date of delivery
 - L. Revisions will not be covered for weight regain or failed weight loss
- IV. Reversal Bariatric Surgery
- A. Gastric band removal is considered medically necessary for symptomology (e.g. persistent nausea and/or vomiting, GE reflux) with or without imaging evidence of obstruction
 - B. Either of the following procedures may be considered medically necessary when an individual develops a major complication from a primary bariatric surgery procedure (e.g. stricture obstruction, erosion, gastric prolapse, ulceration, fistula formation, esophageal dilatation)
 - i. Surgical repair OR
 - ii. Reversal
- V. Non-covered Services
- A. Vertical banded gastroplasty
 - B. Intra-gastric balloons, gas or saline filled
 - C. Loop gastric bypass
 - D. Adjustable gastric band surgery (LAP-Band) Roux-en-Y gastric bypass surgery for the treatment of gastroesophageal reflux disease (GERD)
 - E. Mini-gastric bypass (gastric bypass using a Billroth II anastomosis)
 - F. Distal gastric bypass (long limb gastric bypass)
 - G. Biliopancreatic bypass (i.e. the Scopinaro procedure)
 - H. Biliopancreatic bypass with duodenal switch

References

The above policy is based on the following references:

1. Centers for Medicare and Medicaid services. National coverage determination (NCD) for gastric balloon for treatment of obesity. Available at: [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCAId=262&NcaName=Ocular+Photodynamic+Therapy+\(OPT\)+with+Verteporfin+for+Macular+Degeneration&ExpandComments=y&CommentPeriod=0&NCDId=111&ncdver=1&bc=AIAAAAAAIEAAAA%3D%3D& accessed November 7, 2018.](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCAId=262&NcaName=Ocular+Photodynamic+Therapy+(OPT)+with+Verteporfin+for+Macular+Degeneration&ExpandComments=y&CommentPeriod=0&NCDId=111&ncdver=1&bc=AIAAAAAAIEAAAA%3D%3D& accessed November 7, 2018.)
2. Colquitt JL, Pickett K, Loveman E, Frampton GK. Surgery for weight loss in adults. Cochrane Database of Systematic Reviews 2014, Issue 8. Art. No.: CD003641. DOI: 10.1002/14651858.CD003641.pub4.
3. Hayes, Inc. Directory.

- Comparative effectiveness of Roux-en-Y gastric bypass and sleeve gastrectomy for treatment of type 2 diabetes: a review of reviews. Published: July 27, 2017. Annual review: July 10, 2018. Accessed: November 7, 2018.
 - Comparative effectiveness review. Bariatric surgeries for treatment of obesity in adolescents. Publication date: May 17, 2018. Accessed November 7, 2018.
 - Roux-en-Y gastric bypass for treatment of type 2 diabetes: a review of reviews. Published: May 25, 2017. Annual review: May 20, 2018. Accessed: November 7, 2018.
4. Jensen MD, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *JACC*. 2014;63(25):2985-3023.
 5. Mechanick JI, et al. Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgical patient – 2013 update: cosponsored by the AACE, The Obesity Society, and ASMBS. *Obesity*. 2013;21(S1):S1-S27.
 6. Michalsky M, Reichard K, Inge T, Pratt J, Lenders C. ASBMS pediatric committee best practice guidelines. *Surgery for Obesity and Related Diseases*. 2012; 8:1-7.