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## **Bariatric Surgery and Weight Management Procedures**

**MP9319**

**Covered Service:** Yes—when meets criteria **and** a covered benefit of the specific plan type.

### **Prior Authorization**

**Required:** Yes

### **Additional**

**Information:** An approved prior authorization is valid for six (6) months

### **Prevea360 Health Plan Medical Policy:**

*BMI calculations used in the policy below are considered acceptable as long as weights are within 5 lbs. of recent documented weight.*

- 1.0 An **initial** gastrointestinal surgical procedure for obesity for members over 18 years of age **requires** prior authorization through the Health Services Division and may be approved if **ALL** of the following criteria are met:
  - 1.1 **One** of the following procedures is being requested:
    - 1.1.1 Open or laparoscopic Roux-en-Y (RNY) gastric bypass
    - 1.1.2 Laparoscopic adjustable silicone gastric banding
    - 1.1.3 Open or laparoscopic sleeve gastrectomy
    - 1.1.4 Open or laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS)
    - 1.1.5 Single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S); **AND**
  - 1.2 The initial pre-surgical consultation with the bariatric surgery team has occurred at least one month prior to the date of surgery; **AND**
  - 1.3 The member meets **ANY** of the following criteria:
    - 1.3.1 Their **BMI is greater than or equal to 40**, and **ALL** of the following are documented:
      - 1.3.1.1 BMI is recorded at least one month prior to surgery, and
      - 1.3.1.2 Member has participated in a diet, nutrition, and exercise regimen as recommended and documented by the bariatric surgical preparatory team; **OR**
    - 1.3.2 Their **BMI is between 35 and 39.9**, and **ALL** of the following are documented:
      - 1.3.2.1 BMI is recorded at least one month prior to surgery, and

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1.3.2.2 A diagnosis of at least **one** of the following comorbid conditions is documented in the medical record:

- 1.3.2.2.1. Diabetes Mellitus requiring prescription medication or a glycosylated hemoglobin (HgbA1c) level at or above 8% documented within the 12 months prior to surgical intervention;
- 1.3.2.2.2. Clinically significant hyperlipidemia or dyslipidemia requiring medical management or a documented LDL level greater than 130 mg/dL;
- 1.3.2.2.3. Hypertension requiring medical management or systolic blood pressure equal to or greater than 140 mm/Hg and/or diastolic blood pressure >90 mm/Hg on more than one occasion
- 1.3.2.2.4. Obstructive sleep apnea requiring CPAP or other related sleep apnea treatment
- 1.3.2.2.5. Non-alcoholic steatohepatitis (NASH)
- 1.3.2.2.6. Non-alcoholic fatty liver disease (NAFLD)
- 1.3.2.2.7. Significant gastroesophageal reflux disease (GERD) (e.g. esophagitis with open reflux/transient lower esophageal sphincter relaxation when Nissen fundoplication has previously determined not appropriate); **OR**

1.3.3 Their **BMI is between 30.1 and 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 treatment such as oral medication and/or insulin).

1.4 Psychiatric or psychological evaluation by a licensed mental health professional has been conducted within the last 12 months, and **ALL** of the following are documented:

- 1.4.1 Confirmation of the member's ability to understand the risks and goals of the surgical procedure;
- 1.4.2 Absence of unmanageable acute psychiatric illness and/or psychological distress;
- 1.4.3 Confirmation of the member's understanding of need to comply with long-term aftercare and with the behavioral changes expected after surgery;

**AND**

2.0 An **initial** gastrointestinal surgical procedure for obesity for members less than or equal to 18 years of age **requires** prior authorization through the Health Services Division and may be approved if **ALL** of the following criteria are met:

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- 2.1 The member meets all criteria of 1.0; **AND**
- 2.2 Greater than 95% of estimated adult height has been achieved based on previously documented individual growth pattern (e.g., two years times two measurement, mid-parental measurement, growth chart tracking); **AND**
- 2.3 Member has reached a minimum Tanner stage of IV.
- 3.0 **Revisional** gastrointestinal surgery for obesity **requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
  - 3.1 **One** of the following procedures is being requested:
    - 3.1.1 Open or laparoscopic Roux-en-Y (RNY) gastric bypass
    - 3.1.2 Open or laparoscopic sleeve gastrectomy
    - 3.1.3 Open or laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS)
    - 3.1.4 Removal of adjustable gastric band and/or port
    - 3.1.5 Vertical banded gastroplasty (VBG); **AND**
  - 3.2 Documentation in the medical record indicates the BMI prior to the initial procedure met the criteria in 1.3; **AND**
  - 3.3 Documentation in the medical record demonstrates a surgical complication following the primary procedure, including medical confirmation (e.g. imaging results, endoscopy reports as appropriate). Examples of complications include, but are not limited to **ANY** of the following:
    - 3.3.1 Stoma ulcer or dilation
    - 3.3.2 Mechanical malnutrition
    - 3.3.3 Significant malnutrition
    - 3.3.4 Stenosis
    - 3.3.5 Leakage (e.g. from staple line breakdown, distal stricture, band, port, tubing)
    - 3.3.6 Esophageal or pouch dilation
    - 3.3.7 Uncontrollable gastroesophageal reflux (with or without hiatal hernia), esophagitis, and/or vomiting
    - 3.3.8 Gastric band erosion or slippage of gastric band or port
    - 3.3.9 Infection around hardware (e.g., port used for band adjustments, staple line)
      - 3.3.10 New or recurrent hiatal hernia
      - 3.3.11 Gastric hemorrhage

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- 3.3.12 Hardware failure/malfunction of a mechanical device
- 3.3.13 Gastrogastic fistula
- 3.4 A second procedure for gastrointestinal surgery for obesity or a reversal (takedown) in the absence of complications is considered not medically necessary and therefore not covered.
- 4.0 The following surgical procedures are considered experimental and investigational, and therefore are not medically necessary:
  - 4.1 Open loop gastric bypass (mini-gastric-bypass; omega loop gastric bypass; single-anastomosis bypass)
  - 4.2 Distal gastric bypass (long limb gastric bypass)
  - 4.3 Unmodified biliopancreatic diversion (e.g. the Scopinaro procedure)
  - 4.4 Combined vertical banded gastroplasty-gastric bypass.
  - 4.5 Magenstrasse and Mill Procedure (laparoscopic non banded vertical gastroplasty)
  - 4.6 Single-Anastomosis Duodenal Switch, stand-alone procedure (aka, stomach intestinal pylorus-sparing surgery; SIPS)
  - 4.7 Transected silastic ring vertical gastric bypass (Fobi pouch)
- 5.0 The following procedures for weight management are considered experimental and investigational, and therefore are not medically necessary:
  - 5.1 Endoscopic Bariatric Therapy (EBT) (e.g. AspireAssist Weight Loss Therapy Implant)
  - 5.2 Vagus Nerve Blocking Neurostimulation Therapy (VBLOC) (e.g. Maestro Rechargeable System for Weight Loss)
  - 5.3 Transoral endoscopic procedures for obesity including, but not limited to, natural orifice transluminal endoscopic surgery (NOTES techniques) and endoscopic revision following bariatric surgery including, but not limited to, endoluminal suturing and/or stapling, prosthetic insertion (e.g., intragastric balloon; endoluminal sleeve, endoscopic sclerosant injection, or transoral outlet reduction (TORe) endoscopy procedure).
- 6.0 The following services are not covered:
  - 6.1 Education classes
  - 6.2 Liquid protein diet replacement/supplements
  - 6.3 Over-the-counter appetite suppressants/weight loss medications
  - 6.4 Over-the-counter vitamin and/or mineral supplements
  - 6.5 Weight loss program fees

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