

Policy Number: PA-040
Last Review Date: 11/30/2020
Effective Date: 01/01/2021

Policy

The Northern Light Employee Health Plan (powered by Beacon Health) considers Bariatric Surgery medically necessary for the following indications:

Bariatric Surgery for Adults - Initial Bariatric Surgery:

The following bariatric surgical procedures are considered to be medically appropriate and eligible for payment when the following medical necessity criteria listed below are met:

- Roux-en-Y Gastric Bypass (RYGP)
- Biliopancreatic Diversion with Duodenal Switch, (BPD)
- Adjustable Gastric Banding (ASGB)
- Sleeve Gastrectomy as a primary procedure
- Modified Duodenal Switch with Single Anastomosis (SADI/SIPS)

Criteria for Adult (> 18 years) Initial Bariatric Surgery: Initial bariatric surgical procedures listed above are considered medically necessary when ALL of the following are met:

1. The member must be at least 18 years of age (See Adolescent Bariatric Surgery Section for indications for those between 13 and 18 years of age). Bariatric surgery is not recommended for members under the age of 13.
2. The member has no medical, cognitive, or other psychiatric condition that is likely to interfere with their ability to manage the sequelae of the surgery.
 - a. No drug or alcohol misuse by history OR drug and alcohol free period \geq 1 year
3. Members with a history of psychiatric or psychological disorder or who are currently under the care of a psychologist/psychiatrist, or on psychotropic medications, must undergo preoperative psychological evaluation and clearance including documentation of the evaluation and assessment.
4. The requirements specified for a member's documented BMI according to the following categories listed below:

- BMI > 40- no comorbid condition is required.
- BMI 35- <40

Member must meet both of the below criteria:

- Must have one or more of the following co-morbidities:
 - o Type II Diabetes Mellitus
 - o Significant cardiovascular disease (e.g. coronary artery disease (CAD) under treatment, right ventricular hypertrophy (RVH) or left ventricular hypertrophy (LVH), cardiomyopathy)
- AND
- o Hypertension
 - o Lipid Abnormalities

o Symptomatic sleep apnea (apnea-hypopnea index [AHI] >10) or Chronic Pulmonary disease requiring at least one (1) medication or Positive Airway

Pressure (PAP) devices (e.g. pulmonary hypertension, Pickwickian syndrome).

o Pseudo tumor cerebri (documented idiopathic intracerebral hypertension)

o Hepatic steatosis without prior evidence of active inflammation

o Severe arthropathy of spine and/or weight-bearing joints

And

- Must have documentation of failed physician- supervised multidisciplinary weight loss program.

Repeat, Revision Bariatric Surgery:

Repeat or revision bariatric surgery is considered medically necessary for any of the following:

1. To correct complications from surgery such as obstructions or strictures.
2. Conversion to a Sleeve Gastroectomy, Roux-en-Y (RYGP), SADI/SIP, or Biliopancreatic Diversion with Duodenal Switch (BPD) when the member has not had loss of more than 50% of excess body weight two years after primary bariatric surgery and they have been compliant with prescribed nutrition and exercise program.
3. When the primary procedure has failed due to dilation of the gastric pouch if both of the following conditions exist:
 - If the primary procedure was successful in inducing weight loss prior to the pouch dilation
 - And
 - The member has been compliant with the prescribed nutrition and exercise program

Adolescent Bariatric Surgery:

Must be performed at a Comprehensive Center accredited to perform surgery on adolescent patients.

Adolescent Bariatric Surgical Procedures:

The following bariatric surgical procedures are considered to be medically appropriate and eligible for payment when all of the following medical necessity criteria listed below are met:

- Laparoscopic Roux-en-Y Gastric Bypass (RYGB)
- Laparoscopic Adjustable Gastric Banding(LASGB)
- Laparoscopic Vertical Sleeve Gastrectomy

Criteria for Adolescent Bariatric Surgery:

Adolescent Bariatric Surgery requires mandatory secondary medical review prior to approval.

Bariatric surgical procedures are considered medically necessary for adolescents (between 13 and 18 years of age) when all of the following are met:

1. The member has achieved full or nearly full (e.g., greater than or equal to 95%) skeletal growth/maturity documented by radiologic study.

2. The member has demonstrated commitment to comprehensive pediatric psychological evaluation both before and after surgery and agrees to avoid pregnancy for at least 1 year postoperatively.

3. The member has no medical, cognitive, or other psychiatric condition that is likely to interfere with their ability to manage the sequelae of surgery. E.g. • No drug or alcohol misuse by history OR drug and alcohol free period \geq 1 year • No behavioral health disorder by history OR behavioral health disorder treated.

4. The requirements specific for a member's documented BMI according to the following categories listed below:

BMI equal to or greater than 35 and less than 40: Member must meet both criteria:

- Must have one or more of the following co-morbidities:
 - o Type 2 diabetes mellitus
 - o Moderate or severe obstructive sleep apnea (AHI \geq 15 events/hour)
 - o Pseudo tumor cerebri
 - o Severe nonalcoholic steatohepatitis

AND

- Must have documentation of failed physician supervised multidisciplinary weight loss program lasting at least 4 months.

BMI equal to or greater than 40

Member must meet both criteria:

- Must have one or more of the following co-morbidities
- Any of the co-morbidities listed directly above in the Section- BMI equal to or greater than 35 and less than 40
- Medically refractory hypertension
- Dyslipidemia
- Obstructive sleep apnea (AHI $>_{\geq}$ 5 events per hour)
- Venous stasis disease
- Panniculitis
- Stress urinary incontinence
- Significant impairment in activities of daily living
- Moderate to severe nonalcoholic fatty liver disease
- Gastro esophageal reflux
- Severe psychosocial distress
- Significantly impaired quality of life
- Weight related arthropathies

AND

- Must have documentation of failed physician- supervised multidisciplinary weight loss program lasting four months.

Limitations:

Procedures listed in this policy are eligible for payment only when less intensive treatments have been attempted and proven unsuccessful. Weight management interventions that employ dietary, exercise, or medical methods must be attempted.

*For members with BMI >35 and <55 -Weight loss attempts without physician supervision through such programs as Weight Watchers, Curves, personal trainers etc. are insufficient to meet the criteria above.

Background Obesity continues to be a major public health problem in the United States, with more than one-third of adults considered obese, as defined by body mass index (BMI). There are approximately 15 million people in the United States with a BMI greater than or equal to 40.

Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions or can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Some of the most important and common co-morbidities include hypertension; dyslipidemia; type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea; respiratory problems; and endometrial, breast, prostate, and colon cancers. Because of the relative lack of success of most weight loss programs, persons with co-morbid conditions related to obesity have turned to bariatric surgery at an exponentially increasing rate.

International Classification of adult underweight, overweight and obesity according to BMI from the World Health Organization (WHO)

Classification	BMI (kg/m²)
Underweight	<18.50
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49
Normal range	18.50 - 24.99
Overweight	≥25.00
Pre-obese	25.00 - 29.99
Obese	≥30.00
Obese Class I	30.00 - 34.99
Obese Class II	35.00 - 39.99
Obese Class III	≥40.00

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
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
43659	Unlisted laparoscopy procedure, stomach
43770	Gastric restrictive procedure; placement of adjustable gastric band
43771	Gastric restrictive procedure; revision of adjustable gastric band
43773	Gastric restrictive procedure; removal and replacement of adjustable gastric band
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, w/bypass; w/short limb Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, w/bypass; w/small bowel reconstruction
43848	Revision of gastric restrictive procedure

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