



Bariatric Surgery

Last Revision/Review Date: November 14, 2018

P&P # C.5.23

A. Documentation Required:

To facilitate the authorization process referral requests must include **ALL** the following:

1. Must be performed by Gundersen Health System or UW Health surgeons.
2. Evaluation from behavioral health, nutritionist, and a primary care physician or cardiology clinician in addition to bariatric surgical consultation.
3. Documentation of BMI over time and attempts to lose weight.
4. Co-morbid medical condition(s), treatments and status of the conditions.
5. Illicit drug use, alcohol use and nicotine use and quit dates as applicable.

B. Criteria for Medical Necessity:

Bariatric Surgery is considered Medically Necessary in **Adult patients 18 years of age and older** who have completed growth if **ALL** the following criteria are met.

1. The patient meets **ONE** of the following BMI criteria:
 - a. BMI greater than 35 for a minimum of two consecutive years with at least **ONE** of the following comorbidities:
 - i. Severe obstructive sleep apnea;
 - ii. Type 2 Diabetes Mellitus;
 - iii. Poorly controlled hypertension (BP >140/90) as documented by provider while compliant with the use of at least 3 antihypertensive medications
 - iv. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome;
 - v. Severe activity limited degenerative joint disease documented by a medical care provider other than the bariatric surgeon;
 - vi. Pseudotumor cerebri; **OR**
 - b. BMI greater than 40 for at least 2 years timeframe (does not mean the BMI must have been >40 for the entire time frame).
2. Prior efforts to lose weight are documented.

3. The patient has been free of illicit drug use and alcohol abuse or dependence for 6 months prior to surgery. Nicotine/tobacco users are required to demonstrate successful nicotine cessation program via a negative Smokalyzer (for smokers) and/or a nicotine blood test for at least 6 weeks prior to surgery.
4. The patient has had a medical evaluation from their primary care physician or cardiology clinician, assessing the preoperative condition and surgical risk and finding the patient to be an appropriate candidate based on medical criteria.
5. The patient has received a preoperative evaluation by an experienced and knowledgeable multidisciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological training. This evaluation must include, at a minimum:
 - a. A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - b. Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - c. Psychological or psychiatric evaluation to determine appropriateness for surgery. This must include an evaluation of the stability of the patient in terms of tolerating the operative procedure and postoperative sequelae, as well as the likelihood of the patient participating in an ongoing weight management program following surgery.
6. Patients with a psychiatric disorder are undergoing active treatment.
7. At least six consecutive months of participation in a weight management program prior to the date of surgery, including dietary counseling, behavioral modification counseling, and attempts at an exercise program.
8. Agreement by the patient to attend a 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.
9. No evidence of active cancer, with the exception of chronic stable cancers such as Chronic Lymphocytic Leukemia.
10. Documentation of willingness to comply with the preoperative and postoperative treatment plans.
11. Pregnancy is an exclusion. Procedure will not be considered until at least one year following delivery.
12. Revisions will not be covered for weight regain or failed weight loss.

Bariatric Surgery using **vertical sleeve gastrectomy or Roux-en-Y gastric bypass** is considered medically necessary in **adolescent patients who have completed growth** (generally girls aged 13-14 and older and boys aged 15-16 and older) if **ALL** the following criteria are met.

1. The patient meets **ONE** of the following BMI criteria:

- a. BMI greater than 35 for a minimum of two consecutive years with at least **ONE** of the following comorbidities:
 - i. Severe obstructive sleep apnea; **OR**
 - ii. Type 2 Diabetes Mellitus; **OR**
 - iii. Poorly controlled hypertension (BP >140/90) as documented by provider while compliant with the use of at least 3 antihypertensive medications;
 - iv. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome; **OR**
 - v. Severe activity limited degenerative joint disease documented by a medical care provider other than the bariatric surgeon; **OR**
 - vi. Pseudotumor cerebri; **OR**
 - b. BMI greater than 40 for at least 2 years timeframe (does not mean the BMI has to have been >40 for the entire time frame).
2. Prior efforts to lose weight are documented.
 3. The patient has been free of illicit drug use and alcohol abuse or dependence for 6 months prior to surgery. Nicotine/tobacco users are required to demonstrate successful nicotine cessation program via a negative Smokalyzer (for smokers) and/or a nicotine blood test for at least 6 weeks prior to surgery.
 4. The patient has had a medical evaluation from their primary care physician or cardiology clinician, assessing the preoperative condition and surgical risk and finding the patient to be an appropriate candidate based on medical criteria.
 5. The patient has received a preoperative evaluation by an experienced and knowledgeable multidisciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological training. This evaluation must include, at a minimum:
 - a. A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - b. Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - c. Psychological or psychiatric evaluation to determine appropriateness for surgery. This must include an evaluation of the stability of the patient in terms of tolerating the operative procedure and postoperative sequelae, as well as the likelihood of the patient participating in an ongoing weight management program following surgery.
 6. Patients with a psychiatric disorder are undergoing active treatment.
 7. At least six consecutive months of participation in a weight management program prior to the date of surgery, including dietary counseling, behavioral modification counseling, and attempts at an exercise program.
 8. Agreement by the patient to attend a 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.

9. No evidence of active cancer, with the exception of chronic stable cancers such as Chronic Lymphocytic Leukemia.
10. Documentation of willingness to comply with the preoperative and postoperative treatment plans.
11. Pregnancy is an exclusion. Procedure will not be considered until at least one year following delivery.
12. Revisions will not be covered for weight regain or failed weight loss.

C. Indications Considered Experimental, Investigational or not Medically Necessary: (*Not an all-Inclusive list*)

1. Vertical banded gastroplasty
2. Intra-gastric balloons, gas or saline filled
3. Loop gastric bypass
4. Open adjusted gastric bypass
5. Adjustable gastric band surgery (LAP-BAND®) Roux-en-Y gastric bypass surgery for the treatment of gastroesophageal reflux disease (GERD).

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