

Policy

The Medical Management Department reviews referral requests for prior authorization of Bariatric Surgery including Roux-en-Y Gastric Bypass and Sleeve Gastrectomy. All procedures are used to treat comorbid conditions associated with morbid obesity. Any revision of previous bariatric surgery requires review for prior authorization.

NOTE: If approved, coverage is limited to one (1) bariatric surgical procedure per lifetime of the member when provided by UW Health or Gundersen Health System Providers.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage [COC] or Summary Plan Description [SPD]) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

1. Documentation Required:

In order to facilitate the authorization process referral requests must include all of the following:

- A. Must be performed by Gundersen Health System or UW Health surgeons.
- B. Evaluation from behavioral health, nutritionist, and a primary care physician/provider or cardiology clinician in addition to bariatric surgical consultation.
- C. Documentation of BMI over time and attempts to lose weight.
- D. Co-morbid medical condition(s), treatments, and status of the conditions.
- E. Illicit drug use, alcohol use and nicotine use and quit dates as applicable.
- F. Results of preoperative upper endoscopy procedure.

2. 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** of the following criteria are met:

- A. The patient 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. Clinically significant obstructive sleep apnea (i.e., person meets criteria for treatment of obstructive sleep apnea based on Quartz medical policy)
 2. Type 2 Diabetes Mellitus

3. Poorly controlled hypertension (BP > 140/90) as documented by provider while compliant with the use of at least 3 antihypertensive medications
4. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome
5. Severe activity limited degenerative joint disease document by a medical care provider other than the bariatric surgeon

OR

- ii. BMI greater than 40 for at least 2 years' timeframe (does not mean the BMI has to have been > 40 for the entire timeframe)
- B. Prior efforts to lose weight are documented.
- C. The patient has been free of illicit drug use and alcohol use disorder for 6 months prior to surgery. Nicotine/tobacco users are required to demonstrate successful nicotine cessation program via negative Smokalyzer (for smokers) and/or nicotine blood test for at least 6 weeks prior to surgery.
- D. The patient has had a medical evaluation from their primary care physician/provider or cardiology clinician, assessing the preoperative condition and surgical risk and finding the patient to be an appropriate candidate based on medical criteria.
- E. 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:
 - i. A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - ii. Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - iii. 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 post-operative sequela, as well as the likelihood of the patient participating in an ongoing weight management program following surgery.
- F. Patients with a psychiatric disorder are undergoing active treatment.
- G. Pre-procedure glycemic control has been optimized using a diabetes comprehensive care plan (e.g., healthy low calorie dietary patterns, medical nutrition therapy, physical activity and pharmacotherapy) with pre-operative target hemoglobin A1c of 7 or less in most individuals **OR** a target of 8 or less in patients with advanced micro or macrovascular complications, extensive comorbidities or long-standing diabetes. Patients unable to achieve optimal glycemic control should have documentation of endocrinologist/diabetologist consultation prior to surgery to ensure all appropriate actions have been taken to improve glycemic control.
- H. Patients have undergone pre-operative evaluation with upper endoscopy.
- I. 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.

- J. 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.
- K. No evidence of active cancer, with the exception of chronic stable cancers such as Chronic Lymphocytic Leukemia.
- L. Documentation of willingness to comply with the preoperative and postoperative treatment plans.
- M. Pregnancy is an exclusion. Procedure will not be considered until at least one year following delivery.
- N. 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 in girls aged 13-14 and older and boys aged 15-16 and older) if **ALL** of the following criteria are met:

- A. The patient meets ONE of the following BMI criteria:
 - i. BMI greater than 35 or $\geq 120\%$ of the 95th percentile for age and sex, whichever is lower, for a minimum of two consecutive years with at least **ONE** of the following comorbidities:
 1. Clinically significant obstructive sleep apnea (i.e., person meets criteria for treatment of obstructive sleep apnea based on Quartz medical policy)
 2. Type 2 Diabetes Mellitus
 3. Poorly controlled hypertension (BP > 140/90) as documented by provider while compliant with the use of at least 3 antihypertensive medications
 4. Coronary artery disease or multiple cardiac risk factors including metabolic syndrome
 5. Severe activity limited degenerative joint disease, Blount disease or slipped capital femoral epiphysis, documented by a medical care provider other than the bariatric surgeon
 6. Pseudotumor cerebri (idiopathic intracranial hypertension)

OR
 - ii. BMI greater than 40 or $\geq 140\%$ of the 95th percentile for age and sex, whichever is lower, for at least 2 years' timeframe (does not mean the BMI has to have been > 40 for the entire timeframe)
- B. The patient has been free of illicit drug use and alcohol use disorder for 6 months prior to surgery. Nicotine/tobacco users are required to demonstrate successful nicotine cessation program via negative Smokalyzer (for smokers) and/or nicotine blood test for at least 6 weeks prior to surgery.

- C. The patient has had a medical evaluation from their primary care physician/provider or cardiology clinician, assessing the preoperative condition and surgical risk and finding the patient to be an appropriate candidate based on medical criteria.
- D. 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 post-operative sequela, as well as the likelihood of the patient participating in an ongoing weight management program following surgery.
- E. Patients with a psychiatric disorder are undergoing active treatment.
- F. Pre-procedure glycemic control has been optimized using a diabetes comprehensive care plan (e.g., healthy low calorie dietary patterns, medical nutrition therapy, physical activity and pharmacotherapy) with pre-operative target hemoglobin A1c of 7 or less with a target of 8 or less in patients with advanced micro or macrovascular complications, extensive comorbidities or long-standing diabetes. Patients unable to achieve optimal glycemic control should have documentation of endocrinologist/diabetologist consultation prior to surgery to ensure all appropriate actions have been taken to improve glycemic control.
- G. Patients have undergone pre-operative evaluation with upper endoscopy.
- H. 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.
- I. 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.
- J. No evidence of active cancer, with the exception of chronic stable cancers such as Chronic Lymphocytic Leukemia.
- K. Documentation of willingness to comply with the preoperative and postoperative treatment plans.
- L. Pregnancy is an exclusion. Procedure will not be considered until at least one year following delivery.
- M. Revisions will not be covered for weight regain or failed weight loss.

NOTE: Surgery to correct complications from bariatric surgery are medically necessary, including removal/reversal of a previously performed bariatric surgery considered not medically necessary or experimental and investigational, e.g., adjustable gastric band surgery (LAP-BAND®).

3. Indications Considered Not Medically Necessary: (Not an all-inclusive list)

- A. Adjustable gastric band surgery (LAP-BAND®).

4. Indications Considered Experimental and Investigational: (Not an all-inclusive list)

- A. Vertical banded gastroplasty.
- B. Intra-gastric balloons, gas or saline filled.
- C. Loop gastric bypass.
- D. Roux-en-Y gastric bypass surgery for the treatment of gastroesophageal reflux disease (GERD).
- E. Open adjustable-gastric bypass.
- F. Mini gastric bypass-one anastomosis gastric bypass.

References

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