

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: PA.040.PH
Last Review Date: 11/08/2018
Effective Date: 01/01/2019

PA.040.PH – Bariatric Surgery

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan 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:

- Open and Laparoscopic Roux-en-Y (RYGP)
- Open and Laparoscopic Biliopancreatic Diversion with Duodenal switch, (BPD)
- Laparoscopic Adjustable Gastric Banding(LASGB)
- Laparoscopic Sleeve Gastrectomy as a first stage procedure or as a primary procedure (Excluded by Medicare⁶)

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.
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. Females of child bearing age: Must be informed that maternal malnutrition (as a result of the surgery) may impair fetal development.
5. The requirements specified for a member's documented BMI according to the following categories listed below:

➤ **BMI equal or greater than 35**

Member must meet both of the below criteria:

- Must have one or more of the following co-morbidities:
 - Diabetes with glycosylated hemoglobin (HbA1C) > 8.0 on one or more medications

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- Significant cardiovascular disease (e.g. coronary artery disease (CAD) under treatment, right ventricular hypertrophy (RVH) or left ventricular hypertrophy (LVH), cardiomyopathy)
- Hypertension requiring triple therapy (drug regiment containing three different types of medication: a diuretic, calcium channel blocker, and long-action selective angiotensin II receptor blocker)
- Hyperlipidemia (>30mg/dl above goal) on maximum doses of monotherapy
- 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).
- Pseudo tumor cerebri (documented idiopathic intracerebral hypertension)
- Hepatic steatosis without prior evidence of active inflammation
- Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction treatable but for obesity)

AND

- Must have documentation of successful completion of a physician-supervised weight loss program* (with a goal of 5%-10% body mass decrease) over three months which includes:
 - Compliance with attendance >80% of classes
 - Program completed no longer than one year prior to the request for surgery
 - Nutritional counseling
 - Exercise
 - Behavior modification components
 - Weight loss or weight stability but not weight gain

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 Roux-en-Y (RYGP) 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:

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- 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

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/m ²)
Underweight	<18.50
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49

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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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Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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