

Contra Costa Health Plan

Utilization Management.

Title: Bariatric Surgery Guidelines

Policy #: UM 15.078

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Applies to:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Medicare | <input type="checkbox"/> Commercial |
| | <input type="checkbox"/> State Sponsored | <input checked="" type="checkbox"/> All <input type="checkbox"/> N/A |

Regulatory/Accreditation:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> DMHC: | <input checked="" type="checkbox"/> CMS: | <input checked="" type="checkbox"/> DHCS: |
| <input type="checkbox"/> Other Reg. References: | <input checked="" type="checkbox"/> NCQA: | <input type="checkbox"/> N/A |

Units:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Advice Nurses | <input type="checkbox"/> All Staff |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Case Management | <input type="checkbox"/> Health Ed/Cultural Ling. |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Member Services | <input type="checkbox"/> Planning, Survey, Reg Affairs |
| <input type="checkbox"/> Provider Affairs | <input type="checkbox"/> Quality Management | <input checked="" type="checkbox"/> Auth/Utilization Management |

PURPOSE

Bariatric surgery, also known as weight loss, surgery, and related services are covered by CCHP when medically necessary. There are several types of bariatric surgery currently being utilized for weight loss. These include but are not limited to sleeve gastrectomy and Roux-en-Y gastric bypass surgery. These surgeries limit the amount of food consumed or the amount of calories being absorbed, thus leading to weight loss and potential treatment of obesity-associated conditions.

This policy describes CCHP's approach to the review and authorization of bariatric surgery and related services.

POLICY

Gastric bypass and gastric restrictive procedures are considered medically necessary when all of the following criteria are met:

- A. The recommended surgery is one of the following:
 - a. Sleeve gastrectomy
 - b. Roux-en-Y gastric bypass
 - c. Laparoscopic adjustable gastric banding
 - d. Vertical banded gastroplasty
 - e. Biliopancreatic bypass with duodenal switch; and
- B. The recipient has a body mass index (BMI) of:
 - a. Greater than 40, or
 - b. Greater than 35, if substantial co-morbidity exists. These include, but are not limited to: cardiovascular disease, hypertension, sleep apnea, diabetes mellitus, life-threatening cardio-pulmonary problems, or severe neurological or musculoskeletal problems likely to be alleviated by bariatric surgery; and
- C. Documentation of the following:

- a. Inadequate weight loss despite a committed attempt at conservative medical therapy (for example, comprehensive lifestyle interventions, including a combination of diet, exercise, and behavioral modifications); and
- b. Past participation in a weight loss program; and
- c. Pre-operative education, which addresses the risks, benefits, realistic expectations, and the need for long-term follow-up and adherence to behavioral modifications; and
- d. Pre-operative medical evaluations and clearances; and
- e. Pre-operative consultation with dietitian
- f. A treatment plan which addresses the pre-and post-operative needs of an individual undergoing bariatric surgery

Re-Operation

Surgical repair/correction or reversal following gastric bypass and gastric restrictive procedures is considered medically necessary when there is documentation of a surgical complication related to the original surgery.

Surgical revision/conversion to another bariatric surgical procedure is considered medically necessary when there is documentation that the member has had the following:

- Inadequate weight loss or weight gain after a prior bariatric procedure, or
 1. Documentation of a complication related to the initial procedure (including, but not limited to, obstruction, stricture, or gastroesophageal reflux disease [GERD])
 2. Member has not had adequate success (defined as loss of more than 50 percent of excess body weight) two (2) years following the initial bariatric surgery AND has been compliant with prescribed nutrition and exercise program following the procedure.
 3. Primary bariatric surgery has failed due to dilation of the gastric pouch if the primary procedure was successful in inducing weight loss prior to pouch dilation AND the member has been compliant with prescribed nutrition and exercise program following the procedure.

For Medicare members, the following criteria apply for authorization of a bariatric surgery procedure:

1. The surgery is medically appropriate for the patient and
2. The patient meets the definition of morbid obesity which is defined as a body mass index (BMI) of 35 kg or greater and
3. The surgery is an integral and necessary part of the management for a patient with at least one of the following life-threatening or disabling co-morbid conditions:
 - Poorly controlled Type 1 or 2 diabetes mellitus
 - Poorly controlled dyslipidemia
 - Poorly controlled hypertension
 - Severe cardiopulmonary disease (e.g., coronary disease, CHF, asthma, COPD, pulmonary hypertension)
 - Obstructive sleep apnea
 - Severe arthropathy of weight bearing joints.
 - Pseudotumor cerebri and
4. There is documented evidence of compliance with and repeated failure of multiple attempts, at least three (3), to lose weight on a supervised non-surgical management weight loss program (e.g. diet, exercise, or drugs). At least one of the weight loss attempts should consist of compliance with a physician directed program for at least a consecutive six-month period without significant gaps.

Monthly documentation of the beneficiary's compliance should include:

- Vital signs to include weight.
 - Current dietary program
 - Physical activity/exercise program
 - Behavioral interventions
 - May include consideration of/use of pharmacotherapy with FDA approved medication, if appropriate. and
5. Psychological evaluation and counseling associated with the lifestyle changes associated with the surgery have been performed prior to the surgery and
 6. Treatable metabolic causes for obesity (e.g., adrenal, pituitary, or thyroid disorders) have been ruled out or if present have been maximally clinically treated if present

Effective for services performed on and after February 21, 2006, Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index > 35, have at least one co-morbidity* related to obesity, and have been previously unsuccessful with medical treatment for obesity. These procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (program standards and requirements in effect on February 15, 2006).

Please refer to commercial criteria for repeat bariatric surgery.

Please note: Medicare does not cover bariatric surgery to treat obesity in the absence of medical complications. Coverage is only provided for patients with significant comorbidities. Medicare does not cover the gastric stapling (vertical banded gastroplasty) type of gastric surgery.

Tools:

Center for Disease Control BMI calculator. Retrieved on 9/8/2023

<http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

Resources:

Aetna, Inc. Aetna Clinical Policy Bulletins, No. 0157: Obesity Surgery. Retrieved on 9/8/2023

from http://www.aetna.com/cpb/medical/data/100_199/0157.html

Apollo Medical Review Criteria for Managed Care, retrieved on 9/8/2023 Apollo Managed Care, General Surgery/Bariatric Surgery, Bariatric Surgery for Morbid Obesity.

www.apollomanagedcare.com

California Department of Health Care Services, Medi-Cal, Provider Manual, Medical Services, General Medicine, Surgery: Digestive System. Retrieved on Sept 2020 from

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A4CA48D6-3C6D-4DB7-89ED-B36415E38860/surgdigest.pdf?access_token=6UyVkrRRfByXTZEWIh8j8QaYvIPyP5ULO

Centers for Medicare & Medicaid Services (CMS). Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R). Retrieved on 9/8/2023 from

<https://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&i d=160&>

Centers for Medicare & Medicaid Services (CMS). NCD for Bariatric Surgery for Treatment of Morbid Obesity (100.1). Retrieved on 9/8/2023 from

http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=100.1&ncd_version=3&basket=ncd%3A100%2E1%3A3%3ABariatric+Surgery+for+Treatment+of+Morbid+Obesity

McKesson Health Solutions LLC. InterQual Care Planning Criteria, Procedure Criteria, General Surgery, Bariatric Surgery, Section GS-27. Newton, MA. 2008

Refer to UM policy UM15.018 for communication timelines.