



**OBESITY**

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**Date Of Origin: June 28, 2000**

**Status: Current**

**Summary of Changes**

**Clarifications:**

- Pg. #4-5, Sec II, B, 5 – replaced all references to PCP with PCP (if applicable) or managing physician to support the various product offerings that do not have a PCP.
- Pg. #3, Sec II, B, 3, c, (ii) – changed “during active treatment” to “at the conclusion of the weight management program” to clarify the intent of the medical policy.

**Deletions:**

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**Additions:**

- Pg. #6, Sec II, C, 6 – language added to reflect Medicaid’s requirement of a psychiatric evaluation of the member’s willingness/ability to alter his/her lifestyle prior to surgical intervention per the Medicaid Provider Manual. This has always been a Medicaid requirement.

**I. DESCRIPTION**

Medical or surgical treatment for obesity may be a covered benefit for the indications described below. The treatment of co-morbidities (e.g. diabetes mellitus, hypertension) associated with obesity is a covered benefit in accordance with the limitations and language in the coverage documents. It is Priority Health’s position that co-morbidities that are related to an obesity diagnosis should be treated medically, and if such co-morbidities can be controlled by less invasive means than bariatric surgery, bariatric surgery is not the preferred treatment. Medical or surgical treatment for obesity may be a covered benefit for the indications described below. The treatment of co-morbidities (e.g. diabetes mellitus, hypertension) associated with obesity is a covered benefit in accordance with the limitations and language in the coverage documents.

All services for weight management programs, both medical and surgical, require prior authorization.

**II. POLICY/CRITERIA**

**A. Medical Treatment of Obesity**

All of the following criteria must be met:

1. Age  $\geq$ 16 years



2. Weight criteria-Member must meet “a” or “b” or “c”:
  - a. BMI  $\geq$  35 and two obesity-related co-morbidities including:
    - (i) Significant cardiac disease (e.g. ASHD, RVH, or LVH)
    - (ii) Hypertension requiring medication
    - (iii) Hyperlipidemia (>30mg/dl above goal) requiring medication
    - (iv) Diabetes with Hgb A<sub>1</sub>C>7.0 requiring medication
    - (v) GERD (persistent symptoms despite daily medication)
    - (vi) Degenerative joint disease markedly limiting daily activities,
    - (vii) Symptomatic sleep apnea (A/H index > 10)
    - (viii) Non-alcoholic steatohepatitis (NASH)
    - (ix) Depression requiring medication and psychological counseling
  - OR**
  - b. BMI  $\geq$  40 with one obesity-related co-morbidity as listed above,
  - OR**
  - c. BMI  $\geq$  45
3. Intake assessment shows patient is in the contemplation or action phase of readiness to change.
4. Treatment is provided by a weight management program approved under Priority Health’s Centers of Excellence policy.
5. Retreatments require prior authorization; the prior authorization criteria used will be those in effect at the time of each request. Medical treatment of obesity is limited to two (2) program authorizations in a 12 month period. The 12 month period begins at the start date of the first program.

## **B. Surgical Treatment of Obesity**

### **Criteria 1-4 must be met:**

1. Age  $\geq$ 18 years
2. The surgery must be performed by a surgeon who is part of a comprehensive weight management program approved under Priority Health’s Centers of Excellence policy. This criterion does not apply to those regions where a Center of Excellence is not available.
3. Pre-operative care and evaluation – all of the following must be met:
  - a. Complete medical evaluation by PCP or other physician



- b. Evidence that all other alternatives have been discussed with and offered to patient, and that all reasonable non-surgical options have been attempted.
- c. Active participation in and compliance with a weight management program approved under Priority Health's Centers of Excellence policy. For those regions where a Center of Excellence is not available, see #5 below. Past weight loss attempts through programs such as Weight Watchers, Curves, personal trainers, etc. are insufficient to meet this criterion. For the purposes of this policy, compliance is defined as:
  - (i) Regular attendance (>80%) at medically supervised weight loss program appointments. The duration of the program is defined by contract with the individual Center of Excellence.
  - (ii) At least a 10% excess body weight loss at the conclusion of the weight management program.
  - (iii) Initial weight loss followed by regain without participation in the complete medical weight management program is considered evidence of non-compliance.
  - (iv) Weight management program must be completed within two years of the request for surgery.
- d. Criterion 3c for at least 6 months medical management does not apply if:
  - 1. BMI is  $\geq 45$  and any of the following is present:
    - (i) Significant pulmonary disease (e.g. Pickwickian Syndrome, pulmonary hypertension)
    - (ii) Significant cardiac disease (e.g. ASHD, RVH or LVH)
    - (iii) Hypertension requiring triple therapy
    - (iv) Diabetes with Hgb A<sub>1</sub>C>7.0 and either triple therapy or insulin

**OR**

  - 2. BMI is  $\geq 55$ . No comorbidities are required
- e. None of the following medical conditions is present:
  - (i) Pregnancy/lactation
  - (ii) Severe psychopathology
  - (iii) Medical conditions that make patient a prohibitive risk
  - (iv) Any disease (e.g. cancer, uremia, liver failure), associated with a likelihood of survival less than 1 year
  - (v) Substance abuse including alcohol and other drugs of abuse. Six months of abstinence prior to surgery is required to meet this criterion.



- (vi) Tobacco use. At least one month of abstinence prior to surgery is required to meet this criterion. Abstinence is not required prior to surgical evaluation. The surgeon must require at least one month of tobacco abstinence prior to the surgical procedure.
4. Weight criteria – Member must meet “a” or “b” or “c”:
- a. BMI  $\geq$ 35 and **two** obesity-related co-morbidities including:
    - (i) Symptomatic sleep apnea (AHI > 10) requiring treatment
    - (ii) Significant cardiac disease (e.g. ASHD, RVH or LVH)
    - (iii) Hypertension on one or more medications
    - (iv) Hyperlipidemia (>30mg/dl above goal) on maximum doses of monotherapy
    - (v) Diabetes with Hgb A<sub>1</sub>C>7.0 on one or more medications
  - b. BMI  $\geq$  40 with **one** obesity-related comorbidity as listed in 4a
  - c. BMI  $\geq$  45. Co-morbidity is not required. See #3d for conditions that exempt member from medical weight loss program.
5. The following applies to the Eastern region of the Priority Health network where Centers of Excellence are not available.

**All** of the following:

- a. Office records from the PCP (if applicable) or managing physician document compliance with a weight loss program that monitors and regularly documents, in office progress notes and records, weight and weight-related conditions (such as diabetes, hypertension and hyperlipidemia). Thorough documentation by the PCP or managing physician at each office visit is required and must be submitted for review. The documentation must show:
  - 1. The weight loss program was actively supervised by the PCP or managing physician, for a minimum continuous duration of 6 months, and included diet and exercise
  - 2. At least 6 office visits during the continuous six-month period in which the obesity and weight-related conditions are addressed in the PCP or managing physician’s progress notes and records
  - 3. For each of the 6 visits the progress notes and records include the following regarding the obesity problem:
    - (i) An actual measured weight and calculated BMI
    - (ii) The patient’s history
    - (iii) The physical findings
    - (iv) The physician’s assessment
    - (v) The physician’s treatment recommendation(s)/plan(s),



- b. This criterion is fulfilled only after failure to make good progress (in accordance with the NHLBI panel recommendations) subsequent to documented compliance.

**Note:** A physician's summary letter of care is insufficient documentation. Past weight loss attempts without physician supervision through such programs as Weight Watchers, Curves, personal trainers, etc. are insufficient to meet the criteria above. Detailed records of participation and progress in a nutrition and exercise program supervised by a physician other than the PCP (e.g. Medifast, HMR, Optifast etc.), may be submitted for review to supplement the PCP or managing physician's records. The Medical Director will review each such case on an individualized basis to determine compliance with this policy section.

### C. Limitations

1. The following bariatric procedures are covered when the surgical criteria above have been met:
  - a. Roux-en-Y gastrojejunostomy
  - b. Laparoscopically Adjustable Banding with FDA approved device
  - c. Biliopancreatic Diversion with Duodenal Switch (BPD/DS) (For Medicaid, see #6 below).
  - d. Sleeve gastrectomy IF one of the following applies (For Medicaid, see #6 below):
    - (i) A Roux-en-Y gastric bypass is contraindicated (e.g. severe adhesions, previous bowel surgery) and the patient is either not desirous of or not a candidate for any other covered procedure (laparoscopically banded gastroplasty or biliopancreatic diversion with duodenal switch ), OR
    - (ii) The sleeve gastrectomy is an integral part of another planned covered procedure (i.e. duodenal switch procedure), but only if the sleeve gastrectomy is performed because intraoperative complications preclude the completion of the duodenal switch procedure itself.
2. The components of the medical treatment program are as follows:
  - a. Office visits, H&P
  - b. Intake by dietician, nurse visits
  - c. Diagnostic services (e.g. lab, EKG)
  - d. Group sessions – covered up to a maximum of 26 visits
  - e. Food or food supplements-- not a covered benefit
  - f. Exercise equipment and programs—not a covered benefit
3. Coverage for medical and surgical programs is limited by applicable copays, coinsurance and deductibles.



4. Other bariatric procedures, including but not limited to the following, are not covered:
  - a. Gastric banding with devices that are not FDA approved
  - b. Gastric balloon
  - c. Other intestinal bypass procedures
  - d. Mini-gastric bypass
  - e. Endoscopic revision of bariatric surgery, including the ROSE™ (Revision Obesity Surgery, Endoscopic) procedure.
5. Coverage is limited to one bariatric surgery per lifetime regardless of insurance carrier at the time of surgery, unless Medically/Clinically Necessary to correct or reverse complications from a previous bariatric procedure.
6. Coverage for Medicaid members: For Medicaid members, this policy applies. Coverage is limited to one bariatric surgery per lifetime regardless of insurance carrier at the time of surgery. In addition to the above requirements, a psychiatric evaluation of the member's willingness/ability to alter his/her lifestyle following surgical intervention must be included per Medicaid requirements.
7. The adjustable silicone gastric banding (LAP-Band) was reviewed by Priority Health's Technology Assessment Committee (TAC) in September 2003, December 2003, March 2005 and June 2005 and this policy reflects recommendations of the TAC. Biliopancreatic Diversion with Duodenal Switch was reviewed by Priority Health's Technology Assessment Committee in March 2006 and this policy reflects recommendation of the TAC.

Endoscopic revision of bariatric surgery was reviewed by Priority Health's TAC in December 2007 and this policy reflects the recommendation of TAC.

**D. SPECIAL NOTES:**

Specific group benefit plans may require coverage for the medical or surgical treatment of obesity beyond the coverage set forth in this policy.

**III. MEDICAL NECESSITY REVIEW:**

Required                       Not Required                       Not Applicable

**IV. APPLICATION TO PRODUCTS:**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*



- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *For Medicaid members, this policy will apply.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

## V. CODING INFORMATION

### ICD9 Diagnosis Codes:

*These Diagnoses may support medical necessity*

- 278.00 Obesity, unspecified
- 278.01 Morbid obesity
- 278.02 Overweight

*The following codes may be reported as secondary Dx only -*

- V85.21 Body Mass Index 25.0-25.9, adult
- V85.22 Body Mass Index 26.0-26.9, adult
- V85.23 Body Mass Index 27.0-27.9, adult
- V85.24 Body Mass Index 28.0-28.9, adult
- V85.25 Body Mass Index 29.0-29.9, adult
- V85.30 Body Mass Index 30.0-30.9, adult
- V85.31 Body Mass Index 31.0-31.9, adult
- V85.32 Body Mass Index 32.0-32.9, adult
- V85.33 Body Mass Index 33.0-33.9, adult
- V85.34 Body Mass Index 34.0-34.9, adult
- V85.35 Body Mass Index 35.0-35.9, adult
- V85.36 Body Mass Index 36.0-36.9, adult
- V85.37 Body Mass Index 37.0-37.9, adult
- V85.38 Body Mass Index 38.0-38.9, adult
- V85.39 Body Mass Index 39.0-39.9, adult
- V85.4 Body Mass Index 40 and over, adult

### Procedure Codes:

Covered based on Criteria:

- 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
- 43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)



- 43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
- 43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
- 43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
- 43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
- 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, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- 43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)
- 43886 Gastric restrictive procedure, open; revision of subcutaneous port component only
- 43887 Gastric restrictive procedure, open; removal of subcutaneous port component only
- 43888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
- S2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline (*No authorization required if a contracted service*)
- 43999 Unlisted procedure, stomach (*Explanatory notes must accompany claim*)  
*Use this code for billing:*
- Open sleeve gastrectomy
  - Laparoscopic sleeve gastrectomy
- Note: these procedures are not covered for **PriorityMedicare***

Not covered:

- 43842 Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43843 Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
- 43847 Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
- 43999 Unlisted procedure, stomach when billed for :
- Balloon Gastroplasty
  - Endoscopic revision of bariatric surgery
  - Laparoscopic vertical banded gastroplasty (*Not covered for **PriorityMedicare***)
  - Open sleeve gastrectomy (*Not covered for **PriorityMedicare***)
  - Laparoscopic sleeve gastrectomy (*Not covered for **PriorityMedicare***)

*(Explanatory notes must accompany claims billed with unlisted codes.)*



**BODY MASS INDEX (BMI) CHART**

Height Weight	4'8"	4'10"	5'0"	5'2"	5'4"	5'6"	5'8"	5'10"	6'0"	6'2"	6'4"
150	34	31	29	27	26	24	23	22	20	19	18
160	36	33	31	29	27	26	24	23	22	21	19
170	38	36	33	31	29	27	26	24	23	22	21
180	40	38	35	33	31	29	27	26	24	23	22
190	43	40	37	35	33	31	29	27	26	24	23
200	45	42	39	37	34	32	30	29	27	26	24
210	47	44	41	38	36	34	32	30	28	27	26
220	49	46	43	40	38	36	33	32	30	28	27
230	52	48	45	42	39	37	35	33	31	30	28
240	54	50	47	44	41	39	36	34	33	31	29
250	56	52	49	46	43	40	38	36	34	32	30
260	58	54	51	48	45	42	40	37	35	33	32
270	61	56	53	49	46	44	41	39	37	35	33
280	63	59	55	51	48	45	43	40	38	36	34
290	65	61	57	53	50	47	44	42	39	37	35
300	67	63	59	55	51	48	46	43	41	39	37
310	69	65	61	57	53	50	47	44	42	40	38
320	72	67	62	59	55	52	49	46	43	41	39
330	74	69	64	60	57	53	50	47	45	42	40
340	76	71	66	62	58	55	52	49	46	44	41
350	78	73	68	64	60	56	53	50	47	45	43
360	81	75	70	66	62	58	55	52	49	46	44
370	83	77	72	68	64	60	56	53	50	48	45
380	85	79	74	69	65	61	58	55	52	49	46
390	87	82	76	71	67	63	59	56	53	50	47
400	90	84	78	73	69	65	61	57	54	51	49

	Normal	Overweight	Obesity (Class I)	Obesity (Class II)	Extreme Obesity
BMI	19-24	25-29	30-34	35-39	40-45

BMI, a weight and height ratio, is often used to diagnose obesity by approximating body fat level. The National Institutes of Health and the World Health Organization have determined that a healthy BMI is between 18.6 and 24.9. BMI between 25.0 and 29.9 indicates an individual is overweight and a BMI greater than 30 indicates obesity.

Among children and adolescents, the Centers for Disease Control and Prevention (CDC) use the term “overweight” if the child is ≥ 85<sup>th</sup> percentile of BMI and “obese” as the group ≥ 95<sup>th</sup> percentile of BMI.

To calculate BMI: BMI = Weight (kilogram) divided by Height (meter) squared [(w/h<sup>2</sup>) or (kg/m<sup>2</sup>)]

Note: To convert pounds to kilograms, multiply pounds by 0.45. To convert inches to meters, multiply inches by 0.0254.



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