

SURGICAL TREATMENT OF OBESITY

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Date Of Origin: August 10, 2011

Status: Current

Note: This medical policy does not apply to Priority Health Medicare members. Medicare claim billing and processing must follow CMS guidelines for coverage.

Summary of Changes

Clarifications:

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Deletions:

- Pg. 5, Section I, B, 6, information related to a psychological evaluation for Medicaid/Healthy Michigan members removed as new language added in section I, A, 3, d.

Additions:

- Pg. 3, Section I, A, 3, d, criteria updated to reflect a comprehensive psychosocial evaluation conducted by a licensed behavioral specialist (psychiatrist for Medicaid/Healthy Michigan Plan members) is required to be considered for Primary Bariatric or Revisional Bariatric Surgery.
- Pg. 3, Section I, A, 3, e, ii, note added: For members who have severe psychopathology who are currently under the care of a psychiatrist, or who are on psychotropic medications, preoperative psychiatry clearance is necessary in order to determine informed consent and an ability to comply with pre- and post-operative regimen.
- Pg. 4, Section I, A, 3, e, v, note added: For members who have a history of illegal drug use, there must be documented compliance with abstinence, including negative monthly urine drug screens for at least six continuous months.
- Pg. 4, Section I, A, 3, e, vi, note added: For members that have a current history of smoking or smoking within the past two years, documented compliance demonstrating smoking cessation, including two negative cotinine levels within a 30 day time period, is required. These levels must be taken no earlier than 6 weeks prior to requesting Bariatric Surgery.
- Pg. 4, Section I, A, 4, a, weight criteria for BMI ≥ 35 updated to reflect at least one of the listed "life-endangering" obesity-related co-morbidities is required.
- Pg. 4, Section I, A, 4, criteria i-v, criteria updated and clearly defines each life-endangering comorbidity.

I. POLICY/CRITERIA

A. Criteria 1-4 must be met to be considered for Primary Bariatric Surgical (PBS) and Revisional Bariatric Surgical (RBS) treatment of obesity:

1. Age ≥ 18 years and the surgery must be performed by a surgeon who is a regular member in good standing of the American Society for Metabolic and Bariatric Surgery (ASMBS).
2. Prior approval must be obtained for Bariatric Surgery.
3. A pre-operative care and evaluation must occur in which 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. Documentation of active participation in and compliance with a medical weight management program, when applicable**, provided by a credentialed physician with a declared interest in the management of obesity, the member's primary care physician (PCP) or other managing physician as outlined in the [Medical Management of Obesity policy #91594](#). The medical weight management program must include all of the following:

- i. Documentation of active participation and compliance with a medical weight management program for a minimum continuous duration of 6 months* with at least 6 office visits including both a diet and exercise component and in which the obesity and weight-related conditions (i.e. diabetes, hypertension and hyperlipidemia) are being addressed.

*Priority Health Medicaid and Commercial Individual products require compliance with a medical weight management program for a minimum continuous duration of 12 months and at least 12 office visits.

- ii. Thorough progress notes and records that include the following regarding the obesity problem at each visit:
 - a) An actual measured weight and calculated BMI
 - b) The patient's history
 - c) The physical findings
 - d) The physician's assessment
 - e) The physician's treatment recommendation(s)/plan(s).

The medical weight management program must be completed within two years of the request for surgery.

All documentation in #3 above should be submitted with the request for Bariatric Surgery. The reported BMI should be based upon measurement of height and weight within one month of requesting the surgery.

Please use the link below to access templates that demonstrate the required documentation. These forms may be used in conjunction with the medical record to document the physician directed weight management program.

<http://www.priorityhealth.com/provider/forms/other-pa-forms.aspx>

**Criterion 3c for at least 6 months medical management (12 months for Priority Health Medicaid and Commercial Individual products). This does not apply if BMI is ≥ 50 .

The Medical Director will review each such case on an individualized basis to determine compliance with this policy section.

Past weight loss attempts without physician supervision through programs such as Weight Watchers, Curves, personal trainers, etc. are insufficient to meet this criterion.

- d. A comprehensive psychosocial evaluation conducted by a licensed behavioral specialist*. It is recommended that this evaluator possess knowledge, experience, and training relevant to obesity, eating disorders, and weight loss surgery.

This evaluation must establish the patient's:

- Emotional stability
- Ability to comprehend the risks of surgery and to give informed consent
- Ability to cope with expected post-surgical lifestyle changes and limitations.

**For Medicaid/Health Plan Michigan members, this evaluation must be obtained by a psychiatrist.*

- e. None of the following medical conditions is present:
- i. Pregnancy/lactation.
 - ii. Severe psychopathology.

Note: For members who have severe psychopathology who are currently under the care of a psychiatrist, or who are on psychotropic medications, preoperative psychiatry clearance is necessary in order to determine informed consent and an ability to comply with pre- and post-operative regimen.

- iii. Medical condition that makes 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.

Note: For members who have a history of illegal drug use, there must be documented compliance with abstinence, including negative monthly urine drug screens for at least six continuous months.

vi. Tobacco use.

Note: For members that have a current history of smoking or smoking within the past two years, documented compliance demonstrating smoking cessation, including two negative cotinine levels within a 30 day time period, is required. These levels must be taken no earlier than 6 weeks prior to requesting Bariatric Surgery.

4. Weight criteria – Member **must** meet “a” or “b” or “c”:
- a. BMI \geq 35, participation in medical weight management program, and at least one of the following life-endangering obesity-related co-morbidities:
 - i. Symptomatic obstructive sleep apnea unresponsive to conservative treatment (e.g., C-Pap), with evidence of right ventricular hypertrophy (RVH).
 - ii. Significant atherosclerotic cardiovascular disease (e.g. right ventricular hypertrophy (RVH), left ventricular hypertrophy (LVH), arteriosclerotic heart disease (ASHD)).
 - iii. Medically refractory hypertension not adequately controlled with 3 or more antihypertensive agents.
 - iv. Poorly controlled diabetes, with evidence of end organ damage (including, but not limited to: retinopathy, nephropathy, neuropathy, or cardiomyopathy), evaluated by a specialist with specific expertise in diabetes.
 - v. Congestive heart failure (CHF) Class III or IV.

Note: Hyperlipidemia, gastroesophageal reflux disease (GERD), and degenerative joint disease do NOT qualify as they are NOT considered life endangering.
 - b. BMI \geq 40. A co-morbidity is not required. However, participation in a medical weight management program is required.
 - c. BMI \geq 50. Neither a co-morbidity, nor participation in a medical weight management program, is required.

B. 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)
 - d. Sleeve gastrectomy
2. For components of the medical weight management program please see the [Medical Management of Obesity Medical Policy #91594](#).
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 and space occupying devices (e.g. Orbera, Reshape Duo)
 - c. Other intestinal bypass procedures
 - d. Mini-gastric bypass
 - e. Endoscopic revision of bariatric surgery, including the ROSE™ (Revision Obesity Surgery, Endoscopic) and Stomaphyx™ procedures.
 - f. Vagal Blocking for Obesity Control (e.g. VBLOC, Maestro Rechargeable System)
 - g. AspireAssist device
5. Coverage for Medicaid/Healthy Michigan Plan members is limited to one bariatric surgery per lifetime. Unless Medically/Clinically Necessary (see Corrective Revisional Bariatric Surgery - Section I, C, 2, a-c below), a second bariatric surgery is **not** Covered, even if the initial bariatric surgery occurred prior to Coverage under this plan.
6. 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 Technology Assessment Committee in December 2007 and this policy reflects the recommendation of TAC.

C. Revisional Bariatric Surgery (RBS):

Revisional Bariatric Surgery (RBS) includes Conversion RBS (PBS to second procedure), or Corrective RBS (to treat complications of PBS).

1. Conversion Revisional Bariatric Surgery (Conversion RBS):

- a. In members whose primary bariatric surgery (PBS) was Roux-en-Y gastric bypass (RYGB), vertical sleeve gastrectomy (VSG), or biliopancreatic diversion with duodenal switch (BPD-DS) or without duodenal switch (BPD), Conversion RBS is medically necessary in patients who continue to meet medical necessity criteria for PBS (as in I.A. above), and who meet all of the following medical necessity criteria:
 - i. Conversion to a sleeve gastrectomy, RYGB or BPD/DS is considered medically necessary for members who have not had adequate success (defined as loss of more than 50% of excess body weight) 2 years following the primary bariatric surgery (PBS) procedure.
 - ii. The member has been compliant with a prescribed nutrition and exercise program following the procedure as evidenced by clinical documentation and nutrition counseling to verify report of inability to eat appropriate foods and calorie due to persistent symptoms (pain, nausea, emesis).
- b. In members whose primary bariatric surgery (PBS) was an adjustable gastric band (AGB), Conversion RBS is medically necessary for members who continue to meet medical necessity criteria for PBS (as in I.A. above), and who meet all of the following medical necessity criteria:
 - i. Conversion to a sleeve gastrectomy, RYGB or BPD/DS is considered medically necessary in members who have not had adequate success (defined as loss of more than 50% of excess body weight) 2 years following the primary bariatric surgery (PBS) procedure.
 - ii. The member has been compliant with a prescribed nutrition and exercise program following the procedure as evidenced by clinical documentation and nutrition counseling to verify report of inability to eat appropriate foods and calories due to persistent symptoms (pain, nausea, emesis).
 - iii. There are complications that cannot be corrected with band manipulation, adjustments or removal.

2. Corrective Revisional Bariatric Surgery (Corrective RBS):

- a. In members whose primary bariatric surgery (PBS) was Roux-en-Y gastric bypass (RYGB), vertical sleeve gastrectomy (VSG), or biliopancreatic diversion with duodenal switch (BPD-DS) or without duodenal switch (BPD), Corrective RBS is considered medically necessary to correct acute or chronic mechanical and or anatomic complications including fistula, obstruction, stricture, marginal ulcer, if the above results in abdominal pain, inability to eat or drink or causes persistent vomiting of prescribed meals.
- b. In members whose primary bariatric surgery (PBS) was an adjustable gastric band (AGB), Corrective RBS including manipulation, adjustments, repair or removal is considered medically necessary if there are complications (e.g., port leakage, slippage, erosion) resulting in inability to eat appropriate foods due to persistent symptoms.
- c. In members whose primary bariatric surgery (PBS) was vertical sleeve gastrectomy (VSG), or biliopancreatic diversion with duodenal switch (BPD-DS) or without duodenal switch (BPD), or adjustable gastric band (AGB), Corrective RBS with Roux-en-Y gastric bypass (RYGB) or BPD-DS, is considered medically necessary for persistent gastroesophageal reflux disease unresponsive to medical therapy for members who continue to meet the criteria in I.A. above.

D. Not Medically Necessary:

1. Poor response to Primary Bariatric Surgery due to patient post-operative behavior (not following dietary restriction, large portion meals, lack of documented exercise) does not constitute a surgical complication and the revision of this condition is considered **not medically necessary**.
2. PBS and RBS will frequently ameliorate symptoms of co-morbidities such as diabetes, gastroesophageal reflux disease and obstructive sleep apnea. However, the purpose of bariatric surgery in obese persons is to achieve weight loss. Therefore, coverage would not exist for bariatric surgery to treat co-morbidities caused or exacerbated by obesity unless in accordance with the limitations and language as above.

E. 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.

II. MEDICAL NECESSITY REVIEW Required Not Required Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Surgical treatment for obesity may be a covered benefit for the indications described above. 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.

All surgical services for weight management require prior authorization.

The AspireAssist (Aspire Bariatrics) device: To place the device, surgeons insert a tube in the stomach with an endoscope via a small incision in the abdomen. A disk-shaped port valve that lies outside the body, flush against the skin of the abdomen, is connected to the tube and remains in place. Approximately 20 to 30 minutes after meal consumption, the patient attaches the device's external connector and tubing to the port valve, opens the valve and drains the contents. Once opened, it takes approximately five to 10 minutes to drain food matter

through the tube and into the toilet. The device removes approximately 30 percent of the calories consumed. In a clinical trial of 111 patients treated with AspireAssist and appropriate lifestyle therapy, and 60 control patients who received only the lifestyle therapy, patients using AspireAssist lost an average of 12.1 percent of their total body weight compared to 3.6 percent for the control patients after one year,.

V. CODING INFORMATION

ICD-10 Codes that *may* support medical necessity:

- E66.01 Morbid (severe) obesity due to excess calories
- E66.09 Other obesity due to excess calories
- E66.1 Drug-induced obesity
- E66.2 Morbid (severe) obesity with alveolar hypoventilation
- E66.8 Other obesity
- E66.9 Obesity, unspecified

The following codes may be reported as secondary Dx only

- Z68.35 Body mass index (BMI) 35.0-35.9, adult
- Z68.36 Body mass index (BMI) 36.0-36.9, adult
- Z68.37 Body mass index (BMI) 37.0-37.9, adult
- Z68.38 Body mass index (BMI) 38.0-38.9, adult
- Z68.39 Body mass index (BMI) 39.0-39.9, adult
- Z68.41 Body mass index (BMI) 40.0-44.9, adult
- Z68.42 Body mass index (BMI) 45.0-49.9, adult
- Z68.43 Body mass index (BMI) 50-59.9, adult
- Z68.44 Body mass index (BMI) 60.0-69.9, adult
- Z68.45 Body mass index (BMI) 70 or greater, adult

CPT/HCPCS Codes:

**No Prior auth required for these procedures*

- 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
- 43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, 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, 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
- 43999 Unlisted procedure, stomach (*Explanatory notes must accompany claim*)
Use this code for billing: Open sleeve gastrectomy

Not covered:

- 43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
- 43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
- 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
- 43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open
- 43882 Revision or removal of gastric neurostimulator electrodes, antrum, open
- 43659 Unlisted laparoscopy procedure, stomach
- 43999 Unlisted procedure, stomach when billed for :
When billed for: Balloon Gastroplasty
Endoscopic revision of bariatric surgery
Open gastric band
Laparoscopic vertical banded gastroplasty
Open sleeve gastrectomy (*Not covered for Priority Health Medicare*)
(*Explanatory notes must accompany claims billed with unlisted codes.*)
- 0312T Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to

esophagogastric junction (EGJ), with implantation of pulse generator, includes programming

- 0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
- 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
- 0315T Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
- 0316T Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
- 0317T Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed

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 $\geq 85^{\text{th}}$ percentile of BMI and “obese” as the group $\geq 95^{\text{th}}$ percentile of BMI.

To calculate BMI: $\text{BMI} = \text{Weight (kilogram)} \div \text{Height (meter)}^2$ [(w/h²) or (kg/m²)]

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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