



POLICY AND PROCEDURE MANUAL

Policy Title: Bariatric Surgery	Policy Number: F.04
Primary Department: Medical Management	NCQA Standard: N/A
Affiliated Department(s): Behavioral Health	URAC Standard: N/A
Last Revision Date: 02/22/2019 Revision Dates: 12/16/2011; 05/11/2012; 08/04/2012; 07/23/2013; 02/07/2014; 02/23/2015; 05/15/2015; 09/16/2015; 06/23/2016; 04/28/2017; 01/26/2018; 02/22/2019 Effective Date: 04/24/2009	Next Review Date: 03/31/2020 Review Dates: 06/26/2009; 06/25/2010; 09/23/2011; 12/16/2011; 09/26/2012, 10/17/2013; 04/30/2014; 03/27/2015; 06/26/2015; 09/25/2015; 06/24/2016; 06/28/2017; 03/28/2018; 03/20/2019
Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input checked="" type="checkbox"/> MeridianChoice	
Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____	
Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/>	

Policy: Surgery for morbid obesity is reserved for members who have demonstrated an inability to lose sufficient weight using traditional weight loss methods, exercise programs and lifestyle modification and are also at great risk of medical complications due to their obesity. Bariatric surgery is not considered a first-line treatment. Even the most severely obese patients (i.e. BMI > 50) can be helped through a program of reduced-calorie diet and exercise therapy. Surgeries that are considered a covered benefit by Meridian are LAP-BAND, Roux-en-Y gastric bypass and gastric sleeve.

Procedure:

Criteria for Coverage:

Members may receive surgical intervention for obesity when **all** the following criteria are met:

1. Medical director must review all bariatric surgery cases
2. Must be at least 18 years of age
3. BMI >40 OR BMI ≥ 35 with two of the following comorbidities listed below at the initial time of bariatric consultation:
 - i. Poorly controlled diabetes
 - ii. Symptomatic sleep apnea not controlled by C-pap
 - iii. Severe cardio-pulmonary condition
 - iv. Hypertension inadequately controlled with optimal conventional treatment
 - v. Uncontrolled hyperlipidemia not amenable to optimal conventional treatment
4. The member must receive a comprehensive preoperative assessment at a facility utilizing a multidisciplinary team approach: including a Registered Dietitian, Licensed Medical Social Worker, Licensed Psychologist or Psychiatrist, and a Bariatric Surgeon. Services must be performed by Plan affiliated or contracted program.

5. Documentation of active participation in medically supervised weight loss program, **or** structured diet program such as Weight Watchers with no weight gain
 - a. Starting weight must be clearly documented
 - b. Weight gain will be defined as weight exceeding starting weight as reported at the beginning of weight loss program
 - c. Active participation in the weight loss program for a minimum of six (6) consecutive months
 - d. Weight management program must have occurred within the past 2 years

Note: Programs that do not involve direct professional supervision, including but not limited to online and telephonic weight loss programs, do not meet the criteria for a six month structured medical weight loss program.

6. A psychological evaluation must be performed by a licensed independent behavioral specialist prior to surgery in order to exclude untreated primary mental illness as the etiology of the member's morbid obesity and to establish the member's emotional stability and ability to comply with post-surgical limitations.
7. If the member is a current smoker, has smoked within the past two years, documentation demonstrating smoking cessation compliance, including two negative cotinine levels within the preceding 30 day time period are required.
8. Endoscopic evaluation to confirm the absence of active peptic ulcer disease, H Pylori or gastritis.

Continuity of Care:

A member shall only have one bariatric surgical procedure per lifetime unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure. A member who has had bariatric surgery prior to becoming a member of Meridian Health Plan will not be eligible for a bariatric surgical procedure from Meridian (unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure). Ongoing adjustments that may be needed in caring for the lap band will be approved if the member is compliant with their medical and post-surgical treatment program.

Absolute Contraindications:

Active peptic ulcer disease (PUD), H. Pylori, or gastritis.

Procedures other than LAP-BAND, Roux-ex-Y gastric bypass and gastric sleeve, such as Single-anatomosis Duodenal Switch Procedures, lack sufficient safety evidence and therefore shall be considered Experimental and Investigational and are not a covered benefit.

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html), or the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None:

MI/ Medicaid: Gastric Balloon and Stapling procedures are specifically excluded from this benefit.

IL/ Medicaid: Gastric Balloon and Stapling procedures are specifically excluded from this benefit.

OH:

References:

1. American Society for Bariatric Surgery. www.asbs.org
2. AACE/TOS/ASMBS Bariatric Surgery Guidelines, American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic and Bariatric Surgery Medical Guidelines for Clinical Practice for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient. Endocrine Practice Published March 2013
3. AACE/TOS/ASMBS Bariatric Surgery Guidelines, Endocrine Practice, July/August 2008; Vol 14 (Suppl 1)
4. Inge TH et al. Bariatric Surgery for Severely Overweight Adolescents: Concerns and Recommendations. Pediatrics July 2004; 114(1):217-223
5. Bauchowitz et al. American Psychosomatic Society, Psychosocial Evaluation of Bariatric Surgery Candidates: A Survey of Present Practices, Psychosomatic Medicine 67:825-832 (2005)
6. Allison G. Snyder (2009) Psychological Assessment of the Patient Undergoing Bariatric Surgery. The Ochsner Journal: Fall 2009, Vol. 9, No. 3, pp. 144-148. Franks, S and Kaiser, K. Clinical Focus, Predictive Factors in Bariatric Surgery Outcomes: What is the Role of the Preoperative Psychological Evaluation?. Primary Psychiatry. Published: August 1, 2008.
7. Michigan Department of Health and Human Services, Medicaid Provider Manual- Hospital. Sec. 3.34 Issued: April 1, 2017.
8. Illinois DHFS. Handbook for Practitioners Rendering Medical Services. Chapter A-200- Policy and Procedures for Medical Services, Sec. A-222.5. Issued: October 2016.
9. Hayes Annual Review January 9, 2019 Single Anastomosis Duodenal Switch for Weight Loss
10. Andersen, J.R. Aasprang, A., Bergsholm, P., Sletteskog, N., Vage., & Natvig, G. K. (2010). Anxiety and depression in association with morbid obesity: changes with improved physical health after duodenal switch. *Health and quality of life outcomes*, 8, 52. doi: 10.1186/1477-7525-8-52

State Letters/Bulletins					
CMS National/Local Coverage Determination (NCD/LCD)	NCD 100.1 Bariatric Surgery for Treatment of Morbid Obesity (v5, 09/2013)				
Medicare Managed Care Manual:					
Medicaid CFR:					
State Administrative Codes:					
Contract Requirements:					
Related Policies:	MHP Member Letter of Commitment for Medical Weight Loss Participation	MHP F.18 Medical Weight Loss Management	MHP I.07 Member Compliance Medical Policy		