



Clinical Medical Policy Bariatric Surgery

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation.

Description:

Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Surgery can combine both types of procedures.

- Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur.
- Restrictive procedures restrict the size of the stomach and decrease intake.

The following are descriptions of bariatric surgery procedures that are conditionally covered when medical necessity criteria is met:

1. Roux-en-Y Gastric Bypass (RYGBP)

The RYGBP achieves weight loss by gastric restriction and malabsorption. Reduction of the stomach to a small gastric pouch (30 cc) results in feelings of satiety following even small meals. This small pouch is connected to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, thereby reducing absorption. RYGBP procedures can be open or laparoscopic.

2. Biliopancreatic Diversion with Duodenal Switch (BPD/DS)

The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients eat relatively normal-sized meals and do not need to restrict intake radically, since the most proximal areas of the small intestine (i.e., the duodenum and jejunum) are bypassed, and substantial malabsorption occurs. The partial BPD/DS is a variant of the BPD procedure. It involves resection of the greater curvature of the stomach, preservation of the pyloric sphincter, and transection of the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis.

BPD/DS procedures can be open or laparoscopic.

3. Laparoscopic Adjustable Gastric Banding (AGB)

The AGB achieves weight loss by gastric restriction only. A band creating a gastric



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pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port that is positioned beneath the skin. The bands are adjustable, allowing the size of the gastric outlet to be modified as needed, depending on the rate of a patient's weight loss.

Coverage Determination:

Neighborhood Health Plan of Rhode Island (NHPRI) covers Bariatric Surgery, otherwise referred to as Gastric Bypass Surgery, as a clinical option when determined medically necessary by the Medical Management Department. When medical necessity criteria are met, Neighborhood members are allowed coverage for one (1) Laparoscopic Adjustable Gastric Banding per lifetime. One (1) Gastric Bypass procedure is allowed per lifetime.

Although bariatric surgery is not the first option for treatment of obesity, it can be an important option for some Neighborhood members. A medically supervised weight loss program is required **when BMI is < 40**, for at least a four (4) month period within the last year, prior to the request.

Prior authorization is required.

The member's Primary Care Practitioner or surgeon must submit the *NHPRI Prior Authorization for Gastric Bypass Surgery* request form along with required information to NHPRI for review. Required information for consideration and approval of the surgical procedure includes:

- Specific procedure and planned level of care (ambulatory vs inpatient)
 - Note: If procedure or planned level of care is modified, the provider needs to notify Neighborhood prior to submitting claims in order to ensure payment to the provider.
- Documentation of co-morbid conditions and the impact obesity and these conditions have on activities of daily living



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- Confirmation of medically supervised effort at weight loss for at least four (4) months within the last year.
- Confirmation of ability to comply with medical therapy.
- Confirmation that no psychiatric or psychosocial co-morbidities exist which would interfere with adequate follow-up.

Criteria:

Bariatric surgery is considered a clinical option for patients who meet the following criteria:

- Age 21 or older, and one of the following:
 - a) Super morbid obesity, i.e. a BMI > 50, or
 - b) BMI > 40 and obesity-related physical problems that interfere with activities of daily living, or
 - c) BMI between 35 and 40 with life-threatening obesity-related health problems such as diabetes, severe sleep apnea, or heart problems

Covered Procedures:

- Laparoscopic Adjustable Gastric Banding
- Open and laparoscopic Roux-en-Y Gastric Bypass
- Open and laparoscopic Biliopancreatic Diversion with duodenal switch

CMP Number: CMP-004.03

CMP Cross Reference:

References:

BC Referenced:

Gonzalez, Rodrigo, et al "Gastric Bypass for Morbid Obesity in patients 50 years or older: Is Laparoscopic Technique Safer?" American Surgeon, July 2003 Vol 69 pages 547-554

Liu, Jerome H. et al "Characterizing the Performance and Outcomes of Obesity Surgery in California", American surgeon, 2003 Vol 69 p 823-828

Santry HP, Gillen DL, Lauderdale DS "Trends in Bariatric Surgery Procedures", JAMA 2005 294 (15):1909-17

CMS - Details for: Medicare Expands National Coverage for Bariatric Procedures, February 2006
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1786>



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The Miriam Hospital Weight Loss Program

<http://www.lifespan.org/tmh/services/behavhealth/wtmgmt/about.htm>

Created:

Annual Review Month:

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CMC Review Dates: 4/1/04, 5/13/08, 1/11/11

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