

**MEDICAL ASSOCIATES HEALTH PLANS, Live360 HEALTH PLAN AND
HEALTH CHOICES
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL**

POLICY TITLE: BARIATRIC SURGERY

POLICY STATEMENT: Medical Associates Health Plans (MAHP), Live360 Health Plan and Health Choices (HC) has established this policy to ensure that medical necessity criteria is met for surgical treatment of morbid obesity when dietary therapies and exercise are unsuccessful.

This document applies to eligible individuals who meet the clinical criteria and who have coverage under the scope and limitations of his or her benefit package. Services which are medically appropriate or indicated may not be approved for coverage based on exclusions and limitations of the benefit package.

Policy

The following bariatric surgical procedures are proven and medically necessary for treating obesity:

- Biliopancreatic diversion/biliopancreatic diversion with duodenal switch
- Gastric bypass (includes robotic-assisted gastric bypass)
- Adjustable gastric banding (using open or laparoscopic approaches) for individuals ≥ 18 years of age.
- Sleeve Gastrectomy (Vertical Sleeve Gastrectomy)
- Vertical banded gastroplasty

I. Preparatory program coverage criteria:

A. Eligible member must meet the following criteria, either 1 (adults) or 2 (adolescents):

1. For adults aged 18 years or older, bariatric surgery using one of the procedures identified above for treating obesity is proven and medically necessary when all of the following criteria are met:
 - a. Body mass index (BMI) ≥ 40 kg/m²; *or*
 - b. BMI 35-39.9 kg/m² in the presence of one or more of the following comorbidities:
 - Type 2 diabetes; or
 - Cardiovascular disease [e.g., history of stroke and/or myocardial infarction, poorly controlled hypertension (systolic blood pressure greater than 140 mmHg or diastolic blood pressure 90 mmHg or greater, despite pharmacotherapy)]; or
 - History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty; or
 - History of cardiomyopathy; or

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- Obstructive Sleep Apnea (OSA) confirmed on polysomnography with an AHI or RDI of ≥ 30
and
 - c. The individual must also meet the following criteria:
 - All of the following:
 - Completion of a preoperative evaluation that includes a detailed weight history along with dietary and physical activity patterns; and
 - Psychosocial-behavioral evaluation by an individual who is professionally recognized as part of a behavioral health discipline to provide screening and identification of risk factors or potential postoperative challenges that may contribute to a poor postoperative outcome and
 - Participation in a Multidisciplinary surgical preparatory regimen including consultation with a dietician or nutritionist and documentation indicating member's participation in the multidisciplinary surgical preparatory regimen at each visit.
2. For adolescent's who have completed bone growth (generally age of 13 in girls and age of 15 in boys), the bariatric surgical procedures identified above are proven and medically necessary for treating obesity when all the following criteria are met:
- a. BMI ≥ 40 kg/m²; or
 - b. BMI 35-39.9 kg/m² in the presence of one or more of the following co-morbidities:
 - Type 2 diabetes; or
 - Poorly controlled hypertension (systolic blood pressure greater than 140 mmHg or diastolic blood pressure 90 mmHg or greater, despite pharmacotherapy)]; or
 - Obstructive Sleep Apnea confirmed on polysomnography with an AHI or RDI of ≥ 30 ; **and**
 - c. The individual must also receive an evaluation at, or in consultation with, a Multidisciplinary center focused on the surgical treatment of severe childhood obesity. This may include Adolescent centers that have received accreditation by the Metabolic and Bariatric Surgery
- B. Member has attempted weight loss in the past without successful long-term weight reduction and the member's physician has documented evidence of unsuccessful long term weight loss within the last two-year period that immediately precedes the request for the surgical treatment of morbid obesity. Non-surgical structured program methods of weight loss attempts may include Jenny Craig, Weight Watchers, LA Weight Loss, MediFast, Minute Clinic/Health Hubs, OptiFast, etc.

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For members who have a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression) or who are currently under the care of a psychologist/psychiatrist or who are on psychotropic medications, pre-operative psychological clearance is necessary in order to exclude members who are unable to provide informed consent or who are unable to comply with the pre- and post-operative regimen.

Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.

II. Vertical Banded Gastroplasty (VBG):

MAHP, Live360 Health Plan and HC considers open or laparoscopic vertical banded gastroplasty (VBG) medically necessary for members who meet the selection criteria for obesity surgery and who are at increased risk of adverse consequences of a RYGB due to the presence of any of the following co-morbid medical conditions:

1. Demonstrated complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma; *or*
2. Hepatic cirrhosis with elevated liver function tests; *or*
3. Inflammatory bowel disease (Crohn's disease or ulcerative colitis); *or*
4. Poorly controlled systemic disease (American Society of Anesthesiology (ASA) Class IV); *or*
5. Radiation enteritis.

MAHP, Live360 Health Plan and HC considers VBG experimental and investigational when medical necessity criteria are not met.

III. Bariatric Surgery Complications:

The following are considered medically necessary:

1. Removal of a gastric band when recommended by the member's physician;
2. Surgery to correct complications from bariatric surgery, such as obstruction, stricture, erosion, or band slippage;
3. Surgery for Candy cane syndrome (Roux syndrome) when member is symptomatic (abdominal pain, nausea, and emesis) and diagnosis is confirmed by endoscopy or upper gastrointestinal contrast studies;
4. Replacement of an adjustable band is considered medically necessary if there are complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments;

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5. Conversion of sleeve gastrectomy to Roux-en-Y gastric bypass is considered medically necessary for the treatment of symptomatic gastroesophageal reflux disease (GERD) meeting the following criteria:
 - a. Reflux is documented by abnormal 24-hour pH monitoring or endoscopically proven esophagitis performed after the sleeve gastrectomy; and
 - b. Symptoms persist despite optimal medical therapy, including behavioral modification and at least one month of maximum proton pump inhibitor (PPI) therapy.

Note: When performed primarily for the purpose of treating reflux meeting these criteria, conversion of sleeve gastrectomy to Roux-en-Y gastric bypass is not considered repeat bariatric surgery;

IV. Repeat Bariatric Surgery:

MAHP, Live360 Health Plan and HC considers repeat bariatric surgery medically necessary for members whose initial bariatric surgery was medically necessary (i.e., who met medical necessity criteria for their initial bariatric surgery), and who meet any of the following medical necessity criteria:

- a. 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 procedure and the member has been compliant with a prescribed nutrition and exercise program following the procedure; *or*
- b. Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy anastomosis is considered medically necessary if the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the member has been compliant with a prescribed nutrition and exercise program following the procedure; *or*
- c. Conversion from an adjustable band to a sleeve gastrectomy, RYGB or BPD/DS is considered medically necessary for members who have been compliant with a prescribed nutrition and exercise program following the band procedure, and there are complications that cannot be corrected with band manipulation, adjustments or replacement.

V. Experimental and Investigational Bariatric Surgical Procedures:

MAHP and HC considers each of the following procedures experimental and investigational because the peer-reviewed medical literature shows them to be either unsafe or inadequately studied:

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- Adjunctive omentectomy to bariatric surgery
- AspireAssist aspiration therapy
- “Band over bypass” or LASGB revision of prior Roux-en-Y gastric bypass
- "Band over sleeve" or LASGB revision of prior sleeve gastrectomy
- Bariatric surgery as a treatment for idiopathic intracranial hypertension
- Bariatric surgery as a treatment for infertility
- Bariatric surgery as a treatment for type-2 diabetes in persons with a BMI less than 35
- Conversion of sleeve gastrectomy for hypoglycemia post-RYGB
- Gastric bypass as a treatment for gastroparesis
- Gastroplasty, more commonly known as “stomach stapling”
- Laparoscopic gastric plication (also known as laparoscopic greater curvature plication [LGCP]), with or without gastric banding
- LASGB, RYGB, and BPD/DS procedures not meeting the medical necessity criteria above
- Liposuction (suction-assisted lipectomy; ultrasonic assisted liposuction)
- Loop gastric bypass
- Mini gastric bypass
- Natural orifice transoral endoscopic surgery (NOTES) techniques for bariatric surgery including, but may not be limited to, the following:
 - Gastrointestinal liners (endoscopic duodenal-jejunal bypass, endoscopic gastrointestinal bypass devices; e.g., EndoBarrier and the ValenTx Endo Bypass System); or
 - Intragastric balloon (e.g., the Obalon Balloon System, and the ReShape Integrated Dual Balloon System); or
 - Mini sleeve gastrectomy; or
 - Restorative obesity surgery, endoluminal (ROSE) procedure for the treatment of weight regain after gastric bypass surgery; or
 - Transoral gastroplasty (TG) (vertical sutured gastroplasty; endoluminal vertical gastroplasty; endoscopic sleeve gastroplasty); or
 - Use of any endoscopic closure device (Over the Scope clip [OTSC] system set, Apollo OverStitch endoscopic suturing system, StomaphyX endoluminal fastener and delivery system) in conjunction with NOTES;
- Open adjustable gastric banding
- Prophylactic mesh placement for prevention of incisional hernia after open bariatric surgery
- Roux-en-Y gastric bypass as a treatment for gastroesophageal reflux in non-obese persons
- Roux-en-Y gastrojejunostomy for the treatment of persistent gastro-esophageal reflux disease following antireflux surgery
- Sclerotherapy for the treatment of dilated gastrojejunostomy following bariatric surgery
- Silastic ring vertical gastric bypass (Fobi pouch)
- Sleeve gastrectomy with single anastomosis duodeno-ileal bypass (SIPS)

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- Vagus nerve blocking (e.g., the VBLOC device, also known as the Maestro Implant or the Maestro Rechargeable System) VBG, except in limited circumstances noted above.

VI. Cholecystectomy:

As a high incidence of gallbladder disease (28 %) has been documented after surgery for morbid obesity, MAHP, Live360 Health Plan and HC considers routine cholecystectomy medically necessary when performed in concert with elective bariatric procedures.

VII. Liver Biopsy:

MAHP, Live360 Health Plan and HC considers routine liver biopsy for bariatric surgery not medically necessary in the absence of signs or symptoms of liver disease (e.g., elevated liver enzymes, enlarged liver).

MAHP, Live360 Health Plan and/or HC members requiring referrals will be directed for evaluation and surgical treatment to the Health Plan “designated” centers.

Medicare Members: Follow Medicare established NCD or LCD criteria.

References: InterQual Criteria
Apollo Managed Care Guidelines
Other Major Health Plan Policy Statements

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