OHCA Guideline

Medical Procedure Class:	**Bariatric Surgery**
Initial Implementation Date:	03/30/2009
Last Review Date:	August 2023
Effective Date:	9/7/23
Next Review/Revision Date:	August 2026

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Adjustable Laparoscopic Banding (ALB): also known as “Lap Band” or “Realize Band”; involves placing an implant, a soft silicone ring with an expandable balloon in the center, around the top part of the stomach.

Bariatric Surgery: gastric bypass and other weight-loss surgeries, known collectively as bariatric surgery, involve making changes to the digestive system resulting in weight loss.

Body Mass Index (BMI): a measure of body fat based on height and weight that applies to adults; BMI is calculated with weight in kilograms divided by the square of height in meters.

Degenerative Disc Disease: also known as discopathy; a broad category of back pain resulting from the degeneration of vertebral discs; a pathologic process that can result in acute or chronic low back pain from the loss of structure or integrity of intervertebral discs.

Degenerative Joint Disease: also known as osteoarthritis; a noninfectious progressive disorder of the weight-bearing joints; a gradual deterioration of the auricular cartilage that covers the joints.

Degenerative Spinal Disease (DSD): also called spondylosis deformans; DSD affects many structures of the spine and may affect the entire disco-vertebral unit (functional spinal unit); it occurs when intervertebral discs begin to degenerate, leading to the formation of bony spurs or bridges around the disc and nearby spinal joints.

Diabetes Mellitus: having a hemoglobin A1C (HbA1C) level of 6.5% or taking a T2DM (Type 2 Diabetes Mellitus) medication prescription for more than one year; diabetes is moderately or poorly controlled with an A1C ≥ 6.8% and well-controlled with an A1C ≤ 6.8%.

Dyslipidemia: manifested by high total cholesterol defined as ≥ 240 mg/dL; disorders in the lipoprotein metabolism, classified as hypercholesterolemia, hypertriglyceridemia (400-1000 mg/dL), combined hyperlipidemia, and low levels of high-density lipoprotein (HDL) cholesterol.

Dysmetabolic Syndrome: having T2DM or impaired glucose tolerance and 2 of the following criteria: hypertension (defined as antihypertensive treatment and/or blood pressure > 160/90 mmHg),

dyslipidemia, obesity/abdominal obesity (defined as BMI > 30 and/or waist-hip ratio > 0.90 in those assigned male at birth, > 0.85 in those assigned female at birth), or microalbuminuria.

Gastric Sleeve: a type of weight loss (bariatric) surgery also known as Vertical Sleeve Gastrectomy; a bariatric procedure that removes 75-80% of the stomach leaving a thin vertical sleeve or tube in place of the normally sized stomach.

Gastroesophageal Reflux Disease (GERD): a chronic, relapsing condition with associated morbidity and an adverse impact on quality of life; symptoms are heartburn, regurgitation and may also include dysphagia.

Hyperlipidemia: an increased level of lipid in the blood and is only physiologically relevant when it occurs in the fasted state; an elevated level of triglycerides (> 150 mg/dL) or a total cholesterol of > 200 mg/dL.

Hypertension: condition of having a systolic blood pressure of 140 mmHg or greater, a diastolic blood pressure of 90mmHg or greater and requiring hypertensive medication.

Laparoscopic or Laparoscopy: a surgical diagnostic procedure used to examine the organs inside the abdomen; a minimally invasive procedure that requires only small incisions.

Obesity: adults are considered overweight if their BMI is 25 or greater, and obese if their BMI is 30 or greater; obesity is further separated into 3 classes according to the increased health risks associated with increasing BMI levels: class I (BMI 30-34.9), class II (BMI 35-39.9) and class III, clinically severe obese (BMI ≥ 40).

Obstructive Sleep Apnea (OSA): an increase in respiratory effort due to breathing against relative or absolute airway obstruction resulting in more negative intrathoracic pressure and decreased or absent air flow.

Roux-en-Y Gastric Bypass (RYGB): a type of weight loss surgery that involves creating a small pouch from the stomach and connecting the newly created pouch directly to the small intestine.

Venous Stasis Syndrome: the presence of venous insufficiency or venous incompetence, dependent leg pain and swelling, venous valvular incompetence or venous outflow obstruction, skin pigmentation, eczematous dermatitis and lipodermatosclerosis; morbidly obese patients have a higher intra-abdominal pressure at 2 to 3 times of that of non-obese patients; this higher pressure enhances venous stasis and reduces intraoperative portal venous blood flow.

Description

Gastric bypass and other types of weight-loss surgery, collectively known as bariatric surgery, make surgical changes to the stomach and digestive system, limit food intake and nutrient absorption, leading to weight loss. Gastric bypass and other weight-loss surgeries are major, life-changing procedures.

Successful obesity management requires adoption and lifelong practice of healthy eating and physical exercise (i.e., lifestyle modification). Without adequate member motivation and / or skills needed to make such lifestyle modifications and comprehensive pre-operative and post-operative

services to facilitate optimal outcomes, the benefit of bariatric surgical procedures is severely jeopardized.

Procedures Requiring Prior Authorization (PA)

All bariatric surgery procedures will require a PA even if using unlisted procedure code(s).

***See Appendix A for code list and definitions.**

OHCA does not provide coverage for bariatric procedures considered experimental or investigational.

Approval Criteria

I. GENERAL

A. Bariatric Surgery providers – to be eligible for reimbursement, bariatric surgery providers must be:
   1. Certified by the American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) as a Comprehensive Bariatric Surgery Center or
   2. The surgeon and facility are currently participating in a comprehensive multidisciplinary bariatric surgery quality assurance program and a clinical outcomes assessment review as a pathway to accreditation.
   3. Bariatric surgeons will have been through fellowship training in bariatric surgery or be a fellow of the American Society of Metabolic and Bariatric Surgery (ASMBS), or an MBSAQIP-verified surgeon.
   4. Bariatric surgery facilities and their providers must be contracted with OHCA and have a demonstrated record of quality assurance.
   5. Providers will provide proof of the above certifications to OHCA annually.

B. Bariatric Program Requirements:
   1. Programs must demonstrate a long-term commitment and have sustainable infrastructure to ensure continuity for pre-operative care, post-operative care, and long term follow up for bariatric patients in the state of Oklahoma regardless of where index surgery occurred.
   2. Surgeons and programs who opt-in to participate in the care of these patients knowingly opt into the OHCA system as a program who will help care for any Oklahoma post-bariatric surgery patients when requested by OHCA.
   3. Available Services:
      a. Programmatic commitment to long term care of bariatric patients.
      b. Surgical expertise in minimally invasive and bariatric surgery.
      c. Comprehensive medical care of patients before surgery.
      d. Behavioral health services for pre-operative psychosocial evaluation and ongoing post-operative counseling as needed.
      e. Nutritional education and counseling, both pre- and post-operatively.
      f. Integration of above items in an Electrical Medical Record (EMR).
      g. Institutional quality assurance review of all bariatric surgery cases.
      h. Regular clinical outcomes assessment review (monthly or similar schedule).

II. INDICATIONS

A. Comprehensive multidisciplinary evaluation at an approved bariatric program. Members considering bariatric surgical options must have been provided with the knowledge and the tools needed to achieve the desired post-surgical lifestyle changes, involved in a comprehensive program, and must be capable and willing to undergo the changes.

B. Patient Checklist:

The purpose of this checklist is for bariatric programs to determine if the member is an appropriate candidate for bariatric surgery. Patients who do not meet these criteria are not covered for bariatric surgery under OHCA guidelines.

1. Be between 15 and 65 years of age;
2. **Adults ages 20 to 65:**
   BMI ≥ 40; or
   BMI ≥ 35 but <40 with at least 1 comorbidity considered serious enough to warrant pharmacotherapy or treatment (see #3 comorbidity list); or
   BMI ≥ 30 but < 35 with at least 2 comorbidities considered serious enough to warrant pharmacotherapy or treatment (see #3 comorbidity list); or
   BMI ≥ 30 with Dysmetabolic Syndrome or difficult-to-control diabetes.
   Adolescents ages 15 to 19:
   BMI ≥ 35 kg/m2 and ≤ 40 kg/m2 or ≥ 120% of 95th percentile and < 140% of 95th percentile;
   BMI > 40 kg/m2 or ≥ 140% of 95th percentile.
3. Obesity related comorbidities:
   a. Diabetes mellitus
   b. Degenerative Joint Disease of a major weight-bearing joint(s) to such an extent that the member is a candidate for joint replacement surgery if weight loss is achieved
   c. Degenerative disc or spine disease of a significant nature producing clinical symptoms
   d. Hypertension
   e. Dyslipidemia
   f. Coronary Artery Disease (CAD) including history of stent, myocardial infarction (MI), or cerebrovascular accident (CVA)
   g. Obstructive Sleep Apnea (OSA)
   h. Obesity-hypoventilation Syndrome (OHS) also known as Pickwickian Syndrome
   i. Nonalcoholic fatty liver disease, nonalcoholic steatohepatitis
   j. Pseudotumor cerebri, also known as Idiopathic Intracranial Hypertension (IIH)
   k. Gastroesophageal Reflux Disease (GERD) without other risk factors (i.e., alcohol abuse, esophageal motility disorders, hiatal hernia), requiring drug therapy with proton pump inhibitors, or in which regularly prescribed or over-the-counter medication is necessary
   l. Asthma
   m. Venous stasis disease
   n. Renal insufficiency or failure
   o. Complex ventral abdominal wall hernias
   p. End-organ disease requiring transplant [i.e., end-stage renal disease (ESRD), end-stage liver disease (ESLD), and heart failure requiring left ventricle assist device (LVAD)]
4. The member is not pregnant or planning to become pregnant in the next 2 years.

III. Prior Authorization Phases I & II

The bariatric surgery PA is a two-phase process to evaluate the member's motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery.

A. <u>Phase I: Evaluation</u> – comprehensive multidisciplinary evaluation.

- The purpose of this phase is to ensure that the member is physically, mentally and emotionally suitable for this procedure and demonstrates the ability to adhere to the radical and lifelong behavior changes and strict diet that are required after bariatric surgery.

- The requirements for Phase I should be coordinated by the multidisciplinary bariatric surgery program. This includes a referral from the primary care provider (PCP) to the bariatric surgeon and bariatric program ensuring that all of the above patient indications and programmatic requirements are met. The bariatric surgeon and bariatric program will follow the member through Phase I Evaluation.
- Documentation obtained during the evaluation phase is to be submitted for the Prior Authorization (PA) before surgery. All the following (1-6) is required documentation during Phase I for the comprehensive multidisciplinary evaluation.

1. Psychosocial evaluation:
   The member can be referred to the OHCA Behavior Health Services (405) 522-7597, for assistance in finding a provider for the psychosocial evaluation. These services will be covered by OHCA.
   a. Evaluation for substance abuse or eating disorder
   b. Evaluation for psychiatric illness which would preclude the member from participating in a pre-surgical weight loss and evaluation program or successfully adjusting to the post-surgical lifestyle changes.
   c. If applicable, documentation that the member has been successfully treated for a psychiatric illness and has been stabilized for at least 6 months
   d. If applicable, documentation that the member has been rehabilitated and is free from drug and alcohol use for a period of at least 1 year.
   e. Documented plan for long term psychosocial follow-up.
2. A medical evaluation by a health care professional with dedicated expertise in the care of bariatric surgery patients. This evaluation should assess the member's operative morbidity and mortality risks performed by a physician experienced in bariatric medicine that is contracted with the OHCA and should also include cardiac risk stratification and obstructive sleep apnea screening.
3. A surgical evaluation by an OHCA contracted surgeon who is credentialed to perform bariatric surgery and participates in a comprehensive program.
4. Participation in a nutrition and lifestyle modification program prior to surgery, under the supervision of an OHCA contracted medical provider. The program should include:
   a. Nutritional counseling with a minimum of 2 follow-ups after a comprehensive consultation. These services can be provided by a Registered Dietician (RD) and will be covered by OHCA for adults.
   b. Patient participation in a supervised exercise program with a member-maintained exercise diary.
5. The member should have successfully stopped smoking for a minimum of 6 months, laboratory documentation may be required.
6. The program should strongly consider weight loss in the 2 weeks before surgery as deemed appropriate based on the patient BMI, comorbidities and clinical situation.

B. <u>Phase II: Bariatric Surgery Prior Authorization</u> – documentation obtained during the Phase I Evaluation will be submitted for the Prior Authorization before surgery to determine if member is an appropriate candidate for surgery. The Phase II PA request should occur *after* successfully completing Phase I with an approved bariatric program and *prior* to surgical intervention.

- The purpose for Phase II and the PA is to ensure the member and the program have met all the OHCA Phase I requirements.

- The bariatric surgeon in conjunction with the multidisciplinary program should supply the medical records obtained during the evaluation phase and any other documentation to show the member and program meet all the requirements.
- Use any bariatric procedure code for the Provider Portal PAR submission. Current CPT codes consistent for an operation are listed in Appendix A. The procedure code can be amended by the bariatric surgeon prior to the surgery.

IV. CONTINUED MEDICAL NECESSITY

A. OHCA considers surgery to correct complications from bariatric surgery medically necessary, including but not limited to the following:
   1. Gastric band slippage or obstruction by imaging or upper endoscopy;
   2. Band erosion by imaging or upper endoscopy;
   3. Outlet or bowel obstruction by imaging or upper endoscopy;
   4. Pouch or esophageal dilation or enlargement by imaging or upper endoscopy;
   5. Gastroesophageal reflux disease (GERD) unresponsive to acid suppression treatment ≥ 8 weeks;
   6. Stricture unresponsive to dilation.

B. OHCA considers repeat bariatric surgery medically necessary for a member whose initial bariatric surgery was medically necessary, and member meets either of the following:
   1. Has not lost more than 50% of excess body weight 2 years following the primary bariatric surgery procedure, is in compliance with prescribed nutrition and exercise programs following the procedure, and meets the criteria listed for the initial bariatric procedure; **OR**
   2. Failure due to dilation of the gastric pouch if the initial procedure was successful in inducing weight loss prior to the pouch dilation and the member is in compliance with prescribed nutrition and exercise programs following the initial procedure.

Discontinuation Criteria

OHCA may withdrawal authorization of payment for the bariatric surgery at any time if the OHCA determines the member, provider or bariatric program is not in compliance with any of the requirements.

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Surrounding State Medicaid Policies & Rules Reviewed

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APPENDIX A
CPT Code Description

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

43659 Unlisted laparoscopic procedure on stomach

43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (i.e., gastric band and subcutaneous port components)

43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only

43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only

43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components

43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., 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

43847 Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption

43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (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

43999 Unlisted procedure, stomach