



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
05/15/2009	07/15/2016	07/15/ 2015
Policy Name		Policy Number
Obesity Surgery in Adolescents		MM-0027

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

A. SUBJECT

Obesity Surgery in Adolescents

B. BACKGROUND

This document is to establish a policy to review the medical necessity for coverage of obesity surgery for adolescents.

The prevalence of extreme obesity in U.S. children and adolescents has been estimated at 4%. There is no standard treatment for morbid obesity. Low-calorie diets, exercise, behavioral modification regimens and medical treatment have generally been unsuccessful in long-term weight management for morbidly obese young people.

The early implementation of healthy life styles remains the initial direction at impacting the rising epidemic of obesity. There are the rare morbidly obese children who are candidates for bariatric surgery. The intended procedure must not be experimental or investigational, must meet current standard of care guidelines, and any device utilized must be FDA approved.

C. DEFINITIONS

N/A

D. POLICY

- I. The surgery may be considered medically necessary if the following are met:
 - A. Adolescent candidates for bariatric surgery should be morbidly obese (defined by the World Health Organization as a BMI of equal or greater than 40)
 - B. These youth will have attained a majority skeletal maturity (equal or greater than 13 years for girls and equal or greater than 15 years of age for boys)



- C. Adolescents have experienced failure of 6 continuous months of organized weight loss attempts and have met certain anthropometric, medical (R/O endogenous causes) and psychological evaluation of both patient and family
- D. Potential candidate for bariatric surgery should be referred to specified centers with multi-disciplinary weight management teams that have expertise in meeting the needs of adolescents
- E. Cooperation, compliance and understanding by both the patient and their family are essential. This includes both the pre-operative period as well as post-operative
- F. These adolescents will require a regular, prolonged post-operative follow up
- G. Written clinical documentation and supporting information for the attending surgeon must include:
 - 1. Letter of medical necessity
 - 2. Evidence that there have been adequate conservative attempts at weight loss
 - 3. Summary (support to meeting policy standard #1) of all co-morbid conditions with their conservative treatment
 - 4. A description of a multi-disciplinary approach to preparing and managing the patient in the pre-operative periods, peri-operative periods and through an extended post-operative period
 - 5. Evidence the patient has been evaluated from a psychological standpoint
 - 6. Evidence the patient has the support and understanding of the family
 - 7. Supporting letter of medical necessity from the PCP
- H. The team should include specialists with expertise in adolescent obesity evaluation and management, psychology, nutrition, and physical activity instruction.

For Medicare Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

If there is no NCD or LCD present, reference the CareSource Policy for coverage.

CONDITIONS OF COVERAGE

**HCPCS
CPT**

AUTHORIZATION PERIOD

E. RELATED POLICIES/RULES

F. REVIEW/REVISION HISTORY

Date Issued: 05/15/2009
Date Reviewed: 05/15/2009, 07/1/2011, 03/15/2012, 07/15/2013, 07/15/2014, 07/15/2015
Date Revised: 03/15/2012

G. REFERENCES

- 1. Assessment of Child and Adolescent Overweight and Obesity: Dec 2007, A Supplement to PEDIATRICS
- 2. Inge TH, Krebs NP, Garcia VF et al Bariatric Surgery for Severely Overweight Adolescents: Concerns and Recommendations. Pediatrics 2004; 114:217-223
- 3. Sugerman HJ, DeNaruam EJ et al. Bariatric Surgery for Severely Obese Adolescents. J Gastrintest Surg. 2003; 1:102-108.
- 4. Xanthakos SA, Daniels SR, Inge TH. Bariatric Surgery in Adolescents: An Update. Adolescence Medical Clin 2006: 589-612.



5. Ludwig DH Childhood Obesity-The shape of things to come. NEJM 2007;357: 2325-2327.
6. Garcia VF, DeMaria EJ. Adolescent Bariatric surgery: Treatment delayed, Treatment denied, A Crisis Invited. Obesity Surgery 2006; 16: 1-3.
7. Hayes Medical Technology Directory June 7, 2007, Pediatric Bariatric Surgery for Morbid Obesity.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Archived