MEDICAL POLICY STATEMENT
WEST VIRGINIA MARKETPLACE

Policy name	Policy Number	Effective Date
Metabolic and Bariatric Surgery in Adults 20 and Older	MM-0795	11/01/2020-09/30/2021

Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. SUBJECT

Metabolic and Bariatric Surgery in Adults 20 and Older

B. BACKGROUND

Obesity continues to be a major health threat in the United States affecting an increasingly larger proportion of adults and children. The Centers for Disease Control and Prevention (CDC) estimate that over 39.8% of adults in the United States older than the age of 20 are obese (2015-2016). Obesity in adults aged 40 to 59 is higher (42.8%) than those under aged 40 (35.7%). Statistics indicate that there has been a significant increase in obesity from 1999 through 2016. Only tobacco has a higher modifiable risk factor in adult mortality. If continuing to trend at the current rate, obesity will become the number one modifiable risk factor in adult mortality. Obesity-related health problems include hypertension, Type II diabetes, hyperlipidemia, atherosclerosis, heart disease, and stroke, diseases of the gallbladder, osteoarthritis, sleep apnea and certain cancers.

The primary goals in achieving optimal health outcomes for our members are providing noninvasive approaches to reduce or prevent obesity by promoting healthy life styles that will improve long-term outcomes. For individuals not able to manage serve obesity though non-surgical interventions, metabolic and bariatric surgery options may be an effective intervention.

C. DEFINITIONS

- **Body Mass Index (BMI) for Adults -** BMI is a person's weight in kilograms divided by the square of height in meters.
- **Substance Use Disorder (SUD) -** A diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to use of a substance. The diagnosis of a substance use disorder is based from criteria defined in the current ICD-10 diagnosis codes manual and can be applied to all 10 classes of drugs including: alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; tobacco; and other (or unknown) substances.
- **Behavioral health provider** – Includes psychologist, psychiatrist, and psychiatric nurse practitioner.

D. POLICY

I. A prior authorization is required.

II. Metabolic and bariatric surgery is considered medically necessary when all of the following criteria are met:
   A. Primary diagnosis is obesity;
   B. Member is at least 20 years of age;
   C. Documentation of conservative medically supervised weight loss program for at least a 6 month period within the last 2 years have been unsuccessful; and
   D. One of the following BMI requirements are met:
      1. BMI ≥40 kg/m^2; or
      2. BMI ≥35 kg/m^2 and at least one serious obesity related condition such as:
         a. High risk for Type II diabetes (insulin resistance, prediabetes, and/or metabolic syndrome)
         b. Osteoarthritis of knee or hip

c. Improving outcomes of knee or hip replacement
d. Obstructive Sleep Apnea
e. Non-alcoholic fatty liver disease
f. Nonalcoholic steatohepatitis
g. Pseudotumor cerebri
h. Gastroesophageal reflux disease
i. Severe urinary stress incontinence
j. Poorly controlled hypertension on multiple drug therapy

or

3. BMI ≥30 kg/m^2 with Type II diabetes mellitus (DM) if documentation is provided that Type II DM is inadequately controlled despite optimal medical treatment by either oral or injectable medications (including insulin).

III. Written clinical documentation and supporting information from the attending surgeon must include all of the following:
A. Evidence of informed consent.
B. Letter from the Primary Care Physician (PCP) or appropriate specialist.
1. Stating medical necessity for procedure; and
2. Health-related behaviors such as smoking history or adherence.
C. Evidence that member is participating in a multi-disciplinary program to prepare them for surgery as well as through the extended post-operative period.
D. Substance Use Screening results
E. Evidence that harm reduction related to substance use was discussed
F. Evidence that risks of nicotine were discussed
G. Evidence that vitamin B deficiencies were monitored and treated as needed prior to surgery.
H. Documentation illustrating the member has been evaluated from a psychological standpoint within the past 6 months by the treating behavioral health provider including consideration of all of the following:
1. List of co-existing psychiatric conditions;
2. Evidence that the member has the ability to understand the surgical procedure and to make a responsible decision; and
3. Evidence that the member is stable enough to
a. Understand the risks and benefits;
b. Follow through with the extensive aftercare plan;
c. Withstand the rigors of surgery; and
d. Not show evidence of the likelihood of being suicidal or significantly decompensate if the procedure is not successful in helping to lose weight.
I. Assessment, listing of diagnoses, and treatment plan must be provided.
J. For women with reproductive capacity, appropriate conception counseling was discussed and documented including the following:
1. Clear documentation that supports that the member
a. Is not currently pregnant; and
b. Has agreed to avoid pregnancy for at least one year postoperatively.

IV. Contraindications/Non covered procedures
A. Surgery is contraindicated in the following:

1. A medically correctable cause of obesity;
2. Current or planned pregnancy within one year of procedure;
3. Active suicidality or self-harm;
4. Active psychosis;
5. Active substance use disorder;
6. Ongoing substance abuse disorder within the previous year;
7. Severe coagulopathy;
8. Uncontrolled and untreated eating disorders; and
9. Inability to comply with postoperative long-term follow-up care.

B. The intended procedure is not covered if it is experimental or investigational. The procedure must meet current standard of care guidelines, and any device utilized must be FDA approved.

V. The following members should be referred to an accredited comprehensive center
   A. BMI >55kg/m^2
   B. Members
      1. With organ failure;
      2. With organ transplant;
      3. With significant cardiac or pulmonary impairment;
      5. On a transplant list; or
      6. If non-ambulatory.

E. CONDITIONS OF COVERAGE

F. RELATED POLICIES/RULES

Metabolic and Bariatric Surgery in Adolescents
Metabolic and Bariatric Surgery: Revision
Evidence of Coverage and Health Insurance Contract West Virginia

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	09/21/2004	New Policy.
Date Revised	10/17/2017	Annual update
	05/29/2019	Changed title from Obesity Surgery and updated per 2018 guidelines.
	07/22/2020	Updated conservative approaches prior to surgery, updated BMI requirements, added SUD, health related behaviors, Vitamin B, and nicotine requirements, updated psychological evaluation, updated conception counseling, updated contraindications/noncovered procedures, separated into a separate policy the revision criteria, and updated referral to comprehensive center.
	01/08/2021	Clarified high risk Type II diabetes

Date Effective	11/01/2020	
Date Archived	09/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. REFERENCES

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

Independent medical review – 7/2020