CareSource

MEDICAL POLICY STATEMENT
West Virginia Marketplace

Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery WV-MP-MM-0795	10/01/2023-09/30/2024
Policy Type	
MEDICAL	

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

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) estimates that over 41.9% of adults in the United States older than the age of 20 are obese (2017-2020). Obesity in adults aged 40 to 59 is higher (44.3%) than those under aged 40 (39.8%). Statistics indicate that there has been a significant increase in obesity from 1999 through 2020. 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, stroke, diseases of the gallbladder, osteoarthritis, sleep apnea, and certain cancers.

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

C. DEFINITIONS

- **Body Mass Index (BMI) for Adults** - A person's weight in kilograms divided by the square of height in meters.
- **Substance Use Disorder (SUD)** - A cluster of cognitive, behavior, and physiological symptoms indicating continued use of substances despite significant substance-related problems, encompassing 10 separate classes of drug criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.
- **Behavioral Health Provider** - A provider of behavioral health services, including psychologist, psychiatrist, and psychiatric nurse practitioner.
- **Weight Loss Surgery** - Surgery also known as bariatric and metabolic surgery. These terms are used in order to reflect the impact of these operations on patients' weight and the health of their metabolism (breakdown of food into energy). In addition to their ability to treat obesity, these operations are very effective in treating diabetes, high blood pressure, sleep apnea and high cholesterol, among many other diseases

D. POLICY

I. 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 13 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 ≥ 35 kg/m^2; or
    2. BMI ≥ 30 to 34.9 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.

II. Written clinical documentation and supporting information from the attending surgeon must include all of the following:
    1. Evidence of informed consent.
    2. Letter from the Primary Care Physician (PCP) or appropriate specialist including the following content:
        1. Medical necessity for procedure.
        2. Documentation that member has been evaluated by a nutritionist/dietician during supervised weight loss.
        3. Health-related behaviors, such as smoking history or adherence, have been addressed.
    C. Evidence that member is receiving treatment in a multi-disciplinary program ~~to~~ that can provide **ALL** of the following:
        1. preoperative medical consultation
        2. preoperative mental health consultation
        3. nutritional counseling
        4. exercise counseling
        5. patient support program
    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. Evidence that member is free of endocrine disease as supported by an endocrine study consisting of a T3, T4, blood sugar and a 17-Keto Steroid or Plasma Cortisol.
I. 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. family and social support
    3. evidence that the member understands the surgical procedure and can make a responsible decision
    4. Evidence that the member is stable enough to
        a. Understand the risks and benefits.
        b. Change lifestyle through diet moderation and strategic eating.
        c. Follow through with the extensive aftercare plan.
        d. Withstand the rigors of surgery.
        e. Not show evidence of the likelihood of being suicidal or significantly decompensate if the procedure is not successful in helping to lose weight.
J. Complete history and physical, including an assessment, listing of diagnoses, height, weight, BMI, and treatment plan, must be provided. The exclusion or diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome, must also be documented.
K. For women with reproductive capacity, appropriate conception counseling was discussed and documented, including the following:
    1. Clear documentation that supports that the member has agreed to avoid pregnancy for at least one year postoperatively.
    2. Discussion includes potential birth defects from nutritional deficiencies that can occur if she does become pregnant during the weight stabilization period following surgery.

III. Contraindications/Noncovered 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. These include, but are not limited to:
    1. Endoscopic bariatric and metabolic therapies, such as Intragastric balloon (IGB);
    2. Endoscopic sleeve gastroplasty (ESG) and

3. Aspiration therapy (AT).

IV. The following members should be referred to an accredited comprehensive center
   A. BMI >55kg/m^2
   B. Members with the following issues:
      1. Organ failure;
      2. Organ transplant;
      3. Significant cardiac or pulmonary impairment;
      4. On a transplant list; or
      5. Non-ambulatory

E. CONDITIONS OF COVERAGE

N/A

F. RELATED POLICIES/RULES

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
	06/23/2021	PA language replaced by medical necessity criteria. PA enforced by inclusion on the PA list. Updated references. Updated demographic information in background.
	06/22/2022	Removed documentation requirement from III. J. that member was not currently pregnant. Added E&I devices to IV. B. Changed title of policy from 20 to Metabolic and Bariatric Surgery in Adults 21 and Older to reflect state law.
	06/21/2023	Added definition of Weight Loss Surgery. Added new MCG criteria; Updated references. Approved at Committee.
Date Effective	10/01/2023	
Date Archived	09/30/2024	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.

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

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Independent medical review – 7/2020