



MEDICAL POLICY STATEMENT

Georgia Medicaid

| Policy Name & Number | Date Effective |
|--|-----------------------|
| Metabolic and Bariatric Surgery in Adults 19 and Older -GA-MCD-MM-0792 | 11/01/2022-10/31/2023 |
| 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 in Adults 19 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) 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 to provide 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. Definition

- **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 cluster of cognitive, behavioral, 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** – Includes psychologist, psychiatrist, and psychiatric nurse practitioner.

D. Policy

- I. CareSource considers metabolic and bariatric surgery a covered service when medically necessary.
- 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 19 years of age;
 - C. Documentation of conservative medically supervised weight loss program for at least a 6-month period within the last 2 years has been unsuccessful; and
 - D. One of the following BMI requirements are met:
 1. BMI ≥ 40 kg/m²; or
 2. BMI ≥ 35 kg/m² 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/m² 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:
1. Evidence of informed consent;
 2. Letter from the primary care physician (PCP) or appropriate specialist;
 - a. Stating medical necessity for procedure; and
 - b. 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;
 - 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:
 - a. Clear documentation that supports that the member has agreed to avoid pregnancy for at least one year postoperatively.
- IV. Contraindications/Non covered procedures include
- 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 use 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 Intra-gastric balloon (IGB);
 2. Endoscopic sleeve gastropasty (ESG) and
 3. Aspiration therapy (AT).
- V. The following members should be referred to an accredited comprehensive center
- A. BMI >55kg/m²
 - B. Members
 1. With organ failure;
 2. With organ transplant;
 3. With significant cardiac or pulmonary impairment;
 4. On a transplant list; or
 5. If non-ambulatory.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
Metabolic and Bariatric Surgery in Adolescents
Metabolic and Bariatric Surgery: Revision
Experimental or Investigational Item or Service

G. Review/Revision History

| DATE | | ACTION |
|---------------------|------------|--|
| Date Issued | 02/24/2015 | Issued |
| Date Revised | 04/05/2016 | Included MCG 23 rd Ed. Revisions to content and Table A. |
| | 06/05/2019 | Included MCG 20 th Ed. Revisions to Table A |
| | 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 |

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| | 01/08/2021 06/23/2021 | criteria and updated referral to comprehensive center. Clarified high risk type II diabetes PA language replaced by medical necessity criteria. PA enforced by inclusion on the PA list. Updated references. |
| | 06/22/2022 | Updated demographic information in background. Removed documentation requirement from III. J. that member was not currently pregnant. Added E&I devices to IV. B. Title was changed to Metabolic and Bariatric Surgery in Adults 19 and Older to reflect state law. |
| Date Effective | 11/01/2022 | |
| Date Archived | 10/31/2023 | 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

1. AAP Updates Recommendations on Obesity Prevention: It's Never Too Early to Begin Living a Healthy Lifestyle. (n.d.). Retrieved June 7, 2022 from www.aap.org.
2. Adult Obesity Facts, Centers for Disease Control and Prevention, Last reviewed August 18, 2018, Retrieved June 7, 2022 from www.cdc.gov.
3. American Diabetes Association. (2020, January). Obesity management for the Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes – 2020. *Diabetes Care*. 43(1). <https://doi.org/10.2337/dc20-S008>.
4. American Society for Metabolic and Bariatric Surgery, Retrieved June 7, 2022 from www.asmb.org.
5. Bariatric Surgery | NIDDK. (n.d.). Retrieved June 17, 2021, from www.niddk.nih.gov.
6. Bariatric procedures for the management of severe obesity: Descriptions. (n.d.). Retrieved June 7, 2022 from www.uptodate.com.
7. Buchwald, H., Avidor, Y., Braunwald, E., Jensen, M. D., Pories, W., Fahrbach, K., & Schoelles, K. (2004). Bariatric Surgery. *JAMA*, 292(14), 1724. doi:10.1001/jama.292.14.1724.
8. Center for Disease Control and Prevention. (2021). Prevalence of Obesity in the United States, Retrieved on June 6, 2022 from www.cdc.gov.
9. Chapman, A. (2004). Laparoscopic adjustable gastric banding in the treatment of obesity: A systematic literature review. *Surgery*, 135(3), 326-351. doi:10.1016/s0039-6060(03)00392-1.
10. Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R). U.S. Dept. of Health and Human Services, Centers for Medicare and Medicaid Services, February 21, 2006.
11. Federal Drug Administration. (2020, April 27). *Weight-Loss and Weight-Management Devices*. Retrieved June 7, 2022 from www.fda.gov.
12. Guidelines for Clinical Application of Bariatric Surgery, Retrieved June 7, 2022 from www.sages.org.

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

13. Kalarchian, M. (2007). Psychiatric Disorders Among Bariatric Surgery Candidates: Relationship to Obesity and Functional Health Status. *American Journal of Psychiatry*, 164(2), 328. doi:10.1176/appi.ajp.164.2.328.
14. Late complications of bariatric surgical operations. (n.d.). Retrieved June 7, 2022 from www.uptodate.com.
15. Marcus, M. D., Kalarchian, M. A., & Courcoulas, A. P. (2009). Psychiatric evaluation and follow-up of Bariatric surgery patients. *American Journal of Psychiatry*, 166(3), 285–291. doi:10.1176/appi.ajp.2008.08091327.
16. Mechanisk, J, Apovian, et al. (April 2020). AACE/TOS/ASMBS/OMA/ASA 2019 Guidelines. Clinical practice Guidelines for the Perioperative Nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures – 2020 Update: Cosponsored by American Association of Clinical Endocrinologist/American college of Endocrinology, The obesity society, American Society for metabolic & Bariatric surgery, Obesity medicine Association, and American Society of Anesthesiologists. *Obesity*. 28(4). Retrieved June 7, 2022 from www.onlinelibrary.wiley.com.
17. National Institute of Diabetes and Digestive and Kidney Diseases, Potential Candidates for Bariatric Surgery, Retrieved June 7, 2022 from www.niddk.nih.gov
18. New Diabetes Guidelines Include Recommendations for Bariatric Surgery. (n.d.). Retrieved June 7, 2022 from www.hayesinc.com.
19. NCHS Data Brief, No. 360, February 2020, Prevalence of Obesity Among Adults and Youth: United States, 2017-2018 Retrieved June 17, 2021 from www.cdc.gov.
20. Obesity Management for the Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes – 2019, American Diabetes Association, *Diabetes Care* 2019 Jan; 42(Supplement 1): S81-S89 www.care.diabetesjournals.org.
21. Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015.
22. The Practical Guide to Identification and Treatment of Overweight and Obesity in Adults. (n.d.). Retrieved June 7, 2022 from www.nhlbi.nih.gov.
23. Repeat Bariatric Surgery for Patients Who Have Not Reached Weight-loss Goals after Previous Surgery. (n.d.). Retrieved June 17, 2021 from www.ecri.org.
24. Shekelle, P. G. (n.d.). Mental Health Assessment and Psychological Interventions for bariatric surgery. Retrieved June 7, 2022 from www.hsrd.research.va.gov.
25. Updated Guidelines for Bariatric Surgery. (n.d.). Retrieved June 7, 2022 from www.hayesinc.com.
26. Yung-Chieh, Y, Huang, C, Tai, C. (2014, September). *Current Opinion in Psychiatry*. 27(5). doi: 10.1097/YCO.0000000000000085.

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