



MEDICAL POLICY STATEMENT GEORGIA MEDICAID

Policy Name	Policy Number	Effective Date	
Metabolic and Bariatric Surgery in Adolescents	MM-0796	11/01/2021-10/31/2022	
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 Adolescents

B. BACKGROUND

Childhood obesity continues to be a serious health problem in the United States. The Centers for Disease Control and Prevention (CDC) estimate the prevalence of obesity to be approximately 18.5% affecting 13.7 million children and adolescents (2015-2016). Severely obese children and adolescents are at risk for developing serious comorbidities, including obstructive sleep apnea, diabetes, hypertension, cardiac hypertrophy, and nonalcoholic fatty liver disease (NAFLD). They may also develop depression and suffer from impaired quality of life.

The primary goals in achieving optimal health outcomes from our members are to provide noninvasive approaches to prevent obesity by promoting a healthy lifestyle and to improve long-term outcomes. For those adolescents not able to manage their severe obesity through non-surgical interventions, obesity surgery may be an effective intervention.

C. DEFINITIONS

- **Body Mass Index For Age Percentile: (BMI)** - BMI is a person's weight in kilograms divided by the square of height in meters. BMI is age and sex related for children and teens and is often referred to as BMI-for-age.
- **Adolescent** - Is defined as ages 10-19 year of age.
- **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. 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 are met:
 - A. Primary diagnosis is obesity
 - B. Member is an adolescent as defined above;
 - 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 of $\geq 40\text{kg/m}^2$ or 140% of the 95th percentile (whichever is lower); or
 2. BMI of $\geq 35\text{ kg/m}^2$ or 120% of the 95th percentile and at least one serious obesity related condition such as:
 - a. Type 2 diabetes.



- b. Obstructive Sleep Apnea (Apnea-Hypopnea Index >5).
 - c. Heart disease.
 - d. Poorly controlled Hypertension.
 - e. Nonalcoholic Fatty Liver Disease (NAFLD).
 - f. Nonalcoholic Steatohepatitis (NASH).
 - g. Idiopathic Intracranial Hypertension and have failed medical management.
 - h. Slipped Capital Femoral Epiphysis (SCFE) or Blount's disease.
 - i. Gastroesophageal Reflux Disease (GERD).
 - j. Reduced impairment in health (HRQoL).
- III. Written clinical documentation and supporting information from the attending surgeon must include all of the following:
- A. 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.
 - 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; and
 - K. Metabolic and bariatric surgery program is responsible to create a transition plan for member as they transition to an adult program for continued care.
- 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 abuse;
 - 6. Ongoing substance abuse problem 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 member should be referred to specified centers for metabolic and bariatric surgery with multi-disciplinary weight management teams that have expertise in meeting the needs of adolescents, including the immediate availability of critical care services, psychology, nutrition, and physical activity instruction.

E. CONDITIONS OF COVERAGE

F. RELATED POLICIES/RULES

Metabolic and Bariatric Surgery in Adults 20 and Older
 Metabolic and Bariatric Surgery: Revision
 Experimental or Investigational Item or Service

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	04/17/2019	
Date Revised	07/22/2020	Added SUD, separated revisions into a separate policy, updated definitions, updated medical necessity criteria, updated documentation required, and updated contraindications/noncovered services.
Date Effective	11/01/2021	PA language replaced by medical necessity criteria. PA enforced by inclusion on the PA list. Updated references.
Date Archived	10/31/2022	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

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