

MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Date Effective
Metabolic and Bariatric Surgery for 18 years of age and Older		MM-0257	01/01/2022-07/31/2022
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.

Table of Contents

A. Subject.....	2
B. Background.....	2
C. Definitions	2
D. Policy.....	2
E. Conditions of Coverage	4
F. Related Policies/Rules.....	4
G. Review/Revision History	4
H. References.....	4



A. Subject

Metabolic and Bariatric Surgery in 18 years of age and Older

B. Background

Bariatric surgery is a procedure of last resort, used to treat morbid obesity when other methods of weight management have failed. The term “bariatric surgery” is a collective term used to refer to procedures that involve restricting the stomach size with or without a bypass of the stomach to alter the digestive system. The primary goal of bariatric surgery is to achieve weight loss through restriction of the ability to eat, restriction of the body’s ability to absorb nutrients and calories, or a combination of both. These surgeries are categorized as “restrictive” or “malabsorptive,” depending on the procedure used.

C. Definitions

- **Body Mass Index (BMI) for Adults** – BMI is a person’s weight in kilograms divided by the square of height in meters.
- **Morbid obesity** – A body mass index (BMI) of at least 35 kilograms per meter squared, with comorbidity or co-existing medical conditions, such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or a BMI of at least 40 kilograms per meter squared without comorbidity.
- **Unsuccessful weight-loss therapy** – A weight regain of more than 3 kilograms (6.6 pounds) in 2 years and the inability to reduction in waist circumference of at least 4 cm.
- **Unsuccessful weight-loss maintenance** – A weight regain of more than 3 kilograms (6.6 pounds) in 2 years and the inability to maintain a sustained reduction in waist circumference of at least 4 centimeters.
- **Physician-supervised nonsurgical medical treatment** – Includes a diet to help create a 500 to 1,000 kcal/day deficit; an increase in physical activity; and strategies to change eating and physical activity behaviors.
- **Major life activity** – Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living or economic self-sufficiency.

D. Policy

- I. A prior authorization is required.
- II. Metabolic and bariatric surgery is considered medically necessary when all of the following are met:
 - A. Primary diagnosis is morbid obesity (E66.01) with the most specific procedure code available that represents the procedure performed.
 - B. Member is at least 18 years of age.
 - C. Member meets both of the following criteria
 1. The member is morbidly obese as defined by either of the following:
 - a. BMI ≥ 40 kg/m² without comorbidity; or
 - b. BMI ≥ 35 kg/m² and at least one comorbidity or coexisting medical conditions such as:
 02. Hypertension
 03. Cardiopulmonary conditions



- 04. Sleep apnea
 - 05. Diabetes
 - and
 - 2. Failed weight-loss therapy as meeting one of the following criteria:
 - a. Unsuccessfully weight-loss therapy:
 - 01. Morbid obesity has persisted for at least 5 years; and
 - 02. Physician-supervised nonsurgical weight-loss program has been unsuccessful for at least 6 consecutive months within the last 2 years; or
 - b. Unsuccessful weight-loss maintenance:
 - 01. Member successfully achieved weight loss after participating in a physician-supervised nonsurgical weight-loss program but has been unsuccessful at maintaining weight loss for 2 years (> 3-kilogram [6.6-pound] weight gain).
 - D. The member has reached sexual maturity and has reached a Tanner Scale stage IV or V plus 95% of predicted adult stature based on bone age.
- III. Written clinical documentation and supporting information must include all of the following:
- A. Signed documentation of informed consent from the member acknowledging an understanding of pre- and postoperative expectations;
 - B. The results of the physician-supervised nonsurgical weight loss program for at least 6 consecutive months (including unsuccessful weight loss or unsuccessful weight maintenance after successful weight loss);
 - C. Consultation reports from other practitioners (anesthesiologist, pulmonologist, cardiologist, and so on) who have seen the member for evaluation if applicable.
 - D. Members under age 21 must have documentation in the medical record by two physicians who have determined bariatric surgery is necessary to save the life of the member or restore the member's ability to maintain a major life activity;
 - E. Documentation illustrating that the member has been evaluated from a psychological standpoint by the treating behavioral health provider (a psychiatrist or licensed health service provider in psychology (HSPP)) including consideration of all of the following:
 - 1. A list of co-existing psychiatric conditions including those that are considered as contraindications to the surgery; and
 - 2. An assessment of any psychosocial needs with recommendations for treatment if necessary.
 - F. Documentation substantiates that the:
 - 1. Member is able to understand, tolerate, and comply with all phases of care and is committed to long-term follow-up requirements;
 - 2. Member is abstinent from alcohol use, illicit drug use, and tobacco use;
 - 3. Member has a negative urine drug screen;
 - 4. Member has received a thorough explanation of the risks, benefits, and possible complications of the procedure.
 - 5. Treatment plan includes preoperative and postoperative dietary evaluations;
 - 6. Postoperative expectations have been addressed before the bariatric surgery; and



7.

Member has agreed in writing to participate in all preoperative and postoperative evaluations and sessions considered essential to his or her having a successful outcome to the bariatric surgery.

IV. Contraindications/Non covered procedures

A. Surgery is contraindicated in the following:

1. Active psychosis;
2. Uncontrolled depression;
3. Borderline personality disorder
4. Other complex psychiatric problems that might interfere with a successful weight loss outcome
5. Active abuse of alcohol, illicit or social drugs and other chemicals, or tobacco use during the 6 months before the request;
6. Diagnostic and Statistical Manual of Mental Disorders criteria for bulimia or binge-eating disorder, and
7. Other eating patterns that are likely to interfere with postsurgical safety and success.

B. The intended procedure is not covered if it is experimental or investigational. The procedure must meet current standard of care guidelines including safety or efficacy standards.

C. The following procedures are not covered

1. Fobi-Pouch (limiting proximal gastric pouch)
2. Gastroplasty (stomach stapling)
3. Intestinal bypass (jejunoileal bypass)
4. Intra-gastric balloon
5. Loop gastric bypass
6. Mini-gastric bypass
7. Natural orifice transluminal endoscopic surgery (NOTES), such as StomphyX
8. Panniculectomy following gastric bypass procedures performed for cosmetic reasons, even if performed incidentally to a ventral herniorrhaphy

D. Conditions of Coverage

N/A

E. Related Policies/Rules

Metabolic and Bariatric Surgery for <18 years of age
Revision of Metabolic and Bariatric Surgery

F. Review/Revision History

DATES		ACTION
Date Issued	09/21/2004	New Policy.
Date Revised	10/17/2017	Annual update
	11/01/2019	Changed title from Obesity Surgery and updated per 2018 guidelines.
	07/22/2020	Updated per IN manual and bulletins. Created an individual policy for revisions.



Date Effective	01/01/2022	No changes
Date Archived	07/31/2022	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.

G. References

1. Indiana Healthcare Program Bulletin (2014, April 29). BT201420. Retrieved June 17, 2021 from www.provider.indianamedicaid.com
2. Indiana Family & Social Services Administration. (2019, January). Surgical Services. Retrieved June 17, 2021 from www.in.gov
3. Indiana Healthcare Program Bulletin (2015, December 15). BT201583. Retrieved June 17, 2021 from www.provider.indianamedicaid.com
4. Indiana Administrative Code (2016, November 1). 405 IAC 5-3-13 Services requiring prior authorization. Retrieved June 17, 2021 from www.iac.iga.in.gov

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

IN-MED-P-235329

Date Issued 09/21/2004

OMPP approved 10/06/2020