# MEDICAL POLICY STATEMENT
## INDIANA MEDICAID

| Original Issue Date | Next Annual Review | Effective Date |
|---|---|---|
| 05/15/2009 | 02/01/2020 | 02/01/2019 |
| **Policy Name** | | **Policy Number** |
| Obesity Surgery in Adolescents | | MM-0258 |
| **Policy Type** | | |
| **MEDICAL** | Administrative / Pharmacy | Reimbursement |

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## Contents of Policy

## A. SUBJECT

**Obesity Surgery in Adolescents**

## B. BACKGROUND

Childhood obesity continues to be a serious health problem in the United States. The Centers for Disease Control (CDC) estimate the prevalence of obesity to be approximately 17% affecting 12.7 million children and adolescents (2015). 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 early implementation of healthy life styles remains the initial direction at impacting the rising epidemic of obesity.

**Professional Societies**

The following professional societies' recommendations are derived from the latest guidelines and scientific based literature available.

**American Academy of Pediatrics**

The American Academy of Pediatrics (AAP) recommends patients being considered for bariatric surgery "be physically mature, have a BMI of 50 or greater or 40 or greater with significant comorbidities, have experienced failure of a formal 6 month weight loss program and be capable of adhering to the long-term lifestyle changes required after surgery." In addition, adolescents "should be referred to specialized centers with a multidisciplinary bariatric team capable of providing long-term follow-up care. (2004)

**National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK)**

The National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) (2011) suggest surgery for youth candidates only when they have tried for at least 6 months to lose weight with no success and met the following criteria:

- Extreme obesity (BMI of 40 or greater)
- Reached adult height (usually 13 or older for girls and 15 or older for boys)
- Serious health problems linked to weight (DM Type II, Sleep Apnea) that may improve with surgery
- A thorough assessment by health care providers documenting the patient's and the patient's parent's emotional preparedness and ability to make lifestyle changes
- Referral to a special youth bariatric surgery center

**Growth and Development in Adolescents**

For adolescents, physical development and maturation may be determined utilizing the gender specific growth chart and BMI chart

Estimated adult height may also be calculated utilizing the Mid-Parental height calculation:

Boy
- In: (Father's Height + Mother's Height + 5) / 2
- Cm: (Father's Height + Mother's Height + 13) / 2

Girl
- In: (Father's Height - 5 + Mother's Height) / 2
- Cm: (Father's Height - 13 + Mother's Height) / 2

| Tanner Stage | Male | Female | Pubic Hair (Male and Female) |
|---|---|---|---|
| I | Prepubertal | Prepubertal | Prepubertal (can see velus hair similar to abdominal wall) |
| II | Enlargement of scrotum and testes; scrotum skin reddens and changes in texture | Breast bud stage with elevation of breast and papilla; enlargement of areola | Sparse growth of long, slightly pigmented hair, straight or curled, at base of penis or along labia |
| III | Enlargement of penis (length at first); further growth of testes | Further enlargement of breast and areola; no separation of their contour | Darker, coarser and more curled hair, spreading sparsely over junction of pubes |
| IV | Increased size of penis with growth in breadth and development of glans; testes and scrotum larger, scrotum skin darker | Areola and papilla form a secondary mound above level of breast | Hair adult in type, but covering smaller area than in adult; no spread to medial surface of thighs |
| V | Adult genitalia | Mature stage: projection of papilla only, related to recession of areola | Adult in type and quantity, with horizontal distribution ("feminine" |

## C. DEFINITIONS

- **Mid-Parental Height**: (see above) This calculation provides a target mean and range for the genetic potential of a child based upon the biologic parents' heights. This calculation *alone* is not sufficient to predict final height; it only calculates a *reference* range for assessing growth
- **Body Mass Index For Age Percentile: (BMI):** The CDC defines BMI as 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.

## D. POLICY

I. Obesity surgery for adolescents may be considered medically necessary if the following are met:
   A. An adolescent candidate is morbidly obese with a BMI of 50 or greater
   B. An adolescent candidate is morbidly obese with a BMI of 40 or greater with one of the following comorbidities expected to resolve with surgery:
      1. DM Type II
      2. Obstructive Sleep Apnea
      3. Heart disease
      4. Poorly controlled Hypertension
   C. The youth will have attained a majority skeletal maturity (equal to or greater than 13 years for girls and equal to or greater than 15 years of age for boys).
   D. The potential candidate for bariatric surgery should be referred to specified centers 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. Written clinical documentation and supporting information for the attending surgeon must include:
      1. Letter of medical necessity from the PCP or appropriate specialist

2. Evidence that there have been adequate conservative attempts at weight loss for at least a 6 month period
3. A description of a multi-disciplinary approach to preparing and managing the patient in the pre-operative periods, peri-operative periods and through an extended post-operative period
4. Documentation illustrating the patient has been evaluated from a psychological standpoint within the past 6 months by the treating behavioral health provider including:
   - 4.1 Evidence that any co-existing psychiatric condition is stable
   - 4.2 Evidence the patient can withstand the rigors of surgery
   - 4.3 Evidence the patient can adhere with long-term follow-up care
   - 4.4 Assessment, listing of diagnoses, and treatment plan must be provided.

F. The intended procedure must not be experimental or investigational, must meet current standard of care guidelines, and any device utilized must be FDA approved.

G. The patient should not have a current or planned pregnancy within 12 to 18 months of surgery.

## E. CONDITIONS OF COVERAGE

**HCPCS**
**CPT**

**AUTHORIZATION PERIOD**

## F. RELATED POLICIES/RULES

## G. REVIEW/REVISION HISTORY

| DATES | | ACTION |
|---|---|---|
| **Date Issued** | 05/15/2009 | New Policy. |
| **Date Revised** | 10/28/2017 | Revisions include Tanner Stages, Growth Charts and BMI charts |
| **Date Revised** | 11/26/2018 | Policy expanded to the IN MCD market |
| **Date Effective** | 02/01/2019 | |

## 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.**