



MEDICAL POLICY STATEMENT ARKANSAS PASSE

Policy name	Policy Number	Effective Date
Metabolic and Bariatric Surgery in Adults Ages 18 to 65	MM-1147	01/01/2022-09/30/2022
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

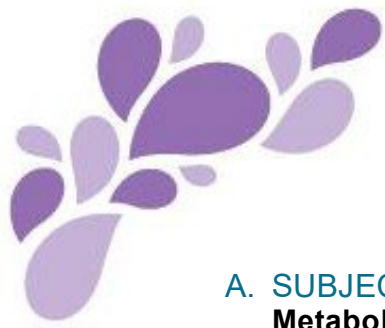
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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. SUBJECT

Metabolic and Bariatric Surgery in Adults ages 18 to 65

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) states that the age-adjusted prevalence of obesity was 42.4%, and the age-adjusted prevalence of severe obesity was 9.2% among adults aged 20 and over in the United States in 2017–2018. Obesity-related health problems include hypertension, Type II diabetes, hyperlipidemia, atherosclerosis, heart disease, and stroke, diseases of the gallbladder, osteoarthritis, sleep apnea and certain cancers.

The primary goals in achieving optimal health outcomes for our 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** - BMI is a person's weight in kilograms divided by the square of height in meters.
- **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.
- II. Metabolic and bariatric surgery is considered medically necessary when all of the following criteria are met:
 - A. Primary diagnosis is obesity;
 - B. Member's age is between 18 and 65 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 ≥ 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 (CPAP should be considered prior to undergoing surgery)
 - 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 \geq 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:
- A. Evidence of informed consent.
 - B. Letter from the Primary Care Physician (PCP) or appropriate specialist.
 1. Stating medical necessity for procedure;
 2. Documentation that member has been evaluated by a nutritionist/dietician during supervised weight loss; and
 3. Health-related behaviors such as smoking history or adherence have been addressed.
 - 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. 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 has the ability to understand the surgical procedure and to make a responsible decision; and
 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; and
 - 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
 - a. Is not currently pregnant; and
 - b. Has agreed to avoid pregnancy for at least one year postoperatively.
 - 01. Discussion includes potential birth defects from nutritional deficiencies that can occur if they do become pregnant during the weight stabilization period following surgery.
- 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 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. The procedure must meet current standard of care guidelines, and any device utilized must be FDA approved.
- 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;
 - 5. On a transplant list; or
 - 6. If non-ambulatory.

E. CONDITIONS OF COVERAGE

NA

F. RELATED POLICIES/RULES

Metabolic and Bariatric Surgery: Revision

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	01/06/2021	
Date Revised		
Date Effective	01/01/2022	



Date Archived	09/30/2022	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.
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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.