MEDICAL POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Metabolic and Bariatric Surgery-AR PASSE-MM-1147	06/01/2026
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

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 40.3% of adults in the United States older than the age of 20 are obese (2021-2024). Obesity in adults aged 40 to 59 is higher (46.4%) than those under aged 40 (35.5%). 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 life-styles that will improve long-term outcomes. For individuals not able to manage serve obesity though 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** – A provider of behavioral health services, including a psychologist, psychiatrist, and psychiatric nurse practitioner.
- **Weight Loss Surgery** – Surgery also known as bariatric and metabolic surgery. These terms are used in to reflect the impact of these operations on patients' weight and the health of their metabolism (breakdown of food into energy). In addition to their ability to treat obesity, these operations are very effective in treating diabetes, high blood pressure, sleep apnea and high cholesterol, among many other diseases.

D. Policy

I. Metabolic and bariatric surgery is considered medically necessary when **all** the following criteria are met:
   A. primary diagnosis of obesity
   B. member is 13 years of age or older
   C. one of the following BMI requirements are met:
      1. BMI 35 kg/m^2 or greater (32.5 or greater in Asian patients)

2. BMI 30 to 34.9 kg/m^2 (27.5 to 32.4 in Asian patients) 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. non-alcoholic 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.

II. 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, including the following content:
      1. medical necessity for procedure
      2. health-related behaviors, such as smoking history or adherence, have been addressed
   C. Evidence that member is receiving treatment in a multi-disciplinary program that can provide **ALL** of the following:
      1. preoperative medical consultation
      2. preoperative mental health consultation
      3. nutritional counseling
      4. exercise counseling
      5. patient support programs.
   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 understands the surgical procedure and can 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 has agreed to avoid pregnancy for at least one year postoperatively
    2. discussion includes potential birth defects from nutritional deficiencies that can occur if she does become pregnant during the weight stabilization period following surgery.

III. Contraindications/Noncovered 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. These include, but are not limited to:
    1. Endoscopic bariatric and metabolic therapies, such as Intragastric balloon (IGB)
    2. Endoscopic sleeve gastroplasty (ESG)
    3. Aspiration therapy (AT)

IV. The following members should be referred to an accredited comprehensive center

A. BMI >55kg/m^2

B. Members with the following issues:
    1. Organ failure

2. Organ transplant
3. Significant cardiac or pulmonary impairment
4. On a transplant list
5. Non-ambulatory

E. Conditions of Coverage
N/A

F. Related Polices/Rules
Metabolic and Bariatric Surgery: Revision

G. Review/Revision History

	DATE	ACTION
Date Issued	01/06/2021	
Date Revised	06/22/2022	Updated references. Updated demographic information in background. Removed documentation requirement from III. J. that member was not currently pregnant. Added E&I devices to IV. B.
	08/03/2022	Removed “Adults age18-65” from title. Sec. I. B. stated, “B. Member is 13 years of age or older.” Added MCG to references. Added definition of weight loss surgery.
	06/21/2023	Added new MCG criteria; Updated references. Approved at Committee..
	06/19/2024	Removed I.C., added D. Note: Mandatory participation in a preoperative weight loss regimen prior to weight loss surgery is not required. (Health Equity consideration). Removed II.B.2. “Documentation that member has been evaluated by a nutritionist/dietician during supervised weight loss.” Updated references. Approved at Committee
	02/26/2025	Updated references. Approved at Committee.
	02/25/2026	Added Asian BMI criteria to Sec. D.I.C. 1 and 2. Updated references. Approved at Committee.
Date Effective	06/01/2026	
Date Archived		

H. References

1. AAP Updates Recommendations on Obesity Prevention: It's Never Too Early to Begin Living a Healthy Lifestyle. Accessed January 12, 2026. www.aap.org
2. Abdul Wahab R, Al-Ruwaily H, Coleman T, et al. The relationship between percentage weight loss and World Health Organization-Five Wellbeing Index (WHO-5) in patients having bariatric surgery. *Obes Surg*. 2022;32(5):1667-1672. doi:10.1007/s11695-022-06010-2
3. Adult obesity facts. Centers for Disease Control and Prevention. Accessed January 12, 2026. www.cdc.gov

4. American Diabetes Association. Obesity management for the treatment of Type 2 Diabetes: standards of medical care in diabetes – 2020. *Diabetes Care.* 2020;43(1). doi:10.2337/dc20-S008
5. American Society for Metabolic and Bariatric Surgery. Bariatric surgery procedures. Accessed January 16, 2025. www.asmbs.org
6. Bariatric Surgery. NIDDK. Accessed January 12, 2026. www.niddk.nih.gov
7. Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery. *JAMA*. 2004;292(14):1724. doi:10.1001/jama.292.14.1724
8. Center for Disease Control and Prevention. Prevalence of Obesity in the United States. 2024. Accessed January 12, 2026. www.cdc.gov
9. Chapman A. Laparoscopic adjustable gastric banding in the treatment of obesity: a systematic literature review. *Surgery*. 2004;135(3):326-351. doi:10.1016/s0039-6060(03)00392-1
10. Ellesmere JC. Bariatric operations: late complications with subacute presentations. UpToDate. Updated July 18, 2023. Accessed January 12, 2026. www.uptodate.com
11. Federal Drug Administration. *Weight-Loss and Weight-Management Devices*. April 27, 2020. Accessed January 12, 2026. www.fda.gov
12. Gastric Restrictive Procedure with Gastric Bypass: S-512. MCG Health; 2024. 28th ed. Accessed December 31, 2025. www.careweb.careguidelines.com
13. *Guidelines for Clinical Application of Bariatric Surgery*. Accessed January 12, 2026. www.sages.org
14. Health Technology Assessment: Comparative Effectiveness Review of Bariatric Surgeries for Treatment of Obesity in Adolescents. July 21, 2019. Reviewed January 20, 2022. Accessed January 12, 2026. www.hayesinc.com
15. Kiser HM, Pona AA, Focht BC, et al. Associations between psychological evaluation outcomes, psychiatric diagnoses, and outcomes through 12 months after bariatric surgery. *Surg Obes Relat Dis*. 2023;19(6):594-603. doi:10.1016/j.soard.2022.12.018
16. Lim RB. Bariatric procedures for the management of severe obesity: descriptions. UpToDate. Updated Sep 08, 2025. Accessed January 12, 2026. www.uptodate.com
17. Mechanisk J, et al. 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*. 2020;28(4). Accessed January 16, 2026. www.onlinelibrary.wiley.com
18. Obesity and Severe Obesity Prevalence in Adults: United States, August 2021–August 2023. NCHS Data Brief no. 508. September 2024. Accessed January 12, 2026. www.cdc.gov
19. Ogden CL, Carroll MD, Fryar CD, Flegal KM. *Prevalence of Obesity Among Adults and Youth: United States, 2011–2014*. NCHS data brief no. 219. National Center for Health Statistics; 2015.
20. Pant S. Bariatric Surgery May Cut Costs and Weight More Than GLP-1 Drugs. *JAMA*. 2025;334(17):1506. doi:10.1001/jama.2025.17483

21. Potential Candidates for Bariatric Surgery. National Institute of Diabetes and Digestive and Kidney Diseases. Accessed January 12, 2026. www.niddk.nih.gov
22. Repeat Bariatric Surgery for Patients Who Have Not Reached Weight-loss Goals after Previous Surgery. Accessed December 31, 2025. www.ecri.org
23. Shekelle, P. Mental health assessment and psychological interventions for bariatric surgery. Accessed December 31, 2025. www.hsrd.research.va.gov
24. *The Practical Guide to Identification and Treatment of Overweight and Obesity in Adults*. Health and Human Services Dept; 2000. Accessed January 12, 2026. www.nhlbi.nih.gov
25. Updated Guidelines for Bariatric Surgery. Accessed January 12, 2026. www.hayesinc.com
26. Yung-Chieh Y, Huang C, Tai C. Psychiatric aspects of bariatric surgery. *Curr Opinion Psychiatry*. 2014;27(5). doi:10.1097/YCO.0000000000000085

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