Policy: Surgery for morbid obesity is reserved for members who have demonstrated weight loss by traditional weight loss methods, exercise programs and lifestyle modification when such methods have failed to yield sufficient weight loss in members who are at great risk of complications due to their obesity. Bariatric surgery is not considered a first-line treatment. Even the most severely obese patients (i.e. BMI > 50) can be helped through a program of reduced-calorie diet and exercise therapy. Surgeries that are considered a covered benefit by MHP are LAP-BAND, Roux-en-Y gastric bypass and gastric sleeve.

Procedure: Members may receive surgical intervention for obesity when all the following criteria are met:

Administrative: Prior authorization by the Medical Director following completion of:

1. Requires referral by primary care physician to a multidisciplinary team. The member must receive treatment at a facility utilizing a multidisciplinary approach, involving a physician with a special interest in obesity, a dietician, a psychologist or psychiatrist interested in behavior modification and eating disorders, and a surgeon with experience in all aspects of bariatric procedures.

2. Compliance with all medical care, including current preventive medical screening and chronic disease management, and making all physician appointments.

3. Compliance with all medication regimes.

4. Member agrees to long term behavioral modification support and lifelong medical surveillance after surgical therapy.

5. Services must be performed by Plan affiliated or contracted program.
6. Letter of Commitment for medical weight loss participation must be signed and adhered to during the entire time frame when applicable
   a. If enrolled in a pre-approved weight loss program, the member must provide documentation of successful weight loss
7. Member must follow MHP’s Member Compliance Medical Policy 1.07

Clinical:
1. **See special instructions for Medicaid and Medicare specific information**
2. Documented continued consistent compliance with Meridian Health Plan (MHP) established weight loss regimen including diet, exercise, and behavioral modification for a minimum of one year. Weight loss efforts prior to eligibility with MHP may be reviewed on an individual basis.
   a. First six months are to be through a structured weight loss program. The weight loss program requires successful completion including meeting the weight loss criteria and maintaining loss. 
      (Policy F.18, Medical Weight Loss Management)
   b. With successful completion of the MHP six month weight loss program or other pre-approved program, the next (step is evaluation by a bariatric surgeon and multi-disciplinary program for determination of suitability for surgery)
3. A complete psychological evaluation needs to be done by a licensed clinical psychologist or psychiatrist to document emotional stability, and the ability to comply with post-operative limitations and requirements. The evaluation must be either Minnesota Multiphasic Personality Inventory-2 (MMPI-2) or the Weight and Lifestyle Inventory (WALI), and include Axis I-V diagnoses. The evaluation must address all of the following components listed below. The evaluation will be initiated after the first 6 months in the MHP Weight Management Program.
   - Current life situation
   - Cognitive ability
   - Current emotional functioning
   - Expectations for surgery
   - Expectations for weight loss
   - Previous attempts at weight loss
   - Physical activity and inactivity
   - Past and current substance abuse
   - Impulsive behavior/addictions
   - Eating styles: 1) Binge eating, 2) Overeating, 3) Grazing, 4) Night eating syndrome

4. Member has undergone evaluation to rule out other treatable causes of morbid obesity prior to requesting Bariatric Surgery and prior to the six months of the Medical Weight Loss Management Program
   a. Laboratory and Diagnostic Evaluation of the Obese Patient Based on presentation of Symptoms, Risk Factors, and Index of Suspicion
      i. Obstructive sleep apnea (daytime sleepiness, loud snoring, gasping or choking episodes during sleep, and awakening headaches)
         a. Polysomnography for oxygen desaturation, apneic and hypopneic events
         b. Measurement of neck circumference (>17 inches [>43.2 cm] in men, >16 inches [>40.6 cm] in women)
   Otorhinolaryngologic examination for upper airway obstruction (optional)
   i. Alveolar hypoventilation (Pickwickian) syndrome (hypersomnolence, possible right-sided heart failure including elevated jugular venous pressure, hepatomegaly, and pedal edema)
      a. Polysomnography (to rule out obstructive sleep apnea)
b. Complete blood cell count (to rule out polycythemia)  
c. Blood gases (PaO2 decreased, PaCO2 elevated)  
d. Chest radiography (enlarged heart and elevated hemidiaphragms)  
e. Electrocardiography (right atrial and right ventricular enlargement)  
f. Pulmonary function tests (reduced vital capacity and expiratory reserve volume) (optional)  
g. Right heart pressure measurement (optional)  

ii. Cushing syndrome (moon facies, thin skin that bruises easily, severe fatigue, violaceous striae)  
a. Elevated late-night salivary cortisol level (>7.0 nmol/L diagnostic, 3.0 to 7.0 nmol/L equivocal)  
b. Repeatedly elevated measurements of cortisol secretion (urine free cortisol [upper normal, 110 to 138 nmol/d] or late-night salivary cortisol levels) may be needed  

iii. Diabetes mellitus  
a. Fasting blood glucose (≥126 mg/dL on 2 occasions), random blood glucose (≥200 mg/dL with symptoms of diabetes), or 120 minutes post-glucose challenge (≥200 mg/dL)  
b. Glycosylated hemoglobin (hemoglobin A1c) ≥7.1%  
c. Microalbuminuria (>30 mg/d) at baseline  
d. BP measurement and fasting lipid profile  

iv. Hypothyroidism  
a. Supersensitive TSH (> assay upper limit of normal range)  

v. Metabolic syndrome 3 of 5 criteria needed for diagnosis:  
a. Triglycerides >150 mg/dL  
b. HDL cholesterol <40 mg/dL (men) or <50 mg/dL (women)  
c. BP >130/>85 mm Hg  
d. Fasting glucose >110 mg/dL  
e. 120 minutes post-glucose challenge 140 to 200 mg/dL  

vi. Polycystic ovary syndrome (oligomenorrhea, hirsutism, probable obesity, enlarged ovaries may be palpable, hypercholesterolemia, impaired glucose tolerance, persistent acne, and androgenic alopecia)  
a. Morning blood specimen for total, free, and weak testosterone, DHEAS, prolactin, thyrotropin, and early-morning 17-hydroxyprogesterone level, (normal values vary according to laboratory). Lipid profile  

vii. Hypertension  
a. Mean of 2 or more properly measured seated BP readings on each of 2 or more office visits with use of a large BP cuff (prehypertension 120-139/80-89 mm Hg; hypertension 140-159/90-99 mm Hg)  
b. Electrocardiography, urinalysis, complete blood cell count, blood chemistry, and fasting lipid profile  

viii. Liver abnormality, gallstones  
a. Liver function tests (serum bilirubin and alkaline phosphatase elevated)  
b. Gallbladder ultrasonography if indicated  

ix. Hepatomegaly, nonalcoholic fatty liver disease
Medical Management

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a. Liver function tests elevated 1 to 4 times normal (ALT usually > AST, serum bilirubin, prothrombin time, decreased albumin)
b. Imaging study (ultrasonography or computed tomography) if indicated
c. Minimal or no alcohol intake with negative testing for viral hepatitis, autoimmune disease, and congenital liver disease
d. Definitive diagnosis with liver biopsy
e. Upper endoscopy to rule out esophageal varices if cirrhosis suspected

5. If the member has a current history of smoking, or smoking within the past two years, documented compliance demonstrating smoking cessation including negative cotinine levels twice within 30 days
6. If the member has a history of illegal drug use, documented compliance with nonuse including negative urine drug screens twice 15 days apart.
7. If no history of tobacco or illicit drug use, a screening cotinine level and drug screen needs to be documented as negative. If it is positive, smoking cessation or drug rehabilitation and negative screens must be documented as above.
8. A member shall only have one bariatric surgical procedure per lifetime unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure. A member who has had bariatric surgery prior to becoming a member of Meridian Health Plan will not be eligible for a bariatric surgical procedure from MHP (unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure). Ongoing adjustments that may be needed in caring for the lap band will be approved if the member is compliant with their medical and post-surgical treatment program. MHP member is also responsible for signing and adhering to MHP’s Member Letter of Commitment for Medical Weight Loss Participation.
9. For members between ages 18 to 21, the member may undergo an optional comprehensive psychological evaluations involving both the member and parent(s) to facilitate assessment of the family unit, determination the coping skills of the member, and assessment of the severity of psychosocial comorbidities. These evaluations may inform the team of family strengths or family dysfunction that could have significant effects on the overall success of bariatric surgery, because of the influence of the family environment on postoperative regimen adherence. MHP will only pay for referrals of family members that are enrolled in MHP. If the parent/guardian is not an MHP member, they will have to see if their insurance covers this evaluation.

Exclusions:

1. See special instructions for Medicaid and Medicare specific information
2. Members with one or more of the following conditions: Active substance abuse including alcohol, documented non-compliance with previous medical care, terminal disease, pregnancy, eating disorders, cognitive deficit, inability to provide informed consent or severe psychopathology, inadequate social support to provide for post-operative recovery and compliance with medical follow up.
3. High operative risk, including severe congestive heart failure or unstable angina.
4. History of malignancy in past 5 years
5. Life expectancy less than 2 years
6. Bleeding disorders
7. Crohn’s disease or Ulcerative colitis
8. Pregnancy
9. Chronic pancreatitis
10. Cirrhosis of liver
11. Autoimmune disorders such as Lupus
12. Uncontrolled severe psychiatric illness
   • Active symptoms of schizophrenia
• Cognitive deficiency and inability to understand surgery and provide consent
• Unrealistic expectations for weight loss
• Multiple suicide attempts
• Active symptoms of bipolar disorder
• Recent suicide attempt (within past year)
• Current symptoms of depression
• Active symptoms of OCD
• Active binge eating disorder
• Psychiatric hospitalization within past 12 months
• History of multiple psychiatric hospitalizations
• Controlled symptoms of schizophrenia
• Antisocial personality disorder
• Borderline personality disorder

Special Instructions:

Medicaid/All: Administrative: Member must follow MHP’s Member Compliance Medical Policy I.07
Clinical: Must be at least 18 years of age and less than 65 and
1. BMI ≥ 40 or
2. BMI > 35 and < 40 with two life threatening comorbidities that substantially affect the member’s health including hospitalization.
   a. Other comorbidities documented in the medical record including but not limited to:
      i. Symptomatic sleep apnea not controlled by C-Pap with documented compliance.
      ii. Severe cardio-pulmonary conditions including congestive heart failure.
      iii. Hypertension inadequately controlled with optimal conventional treatment.
      iv. Uncontrolled hyperlipidemia not amenable to optimal conventional treatment.
      v. Uncontrolled diabetes mellitus.

Exclusions: Gastric Balloon and Stapling procedures are specifically excluded from this benefit.

Medicare/All: Surgeries that are considered a covered benefit by Meridian Advantage Plan (MAP) are open and laparoscopic Roux-en-Y gastric bypass, open and laparoscopic biliopancreatic diversion with duodenal switch, stand-alone laparoscopic sleeve gastrectomy, and laparoscopic adjustable gastric banding are covered for MAP members who have a body-mass index ≥ 35, and have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity prior to participating in the MAP Medical Weight Loss Program.
Clinical:
1. BMI ≥ 35 and at least one life threatening comorbidity related to obesity that substantially affects the member’s health including hospitalization.
   a. Other comorbidities documented in the medical record including but not limited to:
      i. Symptomatic sleep apnea not controlled by C-Pap with documented compliance.
      ii. Severe cardio-pulmonary conditions including congestive heart failure.
      iii. Hypertension inadequately controlled with optimal conventional treatment.
      iv. Uncontrolled hyperlipidemia not amenable to optimal conventional treatment.
      v. Uncontrolled diabetes mellitus.
      vi. Type II Diabetes

Exclusions: Gastric Balloon, Intestinal Bypass, open adjustable gastric banding, and open and laparoscopic vertical banded gastroplasty.
CPT/HCPCS Codes:
43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 48847, 43775, 43848, 43886, 43887, 43888, 43999

Approved by: __________________________________ Date: 06/26/2015
Corporate Chief Operating Officer

Reviewed and approved by Policy and Procedure Committee: Date: 05/14/2015
Reviewed and approved by Medical Policy Operations Committee: Date: 06/05/2015
Reviewed and approved by Physician Advisory Committee: Date: 06/26/2015
Reviewed and approved by Corporate Compliance Committee: Date: 07/28/2015

References:
3. AACE/TOS/ASMBS Bariatric Surgery Guidelines, Endocrine Practice, July/August 2008; Vol 14 (Suppl 1)
9. Michigan Department of Community Health, Medicaid Provider Manual- Hospital. Sec. 3.34, p. 31 (last revised July 1, 2015)