

PreferredOne®

Department of Origin: Medical Management	Approved by: Medical-Surgical Quality Management Subcommittee	Date approved: 09/25/07
Department(s) Affected: Medical Management	Effective Date: 09/25/07	
Medical Criteria Document: Bariatric Surgery	Replaces Effective Policy Dated: 05/23/06	
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PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP)
- PreferredOne Administrative Services, Inc. (PAS)
- PreferredOne (PPO)
- PreferredOne Insurance Company (PIC)

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for *healthcare services*. *Healthcare services* must be ordered by a physician, physician assistant, or nurse practitioner. *Healthcare services* must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration. Plans may have access restrictions for bariatric surgery.

This Criteria Set applies to PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

PURPOSE:

The intent of this criteria set is to ensure services are medically necessary.

DEFINITIONS:

Healthcare service:

A medical or behavioral pharmaceutical, device, technology, treatment, supply, or procedure

BACKGROUND:

This criteria set is based on expert professional practice guidelines.

Body Mass Index (BMI) is determined by weight (kilograms)/height (meters)² or access <http://www.intmed.mcw.edu/clincalc/body.html> for online calculator.

It is the expectation that an appropriate medical evaluation to rule out treatable medical conditions that may be causing the obesity has been done before proceeding with gastric restrictive surgery.

Routine surgeries for morbid obesity include the Roux-en-Y gastric bypass, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, and adjustable silicone gastric banding ("Lap-Band system"). Most procedures can be done either as open procedures or laparoscopic procedures depending on surgeon preference and patient related issues. Other types of bariatric surgery require a review of the medical evidence to determine if the proposed procedure is investigational/unproven.

Procedures that have not been shown to be effective for any subgroup of bariatric patients may not be eligible for coverage.

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The Bioenterics Intra gastric Balloon (BIB) is being studied to evaluate whether gastric balloon therapy can improve the operative conditions for laparoscopic adjustable gastric banding in extremely obese patients. In super obese patients (e.g. BMI > 60) with extreme intra-abdominal fat deposition the technical difficulties in laparoscopic procedures increase. The BIB is placed to achieve weight loss before the gastric restrictive surgery. Balloon therapy is considered investigational (refer to the [Investigational/unproven List](#)).

GUIDELINES:

Must have one of the following I - III:

- I. Initial gastric bypass surgery is being done in a PreferredOne designated bariatric center - both A & B:
 - A. Patient is 18 years of age or older
 - B. Routine surgical procedure is being requested [i.e. laparoscopic or open Roux-en-Y gastric bypass, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, and adjustable silicone gastric banding (“Lap-Band system”)]

- II. Initial gastric bypass surgery that is not being done in a PreferredOne designated bariatric center, patient is less than 18 years of age, or two stage bariatric procedure is being requested – must have A – F:
 - A. Surgery is being requested by a program that is certified by the American Society of Bariatric Surgeons.
 - B. Body mass index (BMI) - one of the following 1 - 3:
 1. BMI of 60 or greater requesting two stage bariatric operations require a review of the medical literature to determine if the proposed procedure is investigational/unproven. Benefits also must be checked carefully to determine if two procedures would be allowed.
 2. BMI greater than 40 (greater than 55 for a proposed biliopancreatic diversion/duodenal switch)
 3. BMI between 35 and 40 with any of the following severe obesity related medical conditions:
 - a. sleep apnea requiring treatment
 - b. pickwickian syndrome
 - c. cardiac compromise
 - d. diabetes mellitus
 - e. significant hypertension (140/90) that has not responded to medical management
 - f. significant osteoarthritis of weight bearing joints exacerbated by obesity that has not responded to medical management
 - g. gastroesophageal reflux disease (GERD) that has not responded to medical management
 - C. BMI greater than 34.9 for at least three years.

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- D. Must have documented active participation in non-surgical method of weight reduction during the last year with failure of non-operative weight loss trial - both of the following 1 and 2:
 - 1. Failure to lose weight or maintain weight loss after documented regular participation for at least one year in a physician involved weight loss plan including diet, exercise, behavior modification, and pharmacological management
 - 2. Failure to lose weight or maintain weight loss after regular participation in more than one weight loss program.
 - E. Documentation of a formal psychosocial evaluation that indicates patient is an appropriate candidate for bariatric surgery and a good candidate for postsurgical compliance.
 - F. Postoperatively, patient will be enrolled in a formal physician supervised nutrition and exercise program (including medical surveillance, nutritional monitoring, increased physical activity, and behavioral modification)
- III. Repeat bariatric surgery (is subject to the patient's contract benefits) – one of the following A - C:
- A. Conversion to another surgical procedure – all of the following 1-3:
 - 1. Failure to respond to initial gastric bypass
 - 2. Original surgery was at least 2 years prior to repeat procedure
 - 3. Documentation that patient has been enrolled in and compliant with the previous post-operative program
 - B. Revision of bariatric surgery due to documented surgical complication from the primary procedure that has not responded to medical treatment – including but not limited to one of the following:
 - 1. Obstruction
 - 2. Stricture
 - 3. Dilatation of gastric pouch (only if procedure was successful in inducing weight loss prior to pouch dilatation)
 - 4. Stoma dilation or stenosis
 - 5. Stoma ulcer
 - 6. Malnutrition
 - C. Take down (reversal) of bariatric surgery (only if documented complication present)

Note: All requests for repeat bariatric surgery for staple line breakdown must be referred for physician review.

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Height (Feet and Inches)

	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
100	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12
105	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13
110	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13
115	22	22	21	20	20	19	19	18	17	17	17	16	16	15	15	14	14
120	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15
125	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15
130	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16
135	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16
140	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17
145	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18
150	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18
155	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19
160	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19
165	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
170	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
175	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
180	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23
195	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24
200	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24
205	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25
210	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26
215	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26
220	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27
225	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27
230	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28
235	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29
240	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29
245	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30
250	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30

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RELATED CRITERIA/POLICIES:

Medical Management Process Manual [MI007 Use of Medical Policy and Criteria](#)

Medical Policy [MP/C009 Medical Step Therapy](#)

Medical Policy [MP/I001 Investigational/Experimental Services or Unproven Comparative Effectiveness of Services](#)

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