MEDICAL COVERAGE POLICY		
SERVICE: Medicaid Bariatric Surgery		
Policy Number:	265	
Effective Date:	10/01/2020	
Last Review:	08/27/2020	
Next Review Date:	08/27/2021	

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Bariatric Surgery

PRIOR AUTHORIZATION: Required

POLICY: For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Bariatric may be considered medically necessary for one or more of the following:

A. Initial Bariatric Surgery and **ALL** of the following:
1. No contraindications such as the following:
    - Endocrine cause for obesity, inflammatory bowel disease, chronic pancreatitis, cirrhosis, portal hypertension, or abnormalities of the gastrointestinal tract
    - Chronic, long-term steroid treatment
    - Pregnant, or plans to become pregnant within 18 months
    - Noncompliance with medical treatment
    - Significant psychological disorders that would be exacerbated or interfere with the long-term management of the member after the operation
    - Active malignancy
2. Member has undergone preoperative psychological evaluation by a behavioral health provider and has been cleared
3. Services must be provided by a facility in Texas that is ONE of the following:
    - Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). See https://www.facs.org/search/bariatric-surgery-centers
    - A children's hospital that has a bariatric surgery program and provides access to an experienced surgeon who employs a team that is capable of long-term follow-up of the metabolic and psychosocial needs of the member and family.
4. Member's age is either:
    a) 20 years of age and younger and ALL of the following:
        - The member has reached a Tanner Scale stage IV or V plus 95 percent of adult height based on bone age and ONE or more of the following:
            - ✓ Female members must be at least 13 years of age and menstruating.
            - ✓ Male members must be at least 15 years of age

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- The member has a body mass index (BMI) of greater than or equal to 40 kg/m^2.
- The member has one or more comorbid conditions that are exacerbated by or attributable to obesity.

  b) 21 years of age and older and all of the following:
  - The member has a BMI of greater than or equal to 35 kg/m^2.
  - The member has one or more of the following comorbid conditions that are exacerbated by or attributable to obesity:
    - ✓ Obesity-associated hypoventilation
    - ✓ Moderate to severe sleep apnea (defined as apnea/hypoapnea index of 16 or more events per hour)
    - ✓ Congestive heart failure
    - ✓ Obesity-induced cardiomyopathy
    - ✓ Refractory hypertension resistant to pharmacotherapy (defined as blood pressure greater than 140 mmHg systolic or greater than 90mmHg diastolic, despite maximally tolerated doses of at least three different classes of antihypertensive medications)
    - ✓ Pseudotumor cerebri (documented idiopathic intracerebral hypertension)
    - ✓ Adult onset (Type II) diabetes (with or without complications) with Hgb A1c greater than 9 percent, regardless of therapy, or 7 to 9 percent on maximal medical therapy (defined as taking insulin or maximally tolerated doses of at least two different classes of oral hypoglycemic medications)
    - ✓ Cardiovascular or peripheral vascular disease
    - ✓ Refractory hyperlipidemia (defined as triglycerides greater than 250 mg/dl, cholesterol greater than 220/mg/dl, HDL less than 35 mg/dl, or LDL greater than 200 mg/dl, despite maximally tolerated doses of at least two different classes of lipid-lowering medications)
    - ✓ Recurrent or chronic skin ulcerations with infection
    - ✓ Pulmonary hypertension
    - ✓ Chronic joint disease, deterioration of the joint cartilage, and the formation of new bone (bone spurs) at the margins of the joints, with symptoms that severely affect work or leisure activities, on maximal medical therapy (defined as maximally tolerated dose of a non-steroidal antiinflammatory drug (NSAID) or COX-II inhibitor or acetaminophen and the completion of at least one physical-therapist-supervised exercise program)
    - ✓ Hepatic steatosis without evidence of active inflammation

B. Repeat Bariatric Surgery and **ONE OR MORE** of the following:
  1. To correct complications from bariatric surgery such as band malfunction, obstruction, or stricture
  2. To convert to a Roux-en-Y gastroenterostomy or to correct pouch failure in an otherwise compliant member when the initial bariatric surgery met medical necessity criteria

OVERVIEW:

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Bariatric surgery is considered medically necessary when used as a means to treat covered medical conditions that are caused or significantly worsened by the member's obesity in cases where those comorbid conditions cannot be adequately treated by standard measures unless significant weight reduction takes place. The pathophysiology of the covered comorbid conditions must be sufficiently severe that the expected benefits of weight loss subsequent to this surgery significantly outweigh the risks associated with bariatric surgery.

CODES:
Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	43771, 43772, 43773, 43774, 43843, 43845, 43886, 43887, 43888, 43999, 43644, 43645, 43775, 43846, 43847, 43770, 43842
CPT Not Covered:	
ICD10 codes:	
ICD10 Not covered:	

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy

REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. TMPPM Volume 2: Section 9.2.8 Bariatric Surgery