

Bariatric Surgery Criteria

Iowa Medicaid Program:	Pre-procedure	Effective Date:	9/11/2009
Revision Number:	7	Last Review Date:	1/19/2018
Reviewed By:	Medicaid Clinical Advisory Committee	Next Review Date:	1/2019
Approved By:	Medicaid Medical Director	Approved Date:	3/13/2018

Criteria: All of the below criteria must be met for referral of a member to a bariatric surgical center for clinically severe obesity.

The bariatric surgery center should demonstrate a competence and commitment to preparing members for surgery, diligence in postoperative care, and include extended yearly visits to evaluate the possible nutritional deficiencies and metabolic changes of the member.

1. Body mass index (BMI) greater than 35 with current evidence of **at least one** serious underlying co-morbidity.
 - a. Any respiratory impairment caused or exacerbated by member's obesity resulting in impaired gas exchange. Evidence of hypoxemia or hypercarbia or significant restrictive lung disease needs to be demonstrated. Deconditioning or obstructive lung disease does not suffice.
 - b. Significant hypertension requiring medical treatment.
 - c. Type 2 diabetes mellitus requiring medication.
 - d. Cardiovascular disease as evidenced by recent cardiac testing.
 - e. Any medical condition(s) that be caused by or be worsening the member's health status due to obesity and that weight-loss will reverse or improve this condition.
 - i. Documentation is to include relevant objective studies demonstrating the condition is related to the member's obesity and can be expected to improve with weight loss.
2. Documented successful participation in a six-month lifestyle modification program.
 - a. Formal written documentation regarding completion of at least a six-month medically supervised diet and exercise programs completed within the past six months, which will include:
 - i. A detailed diet and weight history documenting formal attempts at weight-loss for at least six-months prior to request for surgery.
 - ii. Complete history and physical examination, including age, height, weight, and BMI which are followed on at least a monthly basis and are available for review.
 - iii. Length of time on diets, compliance to dietary restrictions, ongoing documentation of weight through the supervised diet period, and reasons for weight gain, if applicable.
 - iv. Medical evaluation of endocrine status, if applicable.
 - v. Sample dietary and physical activity logs or dietary and exercise recall histories for at least two points during the supervised diet period.
 - b. Weight loss during the supervised diet is **not** required, but documentation must show evidence of compliance to show that the member can maintain lifestyle changes post-operatively.

3. Medical clearance for surgery, specifically addressing age-related risks to the patient, must be obtained from an independent provider for members over age 65. Laboratory studies including CBC, urinalysis, liver function tests, lipid studies, blood chemistries, thyroid function, arterial blood gases, EKG, and pulmonary function tests are recommended as they are relevant to the member's medical condition.
4. Psychological Evaluation to rule out major mental health disorders which would contraindicate surgery and determine patient compliance with post-operative follow-up care and dietary guidelines.
5. Documentation of patient compliance in maintaining scheduled pre-surgical office visits, at a minimum of once a month, for three months prior to surgery.
6. Documentation of discussion of specific life-long dietary restriction requirements after surgery and the patient's willingness and/or ability to comply.
7. Repeat procedures must have documentation of the reasons for failure of the prior procedure and a reasonable expectation that such barriers to the success of another procedure have been mitigated.

CPT/HCPCS Codes:

- 43770 Lap Banding
- 43644 Lap Roux-en-y
- 43845 Biliopancreatic diversion with duodenal switch
- 43846 Open Roux-en-y
- 43847 Roux-en-y with small bowel reconstruction to limit absorption
- 43848 Revision of gastric band
- 43842 Vertical-banded gastroplasty
- 43843 Other than vertical-banded gastroplasty
- 43775 Laparoscopic or open sleeve gastrectomy
- 43771 Laparoscopy, surgical, gastric restrictive procedure, revision of adjustable gastric restrictive device component only
- 43772 Laparoscopy, surgical, gastric restrictive procedure, removal of adjustable gastric restrictive device component only
- 43773 Laparoscopy, surgical, gastric restrictive procedure, removal and replacement of adjustable gastric restrictive device component only
- 43774 Laparoscopy, surgical, gastric restrictive procedure, removal of adjustable gastric restrictive device and subcutaneous port components
- 43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
- 43886 Gastric restrictive procedure, open; revision of subcutaneous port component only
- 43887 Gastric restrictive procedure, open; removal of subcutaneous port component only
- 43888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

References Used:

- 441 IAC 78.3(4)
- National Institutes of Health (NIH) The Practical Guide Identification, evaluation and Treatment of Overweight and Obesity in Adults. NIH Publication # 00-4084, October 2000 http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_b.pdf. Accessed 12-11-2013.
- Kohatsu, ND et al, The University of Iowa College of Public Health. Obesity Management in Adults, 1-20-2006. A policy paper prepared for the Iowa Department of Human services, Iowa Medicaid Enterprise.

References Used (cont.):

Kohatsu ND, Snetselaar LG, Beining R, The University of Iowa College of Public Health Department of Epidemiology, Management of Obesity, Overweight and Undernutrition in Children, 1-30-2006. A policy paper prepared for the Iowa Department of Human Services, Iowa Medicaid Enterprise.

World Health Organization, International Society of Hypertension Writing Group, 2003 World Health Organization (WHO)/International Society of Hypertension (ISH) statement on management of hypertension. J Hypertens. 2003;21:1983-1992.

[http://www.mbsaqip.org,the joint program of the American College of Surgeons\(ACS\) and the American Society for Metabolic & Bariatric Surgery\(ASMBS\), known as Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program\(MBSAQIP\).](http://www.mbsaqip.org,the%20joint%20program%20of%20the%20American%20College%20of%20Surgeons(ACS)%20and%20the%20American%20Society%20for%20Metabolic%20&%20Bariatric%20Surgery(ASMBS),%20known%20as%20Metabolic%20and%20Bariatric%20Surgery%20Accreditation%20and%20Quality%20Improvement%20Program(MBSAQIP).) Accessed 10/18/13.

[https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFilesPdf/Tools and Resources/Policies and Protocols/Medical Policies/Medical Policies/Bariatric Surgery.pdf](https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Bariatric%20Surgery.pdf). The criteria of another Iowa payer. Some wording was borrowed from this document regarding psychiatric evaluation. Accessed 12/11/13.

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=57&ncdver=5&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=iowa&Keyword=bariatric+surgery&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAAA%3d> CMS NCD on bariatric surgery. Accessed 12/11/13.

<http://www.cms.gov/medicare-coverage-database/details/cd-details.aspx?LCDId=32904&Conid=147> CMS LCD on Bariatric Surgery for Morbid Obesity. Accessed 12/11/13.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
3/26/13	Medical Director	Revision of hypertension and co-morbidity requirement wording.	1
3/28/13	Policy Staff	Added Reference of 441 IAC 78.3(4).	2
12/12/13	Medical Director	Revision of criteria and added references.	3

Change History (Cont.):

Change Date:	Changed By:	Description of Change:	New Version Number:
1/17/14	CAC	Criterion #3 - changed "weight loss program" to "lifestyle modification program". Criterion #5 - Medical clearance - added "for surgery, specifically".	4
1/16/15	CAC	Removed criterion #2 regarding Center of Excellence(CoE) and Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) requirement. Added criterion #9 regarding phentermine. Added last paragraph in References Used.	5
4/30/15	Policy staff	Criterion #2a added "completion of". Criterion #3 changed format of laboratory values from narrative to separate item list.	6
1/15/16	CAC	Revision of wording in criterion #1. Removal of criterion #2b regarding weight loss and criterion #9 regarding phentermine.	7

**C. David Smith, MD**