

<b>Department:</b>	Utilization Management	<b>Original Approval:</b>	12/23/2014
<b>Policy #:</b>	MM145	<b>Last Approval:</b>	08/13/2019
<b>Title:</b>	Bariatric Surgery		
<b>Approved By:</b>	UM Medical Subcommittee		

## REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

1. History and physical examination notes
2. Problem list
3. Medication list
4. List of diets and weight loss interventions that the patient has previously tried and the results
5. Detailed records demonstrating compliance with weight loss program
6. Additional documentation depending on diagnosis:
  - a. If the patient has diabetes
    - i. blood sugars and Hemoglobin A1C that lead to diagnosis of diabetes
    - ii. recent HbA1C
  - b. If the patient has end stage joint disease of the knee or hip:
    - i. Notes from orthopedic surgery detailing that the patient needs a joint replacement of knee or hip when the weight loss is achieved
    - ii. Imaging reports of the affected joint.
  - c. If the diagnosis is pseudotumor cerebri or other rare condition helped by weight loss surgery:
    - i. Specific notes related to that disease are required
    - ii. Other treatments that have been tried and the patient's response to those treatments

## SCOPE

Community Health Plan of Washington (CHPW) will use this policy to address surgical and other treatments for clinically severe obesity.

## BACKGROUND

The CDC and NIH define a person as obese if he or she has a BMI greater than 30 kg/m<sup>2</sup>. More than one third of American adults are obese. Individuals with obesity are more likely to suffer from heart disease, stroke, diabetes and some types of cancer. Those with a BMI > 30 have double the risk of premature death compared to individuals with a BMI between 20-25. The estimated medical cost of obesity in the US was \$147 billion in 2008. (CDC Report on Obesity).

Lifestyle changes, including diet, exercise, and behavior modification, are generally considered first-line therapy for overweight and obesity. Pharmacotherapy can be used as an adjunctive therapy when lifestyle changes alone are ineffective. Medical management of obesity has been found to be less

effective with individuals who are morbidly obese (BMI > 35) than for those with lower BMI, particularly in terms of sustained weight loss. The NIH has stated that bariatric surgery is an option for patients with a BMI > 40 or a BMI > 35 with comorbid conditions, who have failed medical treatment (Fisher and Schauer, 2002; NIH, 1998).

Bariatric surgical procedures affect weight loss through two fundamental mechanisms: malabsorption and restriction. Some procedures have both a restrictive and malabsorptive component. Restrictive procedures mechanically reduce the size of the stomach. This limits the amount of food a patient can consume at a single meal and causes early satiety. Substantial dietary compliance is required, because individuals are still able to consume high-calorie liquids or soft foods. Malabsorption procedures involve bypassing a portion of the intestines which decreases the proportion of nutrients that are absorbed from food. Some types of surgeries use elements of both strategies (Fisher and Schauer, 2002; Southern California-RAND EBPC 2004).

The most commonly performed procedure for weight loss is the Roux-en-Y gastric bypass (RYGB). RYGB involves creating a small, proximal gastric pouch which is anastomosed to a limb of small bowel. The small pouch and narrow anastomotic outlet restrict caloric intake, while the anastomosis more distally in the small intestine results in malabsorption.

Sleeve gastrectomy (SG) is a procedure whereby the majority of the greater curvature of the stomach is removed and a tubular structure is created. The altered shape and size of the stomach reduce both its capacity, as well as motility. This procedure, as well as the RYGB procedure, can be done laparoscopically.

Laparoscopic adjustable gastric banding (AGB) is a restrictive procedure alone. Its use has declined significantly since 2011, primarily due to the high rate of complications, as well as weight recidivism.

## **INDICATIONS/CRITERIA**

### **APPLE HEALTH MEMBERS:**

CHPW's Bariatric Surgery Program is a 3 Stage Program. Prior Authorization for and successful completion of each stage is required prior to advancement to the subsequent stage. Every participant in the CHPW Bariatric Surgery Program will be enrolled in a CHPW care management program for care coordination and support. The policy for Apple Health Members is based on [WAC 182-531-1600](#).

### **STAGE 1**

Stage 1 is the initial assessment of the primary care provider of the member requesting bariatric surgery. This stage is mentioned in recognition of the importance of addressing treatment of obesity related medical conditions. This is the usual clinic based care and does not require a referral or authorization.

## **STAGE 2**

Stage 2 is the evaluation for bariatric surgery and successful completion of a weight loss program. The facility to perform the bariatric surgery should be from an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Prior authorization (from the Primary Care Provider) must be obtained from CHPW prior to participation in Stage 2.

### **Clinical Coverage Criteria for Stage 2 Evaluation for bariatric Surgery:**

- Age between 21-59 years of age (Age 18-20 only laparoscopic adjust gastric banding, LAGB)
- Body Mass Index (BMI) must be equal to or greater than 35
- Medical conditions/Co-morbidities: must have at least ONE of the following documented in the medical record:
  - Diabetes Mellitus
  - Severe degenerative Joint Disease of a major weight-bearing joint(s) (such as knees or hips) AND is currently a candidate for joint replacement surgery as soon as weight loss is achieved. Copies of current radiographic studies (plain films) may be requested in addition to the radiologist's reports
    - \*Medical records, including an orthopedic surgery consult documenting the need for a joint replacement (knee or hip), and radiology reports are required. Actual current plain films (X-ray images) may be required
  - Other rare co-morbid conditions (such as pseudo tumor cerebri) in which there is medical evidence that bariatric surgery is medically necessary and the benefits of bariatric surgery outweigh the risk of surgical mortality
- Members referred to an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) will be evaluated for clinical eligibility for Bariatric Surgery.
- The member's CHPW care manager will assist with care coordination.

**EXCLUSIONS:** Enrollees with diagnosis of multiple sclerosis, pregnancy, refractory depression or active substance abuse.

**Summary of Activities Expected in Stage 2:** During the six month enrollment in Stage 2, the following activities are expected in Stage 2 and will be assessed prior to authorization for Stage 3 (see criteria for Stage 3 below):

- Participation in a weight loss program under the supervision of a licensed medical provider with sustained weight loss of at least 5% of body weight. If weight loss is not achieved within the 180 days, the authorization is cancelled, and the member must resubmit a request for Stage 2. Initial body weight is the client's weight at the first evaluation appointment for the most recent Stage 2 enrollment at an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- Meet with a health care provider once monthly to review progress. Provider must document the client's compliance in keeping scheduled appointments and the progress towards weight loss. For diabetic enrollees, the provider must document efforts in diabetic control or stabilization
- Meet with a Registered Dietician (R.D.) for counseling twice monthly for at least 6 months. The R.D. must document the client's compliance in keeping scheduled appointments and the progress towards weight loss
- The R.D. must assess and certify the client's ability to comply with postoperative requirements such as lifelong required dietary changes and regular follow-up
- Keep a journal of active participation in the medically structured weight loss regimen
- The client must undergo a comprehensive psychosocial evaluation performed by a psychiatrist, psychologist, licensed psychiatric ARNP, or licensed independent social worker with a minimum of two years post-masters' experience in a mental health setting. The evaluation must include:
  - Evaluation for presence of substance abuse problems or psychiatric illness which would preclude the client from participating in pre-surgical dietary requirements or postsurgical lifestyle changes, and
  - Documentation that if the client has a history of psychiatric illness, the client has been stable for at least 6 months, and
  - Documentation that if there is a history of drug and alcohol abuse, the client has been clean and sober for at least one year
  - The client must undergo an internal medicine evaluation performed by an internist to assess the client's peri-operative condition and mortality risk and provide CHPW with a copy of the results
  - Undergo a surgical evaluation by the surgeon who will be performing the bariatric surgery and provide CHPW with a copy of the results

- CHPW care managers will assist with care coordination.

### **Clinical Coverage Criteria for a second approval for Stage 2**

If a member has previously been approved and enrolled in Stage 2 for six months, but did not achieve the required weight loss to meet the criteria for Stage 3, a member can submit a second request for approval for Stage 2. If a member has had two enrollment periods in Stage 2, the initial weight that will be used to determine if the member meets the criteria for Stage 3 will be the weight at the first appointment of the second enrollment of Stage 2.

This request for a second enrollment in Stage 2 may be considered if all the following criteria are met:

- The member has met and continues to meet all the initial criteria for Stage 2
- The member lost at least 2.5% of the body weight from the beginning to the end of the first six month enrollment in Stage 2
- The member attended all the required appointments during the first six month enrollment in Stage 2
- The member has not had more than one previous enrollment at Stage 2. (Two is the maximum number of enrollments possible for Stage 2)

### **STAGE 3**

Members who successfully completed the Summary of Activities Expected in Stage 2 and wish to proceed with Bariatric Surgery must obtain prior authorization from CHPW prior to proceeding.

### **Clinical Coverage Criteria for Stage 3:**

1. Ongoing compliance with pre-surgery care plan
2. Surgery must be at a Hospital accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
3. Surgeon must have a valid medical license in the State of Washington
4. Surgical procedure must have conclusive evidence which supports its use
5. The client must undergo an internal medicine evaluation performed by an internist to assess the client's peri-operative condition and mortality risk and provide CHPW with a copy of the results
6. Undergo a surgical evaluation by the surgeon who will be performing the bariatric surgery and provide CHPW with a copy of the results

7. Documentation of the member fulfilling of all requirements during the first six months of the most recent enrollment in Stage 2 must be submitted for CHPW Prior Authorization (PA) review including all of the following:
- a. Participate in a six month weight loss program under the supervision of a licensed medical provider with monthly visits to the medical provider, counseling twice a month with a registered dietician referred to by the treating provider or surgeon and show compliance in keeping scheduled appointments and demonstrate progress in weight loss by serial recordings documented by both medical provider and registered dietician. The R.D. must assess and certify the client’s ability to comply with postoperative requirements such as lifelong required dietary changes and regular follow-up. For diabetic enrollees, the provider must document efforts in diabetic control or stabilization.
  - b. Lose at least 5% of body weight and maintain weight-loss until time of surgeryThe initial body weight is the client’s weight at the first evaluation appointment for the most recent Stage 2 enrollment at the accredited Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).
  - c. Keep a journal of active participation in the medically structured weight loss regimen
  - d. Undergo a comprehensive psychosocial evaluation performed by a psychiatrist, licensed psychiatric ARNP, or licensed independent social worker with a minimum of two years post-masters’ experience in a mental health setting. The evaluation must include:
    1. Evaluation for presence of substance abuse problems or psychiatric illness which would preclude the client from participating in pre-surgical dietary requirements or postsurgical lifestyle changes, and
    2. Documentation that if the client has a history of psychiatric illness, the client has been stable for at least 6 months, and
    3. Documentation that if there is a history of drug and alcohol abuse, the client has been clean and sober for at least one year
    4. An assessment and certification of the client's ability to comply with the postoperative requirements such as lifelong required dietary changes and regular follow-up.

**List of MBSAQIP accredited Bariatric Surgery Centers in WA State and within approved bordering cities**

Updated and complete list can be found: <https://www.facs.org/search/bariatric-surgery-centers?page=1&n=25&state=OR&city=The%20Dalles&country=United%20States>

<b>Bariatric Centers within WA State</b>	<b>Address</b>	<b>Accreditation</b>
Evergreen Hospital	12040 NE 128th Street, Mail Stop 43, Kirkland, WA 98034-3098	10/30/07

Eviva - Shoreline Medical Center dba Edmonds	19930 Ballinger Way NE, Seattle, WA 98155	11/18/14
Madigan Army Medical Center	9040 Jackson Ave MCHJ-SV, Tacoma, WA 98431	03/23/18
MultiCare Allenmore Hospital	2202 S. Cedar St, #300, Tacoma, WA 98405	05/19/17
MultiCare Deaconess Hospital	800 West Fifth Ave., Spokane, WA 99204	08/03/11
Northwest Weight & Wellness Center	125 130th St. SE, Everett, WA 98208	11/22/10
Overlake Hospital Medical Center	1035 116th Ave. NE, Bellevue, WA 98004	01/08/10
PeaceHealth Southwest	400 Northeast Mother Joseph Place, P.O. Box 1600, Vancouver, WA 98664	09/08/08
Providence Regional Medical Center Everett - Colby Campus	1700 13th Street, Everett, WA 98201	03/06/14
St. Francis Hospital-Franciscan Health System	34515 9th Ave. South, MS 21-03, Federal Way, WA 98003	11/25/05
Swedish Medical Center - First Hill Campus	747 Broadway, Seattle, WA 98122	12/16/10
University of Washington Medical Center	1959 NE Pacific Street P.O. Box 356151, Seattle, WA 98195	12/05/12
Virginia Mason Medical Center	1100 Ninth Avenue, Mail Stop A-SO, Seattle, WA 98101	02/12/07

<b>Bariatric Centers within Bordering Cities</b>	<b>Address</b>	<b>Accreditation</b>
Legacy Good Samaritan Hospital and Medical Center	1040 NW 22nd Ave., Suite 520, Portland, OR 97210	01/13/06
Oregon Health & Science University	3181 SW Sam Jackson Park Rd, Portland, OR 97239	06/27/12
Wilshire Surgery Center	9775 SW Wilshire St. Suite 250, Portland, OR 97225	10/24/14

## **SPECIAL CONSIDERATIONS**

Bariatric surgeons who conclude that a bariatric surgery procedure outside the guidance of the WA HCA Tech Assessment program is the safest and most efficacious for the individual member must document this in the request for surgical pre-authorization. Requests will be considered on a case-by-case basis by CHPW's Medical Director or their physician designee.

CHPW care managers will assist with care coordination.

### **FOR MEDICARE ADVANTAGE MEMBERS:**

CHPW uses Medicare and Medicaid Services (CMS) Guidelines under the National Coverage Determination Manual: 100.0 for Bariatric Surgery for treatment of morbid obesity.

CMS [NCD Bariatric Surgery](#)

## LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

## Citations & References

CFR	
WAC	<a href="#">WAC 182-531-1600</a> ; <a href="#">WAC 284-43-2050</a> ; <a href="#">WAC 182-550-2301</a>
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH 17.1.34 Bariatric surgery for weight loss or reduction consistent with WAC 182-531-1600 and WAC 182-550-2301
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA CMS <a href="#">NCD Bariatric Surgery</a>
Other Requirements	
NCQA Elements	UM 2 & 5

## Revision History

Revision Date	Revision Description	Revision Made By
12/17/2014	Original	Kate Brostoff; Emily Brandenfels
12/23/2014	Approval	MMLT

04/20/2016	Updated with new HTAP final decisions on criteria: Upper age limit deleted; Expanded definition of eligible comorbidities; Lower BMI limits for eligibility; 18 and 19 year olds now included in adult coverage criteria; Links to coverage documents updated.	Kate Brostoff MD
04/21/2016	Approval	MMLT
06/02/2016	Approval	MMLT
08/12/2016	Removed criteria Body Mass Index (BMI) ≥ 40	Cyndi Stilson, RN
08/12/2016	Reviewed – Updated links – removed references to HTA for Bariatric Surgery and replaced with the applicable WAC – added CMS NCD criteria	Jane Daughenbaugh, RN
08/15/2016	Approval	MMLT
08/03/2017	Updated medical conditions statements and removed reference to UWMC as the only COE	Melissa Shilipetar
09/12/2017	Approval	MMLT
03/27/2018	Changed from UM022 to MM145	Cindy Bush
04/06/2018	Transferred to new template	Cindy Bush
06/20/2018	Moved criteria for stage 2 and stage 3 to the correct stages. Clarified that Stage 1 does not require prior authorization. Listed required documentation. Removed reference to COE.	LuAnn Chen, MD
06/22/2018	Approved	UM Committee
09/06/2018	At the request of the HCA, added psychologist as provider who can do the psychosocial evaluation.	LuAnn Chen, MD
09/20/2018	Approved	UM Medical Subcommittee
09/26/2018	Approved	UM Committee
07/30/2019	Updated links, clarified that hospital must be accredited. Removed: “must have a core provider agreement with CHPW”	LuAnn Chen, MD
07/31/2019	Added the list of accredited MBSAQIP centers within WA state and approved bordering cities	Yves Houghton, RN, BSN
08/09/2019	Approval	UM Medical Subcommittee

MM145\_CCC\_Bariatric\_Surgery

9 of 10



08/13/2019	Listed criteria for repeat authorization of Stage 2.	LuAnn Chen, MD
08/13/2019	Approval	MMLT