BACKGROUND
The CDC and NIH define a person as obese if he or she has a BMI greater than 30 kg/m². 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.

REQUIRED REVIEW AND APPROVALS

Bariatric surgery requires prior authorization by the Community Health Plan of Washington (CHPW) Medical Director or his/her designee. For WA Apple Health members, additional requirements apply. Please read below.

DEFINITIONS

None

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.

STAGE 1

Required Referral Criteria (in order to qualify for enrollment in the CHPW Bariatric Surgery Program and a referral to a Center of Excellence (COE)

As determined by the Washington State Healthcare Authority Health Technology Assessment Program, Bariatric Surgery requests will be considered only for the following enrollees in WA Apple Health:

Limitations of Coverage

For enrollees ≥ 18 years of age bariatric surgery is covered for the following conditions:

1. Body Mass Index (BMI) ≥ 40.
2. BMI 35 to < 40 for those enrollees with at least one obesity-related co-morbidity.
3. BMI 30 to < 35 with Type II Diabetes Mellitus.

When covered, enrollees must abide by all other agency surgery program criteria (e.g., specified centers or practitioners; pre-operative psychological evaluation; participating in pre- and post-operative multidisciplinary care programs).

Non-Covered Indicators

1. BMI 30 to < 35 without Type II Diabetes Mellitus
2. BMI < 30
3. Enrollees < 18 years of age
Enrollees referred to the Center of Excellence (COE) for Bariatric Surgery at the University of Washington will be evaluated for clinical eligibility for Bariatric Surgery.

CHPW care manager will assist with enrollee’s care coordination.

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

STAGE 2

If the University of Washington (UW), a Center of Excellence (COE), for Bariatric Surgery accepts the enrollee into the UW Bariatric Surgery Program, prior authorization (from the Primary Care Provider) must be obtained from CHPW prior to participation in Stage 2.

As part of Stage 2, the following requirements must be met:

- During the first 6 months of stage 2, enrollee must:
  - Participate in a weight loss program under the supervision of a licensed medical provider
  - Lose at least 5% of body weight and maintain weight-loss until time of surgery. If weight loss is not achieved within the 180 days, the authorization is cancelled and they must restart Stage 2. Initial body weight is the client’s weight at the first evaluation appointment at the COE
  - Meet with a health care provider once monthly to review progress. Provider must document the enrollee’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 enrollee’s compliance in keeping scheduled appointments and the progress towards weight loss
  - The R.D. must assess and certify the enrollee’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 enrollee must 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:
- Evaluation for presence of substance abuse problems or psychiatric illness which would preclude the enrollee from participating in pre-surgical dietary requirements or postsurgical lifestyle changes, and
- Documentation that if the enrollee has a history of psychiatric illness, the enrollee has been stable for at least 6 months, and
- Documentation that if there is a history of drug and alcohol abuse, the enrollee has been clean and sober for at least one year
- The enrollee must undergo an internal medicine evaluation performed by an internist to assess the enrollee’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.

STAGE 3
Enrollees who successfully complete Stage 2 and wish to proceed with Bariatric Surgery must obtain prior authorization from CHPW prior to proceeding.

Required Referral Criteria:
- Documentation of satisfaction of all requirements under Stage Two must be submitted for CHPW Prior Authorization (PA) review
- Ongoing compliance with pre-surgery care plan
- Surgeon must be affiliated with a Washington State Bariatric Center of Excellence and have a core provider agreement with CHPW
- Surgeon must have a valid medical license in the State of Washington
- Surgical procedure must have conclusive evidence which supports its use

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 enrollee 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.
MEDICARE ADVANTAGE MEMBERS:

CHPW utilizes CMMS National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Morbid Obesity (100.1).

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<tr>
<th>PRODUCT LINE</th>
<th>LINK TO CERTIFICATE OF COVERAGE</th>
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CITATIONS & REFERENCES

WAC 182-531-1600

References:
WA State Healthcare Authority Health Technology Assessment Program
20150515B
http://www.hca.wa.gov/hta/Documents/bariatric_final_findings_decision_071015.pdf


− UpToDate Online, Bariatric surgical operations for the management of severe obesity (accessed 1/5/16)
− MCG (Milliman Care Guidelines), 19th Edition (accessed 1/5/16)
− CDC Online, Overweight and Obesity, (www.cdc.gov/obesity/data/adult.html) (accessed 1/5/16)

NCQA ELEMENTS UM 2
## REVISION HISTORY

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