### CLINICAL GUIDELINES

**SERVICE TYPE:**
- ☒ Procedure
- ☐ Drug
- ☐ Device
- ☐ Disease

**APPLICABLE PRODUCT LINE:**
- ☐ BHC
- ☒ Medi-Cal
- ☒ Medicare
- ☐ Commercial

## GASTRIC SURGERY

There are several kinds of gastric surgery for weight loss. Gastric stapling (vertical banded gastroplasty) is a surgical procedure which special surgical staples are used to make the stomach very small. A small opening is formed at the bottom of the stapled portion of the stomach to allow food to pass into the rest of the stomach. The opening is banded so it cannot stretch; therefore, only thoroughly chewed or blenderized food can pass through the small opening. Roux-en Y Gastric Bypass surgery (RYGB) is another surgery that also creates a very small, stapled portion of the stomach. In this surgery, the first part of the small intestine is cut and sewed to the upper portion of the stapled stomach, and is reconnected further down in the intestine. Therefore, the food bypasses most of the stomach and part of the small intestine. In addition to smaller quantity of food at a time, the calories and nutrients from the food are not completely absorbed. Patients who undergo RYGB must take vitamin supplements to compensate for the loss of essential nutrients such as iron and vitamin B12. This surgery is now being done more often than the vertical banded gastroplasty. Sustained weight loss has also been well documented with laparoscopic adjustable gastric banding (LAGB) and open and laparoscopic biliopancreatic diversion (BPD) with duodenal switch (DS).

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<td><strong>Contra Costa Health Plan (CCHP) will arrange for a preoperative mental health consultation to rule out severe mental disease and determine the ability of the member to comply with postoperative dietary restrictions AFTER meeting the applicable criteria below.</strong></td>
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For Medi-Cal members and BHC recipients (may be covered on a case-by-case basis only, Medical Director discretion), the following criteria apply:

Documentation must include all of the following:
1. The recipient has a BMI, the ratio of weight (in kilograms) to the square of height (in meters), of:
   - Greater than 40, or
   - Greater than 35 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.
2. The recipient has failed to sustain weight loss on **conservative regimens***. Examples of appropriate documentation of failure of conservative regimens include but are not limited to:

   o Severe obesity has persisted for at least five years despite a structured physician-supervised weight-loss program with or without an exercise program for a minimum of six months.
   
   o Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

   *Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents.*

3. The recipient has a clear and realistic understanding of available alternatives and how his or her life will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.

4. The recipient has received a pre-operative medical consultation and is an acceptable surgical candidate.

5. The recipient has an absence of contraindications to the surgery, including a major life-threatening disease not susceptible to alleviation by the surgery, alcohol or substance abuse problem in the last six months, severe psychiatric impairment and a demonstrated lack of compliance and motivation.

6. The recipient has a treatment plan, which includes:

   o Pre-and post-operative dietary evaluations and nutritional counseling, counseling regarding exercise, psychological issues, and the availability of supportive resources when needed

7. Repeat bariatric surgery or surgical revision may be medically necessary to correct complications or technical failure including implanted device failure, gastric pouch of inappropriate size or stricture, fistula, obstruction or other surgical complication.

   o Request for repeat surgery for failure to achieve or sustain weight loss must include documentation that the patient has been enrolled in and compliant with the previous post-operative program.

For detailed information, go to [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mntp/part2/surgdigest_m01o03.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mntp/part2/surgdigest_m01o03.doc)

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**For Commercial members, the following criteria apply:**

**Documentation must meet one of the following:**

1. BMI over 40 with or without comorbidities
2. BMI ≤ 35 with presence of any of the following severe obesity-related comorbidities likely to be alleviated by surgery:
   a. Life-threatening cardiovascular disease
   b. Life-threatening pulmonary disease
   c. Clinically significant obstructive sleep apnea
d. Uncontrolled diabetes mellitus

e. Severe neurological or musculoskeletal problem

See Prior Authorization Request Form to determine BMI or use the CDC BMI calculator weblink below.

**Documentation must include ALL of the following criteria:**

1. Weight control efforts within the past year documented by PCP, which indicates member has made a serious effort to change eating and lifestyle in the last year, as shown by **documented participation** in a weight loss program, such as WeightWatchers, Jenny Craig, and NutriSystems, including exercise. Patient or PCP must also provide a narrative summary of weight control efforts.

2. Failure to sustain weight loss from more conservative methods, such as diet management programs or other similar programs within the past year.

3. Participation in a support program, such as Food Addicts in Recovery Anonymous (www.foodaddicts.org) or WeightWatchers (www.weightwatchers.com), within the past 6 months for a period of at least 3 months of regular attendance (> 3 meetings per month).

4. Monthly weight checks for the past 6 months.

5. Lab tests including fasting blood sugar (FBS) or hemoglobin A1C within the past 6 months, thyroid-stimulating hormone (TSH) and lipids within the past year.

6. A dietary consultation and at least one follow up visit 30-60 days after initial consult, performed within the last 6 months by an approved Health Plan Registered Dietician, are required to assess present eating patterns (binge eating, bulimia, etc.) and ability to comprehend and cope with the post-surgical dietary restrictions.

   *The purpose of the dietary assessment and the weight loss program is to educate the member on healthy eating styles, assess if the individual can lose weight without surgery, counsel the member on the effects of surgery, and connect the member to their PCP who can follow him/her postoperative.*

7. Obesity for a duration of at least 5 years.

8. Has no specifically correctable cause for obesity, e.g. an endocrine disorder.

9. Does not have advanced kidney or liver disease.

10. Does not have active peptic ulcer disease (PUD).

11. Has attained full growth (at least 18 years of age or documentation of completion of bone growth).

12. Does not use illegal drugs, abuse prescription medications, or drink excessive amounts of alcoholic beverages.

13. Client has a clear and realistic understanding of available alternatives and how their lives will be changed after surgery, including the possibility of morbidity and eventually mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.

14. Absence of contraindications to the surgery including major life-threatening disease not susceptible to alleviation by the surgery, uncontrolled substance abuse, severe psychiatric impairment and demonstrated lack of compliance and motivation.

**REPEAT OF GASTRIC BYPASS SURGERY:**

Repeat gastric bypass surgery is considered medically necessary for members whose initial bariatric surgery met medical necessity criteria and meet either one of the following criteria:
1. Member has not had adequate success (defined as loss of more than 50 percent of excess body weight) two (2) years following the initial bariatric surgery AND has been compliant with prescribed nutrition and exercise program following the procedure.
2. Primary bariatric surgery has failed due to dilation of the gastric pouch if the primary procedure was successful in inducing weight loss prior to pouch dilation AND the member has been compliant with prescribed nutrition and exercise program following the procedure.

For Medicare members, the following criteria apply:

1. The surgery is medically appropriate for the patient and
2. The patient meets the definition of morbid obesity which is defined as a body mass index (BMI) of 35 kg or greater and
3. The surgery is an integral and necessary part of the management for a patient with at least one of the following life-threatening or disabling co-morbid conditions:
   - Poorly controlled Type 1 or 2 diabetes mellitus
   - Poorly controlled dyslipidemia
   - Poorly controlled hypertension
   - Severe cardiopulmonary disease (e.g. coronary disease, CHF, asthma, COPD, pulmonary hypertension)
   - Obstructive sleep apnea
   - Severe arthropathy of weight bearing joints
   - Pseudotumor cerebri and
4. There is documented evidence of compliance with and repeated failure of multiple attempts, at least three (3), to lose weight on a supervised non-surgical management weight loss program (e.g. diet, exercise, or drugs). At least one of the weight loss attempts should consist of compliance with a physician directed program for at least a consecutive six month period without significant gaps. Monthly documentation of the beneficiary’s compliance should include:
   - Vital signs to include weight
   - Current dietary program
   - Physical activity/exercise program
   - Behavioral interventions
   - May include consideration of/use of pharmacotherapy with FDA approved medication, if appropriate. and
5. Psychological evaluation and counseling associated with the lifestyle changes associated with the surgery have been performed prior to the surgery and
6. Treatable metabolic causes for obesity (e.g. adrenal, pituitary, or thyroid disorders) have been ruled out or if present have been maximally clinically treated if present

Effective for services performed on and after February 21, 2006, Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have a body-mass index $\geq 35$, have at least one co-morbidity* related to obesity, and have been previously unsuccessful with medical treatment for obesity. These procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (program standards and requirements in effect on February 15, 2006).
Please refer to commercial criteria for repeat gastric surgery.

*Please note: Medicare does not cover gastric surgery to treat obesity in the absence of medical complications. Coverage is only provided for patients with significant comorbidities. Medicare does not cover the gastric stapling (vertical banded gastroplasty) type of gastric surgery.*

**Tools:**
Center for Disease Control BMI calculator  

**Resources:**

Apollo Medical Review Criteria for Managed Care, 2009 Apollo Managed Care, General Surgery/Bariatric Surgery, Bariatric Surgery for Morbid Obesity.  
[www.apollomanagedcare.com](http://www.apollomanagedcare.com)


McKesson Health Solutions LLC. InterQual Care Planning Criteria, Procedure Criteria, General Surgery, Bariatric Surgery, Section GS-27. Newton, MA. 2008

**APPROVALS**

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