

Bariatric Surgery

Bariatric surgery is performed for long term weight management in individuals diagnosed with severe or morbid obesity. Two categories of procedures are applicable:

1. Gastric-restrictive procedures designed to create a small gastric pouch resulting in weight loss produced by early satiety and decreased caloric intake.
2. Malabsorptive procedures designed to result in weight loss by altering the normal transit of food through the intestine and subsequent malabsorption.
3. Combination procedures may incorporate elements of both therapeutic processes.

Clinically severe obesity is defined as a BMI 35-39.9 kg/m². Morbid obesity is defined as a BMI greater than or equal to 40 kg.m².

Clinical Guidelines (prior authorization is required for all bariatric procedures)

1. BMI greater than or equal to 40 kg/m²; or
2. BMI between 35 and 39.9 kg/m² and at least one of the following co-morbidities is present:
 - a. Arteriosclerosis, Diabetes, heart disease; or
 - b. Limitation of motion in any weight-bearing joint or lumbosacral spine as documented in the clinical health care record and radiologic documentation; or
 - c. Significant respiratory insufficiency as evidenced by pCO₂ > 50mmHg, resting pO₂ < 55 mmHg on room air; FEV₁/FVC < 65%, evidence of Obesity Hypoventilation Syndrome or documented Sleep Apnea; or
 - d. Documented Peripheral Vascular Disease, Coronary or Carotid Artery Disease, severe valvular disease; or
 - e. Refractory Hypertension; or
 - f. Hypercholesterolemia > 240 mg/dL or hypertriglyceridemia > 400 mg/dL, or low density lipoprotein > 160 mg/dL, or high density lipoprotein < 40 mg/dL despite appropriate medical therapy.
3. Clinical health documentation must be submitted which include the following:
 - a. Documentation of clinically severe or morbid obesity for the past three years.
 - b. Failure of an intensive, structured, non surgical weight loss program during the 2 years preceding the request.
 - c. Correctable causes for obesity have been ruled out.
 - d. There has been a multidisciplinary team approach to prior evaluation and management of the recipient's obesity.
 - e. Plan exists for post surgical follow up by multidisciplinary team and documentation of patient agreeing to post procedure follow up plan.

4. Revision of Bariatric Surgery

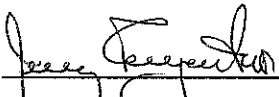
Medically necessary surgery to correct complications from the initial bariatric surgery will be reviewed on an individual basis. Revisions to the initial procedure may be covered for a recipient if one of the following conditions is met:

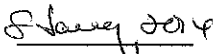
- a. Weight loss of 20% or more below the ideal body weight;
- b. Hemorrhage or hematoma complicating a procedure;
- c. Excessive bilious vomiting;
- d. Complications of anastomosis and bypass;
- e. Slippage of adjustable gastric band;
- f. Pouch dilation producing weight gain of 20% or more. Provided that:
 - 1. Primary procedure was successful in producing weight loss, and
 - 2. Recipient has been compliant with post procedure nutrition and exercise program.
- g. Stricture, obstruction or staple line failure
- h. Significant metabolic disturbance post procedure

Cosmetic Follow Up

Surgical removal of skin and fat folds evident post weight loss for solely cosmetic purposes is not covered.

Prior Authorization shall be valid for 12 months from date of issuance.

Approved by:  Associate Medical Director
Jerry Fingerut, MD

Date: 

Reviewed: _____

Revised: _____