



Bariatric Surgery

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4002

Recent review date: 3/2021

Next review date: 3/2023

Policy contains: Bariatric surgery; laparoscopic procedures; panniculectomy.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Policy statement

Bariatric Surgery is clinically proven and, therefore, medically necessary for open or laparoscopic procedures that revise the gastrointestinal anatomy to restrict the size of the stomach, reduce absorption of nutrients, or both when the following criteria is met:

- Coverage of bariatric surgery requires prior authorization.
- Received a preoperative evaluation within the previous 12 months that is conducted by a multidisciplinary team including, at a minimum, a physician, nutritionist or dietician, and a licensed qualified mental health professional. For beneficiaries under the age of 18, the multidisciplinary team must have pediatric expertise. For all beneficiaries, the preoperative evaluation must document all of the following:
 - A determination that previous attempt(s) at weight loss have been unsuccessful and that future attempts, other than bariatric surgery, are not likely to be successful; and
 - A determination that the beneficiary is capable of adhering to the post-surgery diet and follow-up care; and
 - For individuals capable of becoming pregnant, counseling to avoid pregnancy preoperatively and for at least 12 months postoperatively and until weight has stabilized.
 - Beneficiaries age 18 and older must have:

- A body mass index equal to or greater than 40 kg/m², or more than 100 pounds overweight; or
- A body mass index of greater or equal to 35 kg/m² with one or more of the following comorbidities related to obesity:
 - Type 2 diabetes mellitus;
 - Cardiovascular disease (e.g., stroke, myocardial infarction, poorly controlled hypertension (systemic blood pressure greater than 140 mm Hg or diastolic blood pressure 90 mm Hg or greater, despite pharmacotherapy);
 - History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty;
 - History of cardiomyopathy;
 - obstructive sleep apnea confirmed on polysomnography with any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss; or
 - A body mass index of 30 to 34.9 kg/m² with type 2 diabetes mellitus if hyperglycemia is inadequately controlled despite optimal medical control by oral or injectable medications.
- Beneficiaries age 13 through 17 years old must have:
 - A body mass index equal to or greater than 40 kg/m² or 140% of the 95th percentile for age and sex, whichever is lower; or
 - A body mass index of 35 to 39.9 kg/m² or 120% of the 95th percentile for age and sex, whichever is lower, with one or more comorbidities related to obesity:
 - Obstructive sleep apnea confirmed on polysomnography with an AHI > 5;
 - Type 2 diabetes mellitus;
 - Idiopathic intracranial hypertension;
 - Nonalcoholic steatohepatitis;
 - Blount's disease;
 - Slipped capital femoral epiphysis;
 - Gastroesophageal reflux disease;
 - Hypertension; or any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss.
- Requests for beneficiaries under the age of 13 will be reviewed for medical necessity on a case-by-case basis.

Panniculectomy Subsequent to Bariatric Surgery is clinically proven and, therefore, medically necessary for Panniculectomy after bariatric surgery when the following criteria is met:

- The beneficiary had bariatric surgery at least 18 months prior and the beneficiary's weight has been stable for at least 6 months; and
- The pannus is at or below the level of the pubic symphysis; and
- The pannus causes significant consequences, as indicated by at least one of the following:
 - Cellulitis, other infections, skin ulcerations, or persistent dermatitis that has failed to respond to at least 3 months of non-surgical treatment; or
 - Functional impairment such as interference with ambulation.

References

Louisiana Department of Health. 2010. Professional Services Provider Manual. Bariatric Surgery. Chapter 5, Section 5.1. Issued 01/01/21.

Policy updates

Initial review date: 3/2/2021