THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Weight Loss Surgery **Revision Date**: 5/25

DESCRIPTION

OSU Health Plans supports covered persons with a spectrum of services for obesity and weight loss attempts. The coverage amounts and covered services will vary depending on the covered person's Body Mass Index (BMI), comorbid conditions, and their personal weight loss history. These options do include surgical procedures. However, surgery should be considered as a tertiary option for individuals who have been unable to demonstrate successful weight loss through more conservative methods; therefore, appropriate alternative methods should and will be encouraged. If surgery is considered, a thorough screening and educational program will be utilized to increase the potential for successful outcomes and minimize as much as possible the occurrence of post-operative complications.

Obesity is increasingly prevalent in the United States, affecting females and males of all ages, all races, and all educational levels. Clinically severe, or morbid, obesity is generally defined as weighing at least twice the ideal body weight or having a body mass index (BMI) of 40 kg/m^2 or 35 kg/m^2 with comorbidity. A recent study conducted by the Research Triangle Institute and the Centers for Disease Control and Prevention (CDC) determined that more than half of all Americans are either overweight or obese. The morbidly obese are at heightened risk for numerous health- and employment-related problems, and obesity-related diseases in the United States are significant public health issues.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Adjustable gastric band (AGB): A device made of silicone that is placed around the top part of the stomach to limit the amount of food a person can eat. The opening size can be adjusted with fluid injections through a port underneath the skin. It has been available in the United States since 2001. The impact on obesity related diseases and long-term weight loss is less than with other procedures. Its use has therefore declined over the past decade.

Bariatric surgery: Surgery done to help people who are obese lose weight. Also called weight loss surgery.

Biliopancreatic diversion with duodenal switch (BPD/DS): Begins with creation of a tube-shaped stomach pouch similar to the sleeve gastrectomy. It resembles the gastric bypass, where more of the small intestine is not used. The smaller stomach, shaped like a banana, allows covered persons to eat less food. The food stream bypasses roughly 75% of the small intestine, the most commonly performed approved procedures. This results in a significant decrease in the absorption of calories and nutrients. Covered persons must take vitamins and mineral supplements after surgery. Even more than gastric bypass and sleeve gastrectomy, the BPD-DS affects intestinal hormones in a manner that reduces hunger, increases fullness, and improves blood sugar control. The BPD-DS is considered to be the most effective approved metabolic operation for the treatment of type 2 diabetes.

Body mass index (BMI): A calculated measure of body weight relative to height. For children and teens 2 through 19, use the CDC's BMI Calculator for Child and Teen. For adults 20 and older, use the CDC's Adult BMI calculator.

Class 1 obesity: For adults 20 and older, a BMI of 30 kg/m^2 to less than 35 kg/m^2.

Class 2 obesity: For children and teens 2 through 19, a BMI that is 120% to less than 140% of the 95th

percentile, or 35 kg/m^2 to less than 40 kg/m^2. For adults 20 and older, a BMI of 35 kg/m^2 to less than 40 kg/m^2.

Class 3 obesity: For children and teens 2 through 19, a BMI that is 140% of the 95th percentile or greater, of 40 kg/m^2 or greater. For adults 20 and older, a BMI of 40.0 kg/m^2 or higher.

Endoscopic sleeve gastroplasty is a minimally invasive weight-loss procedure that reduces stomach size using sutures placed through a flexible tube with a camara.

Healthy weight: For children and teens 2 through 19, a BMI of the 5th percentile to less than the 85th percentile. For adults 20 and older, a BMI of 18.5 kg/m^2 to less than 25 kg/m^2.

Obesity: For children and teens 2 through 19, a BMI over the 95th percentile. For adults 20 and older, a BMI of 30.0 kg/m2 or higher. Obesity is further subdivided into three classes for adults.

Overweight: For children and teens 2 through 19, a BMI of the 85th percentile to less than the 95th percentile. For adults 20 and older, a BMI of 25 kg/m^2 to less than 30 kg/m^2.

Roux-en-Y Gastric Bypass (RYGB): Often called "gastric bypass," the Roux-en-Y is one of the most common operations and is highly effective in treating obesity and obesity related disorders. The newly created stomach pouch is smaller and able to hold less food, which means fewer calories are ingested. Additionally, the food does not come into contact with the first portion of the small bowel, and this results in decreased absorption. Most importantly, the modification of the food course through the gastrointestinal tract has a profound effect to decrease hunger, increase fullness, and allow the body to reach and maintain a healthy weight. The operation also helps covered persons with reflux (heart burn) and often the symptoms quickly improve.

Severe obesity: For children and teens 2 through 19, a BMI that is 120% of the 95th percentile or greater, or 35 kg/m^2 or greater.

Single anastomosis duodeno-ileal bypass with sleeve gastrectomy (SADI-S): The most recent procedure to be endorsed by the American Society for Metabolic and Bariatric Surgery. While similar to the BPD-DS, the SADI-S is simpler and takes less time to perform as there is only one surgical bowel connection.

Sleeve gastrectomy: Often called the "sleeve," the laparoscopic sleeve gastrectomy is performed by removing approximately 80% of the stomach. The remaining stomach is the size and shape of a banana. The new stomach holds less food and liquid helping reduce the amount of food (and calories) that are consumed. By removing the portion of the stomach that produces most of the "hunger hormone," the surgery has an effect on the metabolism. It decreases hunger, increases fullness, and allows the body to reach and maintain a healthy weight as well as blood sugar control. The simple nature of the operation makes it very safe without the potential complications from surgery on the small intestine.

Underweight: For children and teens 2 through 19, a BMI less than the 5th percentile. For adults 20 and older, a BMI less than 18.5 kg/m^2.

POLICY

OSU Health Plan considers weight loss surgery medically necessary when all the following criteria are met:

- One of the following procedures endorsed by the ASMBS is being requested:
    - Roux-en-Y gastric bypass (RYGB); or
    - Sleeve gastrectomy (SG); or
    - Endoscopic sleeve gastroplasty (ESG) (BMI $\leq$ 40 only)
    - Biliopancreatic diversion with duodenal switch (BPD/DS); or
    - Single-anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S); or
    - One-anastomosis gastric bypass (OAGB); or
    - Laparoscopic adjustable gastric banding (LAGB) [rarely performed]

- Covered person meets one of the following BMI requirements and has been at that BMI for a minimum of 2 years. The covered person's BMI at enrollment into the weight loss program should be utilized for these criteria.
    - Adult:
        - BMI over 40 kg/m^2 (or exceeding 37.5 kg/m^2 for persons of Asian ancestry); or
        - BMI over 35 kg/m^2 (or exceeding 32.5 kg/m^2 for persons of Asian ancestry) with one or more severe obesity-related comorbidities:
            - Clinically significant obstructive sleep apnea (OSA), obesity-hypoventilation syndrome (OHS), or Pickwickian syndrome (combination of OSA and OHS) documented on polysomnogram; or
            - Coronary heart disease, with objective documentation (by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction); or
            - Disqualification from other medically necessary surgeries due to obesity (e.g., surgeries for osteoarthritic disease, ventral hernias, or stress incontinence); or
            - Documentation of any life threatening or serious medical condition that is directly weight related; or
            - Idiopathic intracranial hypertension (pseudotumor cerebri); or
            - Medically refractory hypertension with systolic over 140 and/or diastolic over 90 despite concurrent use of 3 anti-hypertensive agents of different classes; or
            - Nonalcoholic steatohepatitis (NASH) documented by liver biopsy or approved noninvasive test for hepatic fibrosis; or
            - Type II Diabetes Mellitus; or
    - Adolescent:
        - BMI > 140% of the 95th percentile or > 40 kg/m2 (whichever is lower); or
        - BMI >120% of the 95th percentile or > 35 kg/m2 (whichever is lower) and one or more severe obesity-related comorbidities:

- Clinically significant obstructive sleep apnea (OSA), obesity-hypoventilation syndrome (OHS), or Pickwickian syndrome (combination of OSA and OHS) documented on polysomnogram; or
- Coronary heart disease, with objective documentation (by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction); or
- Disqualification from other medically necessary surgeries due to obesity (e.g., surgeries for osteoarthritic disease, ventral hernias, or stress incontinence).
- Documentation of any life threatening or serious medical condition that is directly weight related; or
- Idiopathic intracranial hypertension (pseudotumor cerebri); or
- Medically refractory hypertension with systolic over 140 and/or diastolic over 90 despite concurrent use of 3 anti-hypertensive agents of different classes; or
- Nonalcoholic steatohepatitis (NASH) documented by liver biopsy or approved noninvasive test for hepatic fibrosis; or
- Type II Diabetes Mellitus; or

- Letter from the covered person's primary care doctor acknowledging their awareness that the client is seeking this procedure to facilitate subsequent medical care coordination; and
- Evidence of complete medical and dietary evaluations indicating appropriateness for bariatric surgery performed in the previous 12 months; and
- Behavioral Health evaluation completed by an appropriate clinician performed in the previous 12 months that documents all the following:
    - The covered person has the ability to give informed consent; and
    - The covered person can comprehend the importance of follow-up medical care post- operatively; and
    - Symptoms of comorbid Behavioral Conditions that would compromise the covered person's surgical outcomes have been under control for at least 12 months; and

- Surgeon and/or surgical location is a Center of Excellence (ASMBS or ACS Level I designation); and
- Successful participation of at least 6 months duration of weight loss programming consisting of <u>all</u> the following components within the past 24 months (3 months <u>must</u> be consecutive)[i]:
    - One of the following:
        - Physician supervised nutrition and exercise programs, to include all of the following documentation:
            - Focused medical evaluation related to obesity and causative factors, weight history, and past diet attempts; and
            - Dietitian consultation(s); and
            - Plan of care documenting the recommended low-calorie diet, increased physical activity and behavior modification, and
            - Detailed progress notes documenting the covered person's compliance with the established plan of care as well as any barriers to achieving desired weight loss (minimum monthly); and
            - Behavioral health consultation for behavior modification as applicable; or
        - Pre-Surgery multi-disciplinary education program, to include dietary changes required for long-term success and an exercise regimen. Refer to the

          requirements for a physician-directed weight loss plan for minimum documentation requirements[i].
    - A post-op plan including the support system and exercise plan must be in place; and
- Covered person has completed bone growth (generally age 13 in girls and age 15 in boys, or older); and
- Covered person has no specifically correctable cause of obesity; and
- All documentation requirements are provided, as applicable to the case (see **Procedure** section below)

The OSU Health Plan considers a second weight loss surgery medically necessary when one of the following criteria is met:

- Second surgeries can be considered if the covered person meets the criteria above and the initial weight loss surgery was considered medically necessary, but the expected clinical results were not considered a success after at least two years post-op duration despite following prescribed nutrition and exercise program (i.e., the covered person did not lose and maintain at least 50% of excess weight).
- Conversion of sleeve gastrectomy to Roux-en-Y gastric bypass for the treatment of symptomatic gastroesophageal reflux disease (GERD) when the following criteria are met:
    - Reflux is documented by abnormal 24-hour pH monitoring or endoscopically proven esophagitis performed after the sleeve gastrectomy; and
    - Symptoms persist despite optimal medical therapy, including behavioral modification and at least 1 month of twice-daily proton pump inhibitor (PPI) therapy.
- Revision of a primary bariatric surgery procedure that has failed due to dilatation of the gastric pouch if the primary procedure was successful in inducing weight loss prior to pouch dilatation and the covered person has been compliant with a prescribed nutrition and exercise program following the initial procedure.
- Conversion from an adjustable band for a covered person who has been compliant with a prescribed nutrition and exercise program following the band procedure, and there are complications that cannot be corrected with band manipulation, adjustments, or replacement.

PROCEDURE

The following medical records are required to document the following:

- Any life-threatening co-morbidity

- Any recommended surgery prohibited by extreme obesity (e.g., total knee or hip replacement)
- Diabetes status, with FBS and HgbA1c
- Blood pressure readings confirming refractory hypertension when applicable
- Recent pulmonary function test results
- Recent ejection fraction results
- X-rays, MRIs, CT, and/or Echo scans within last year indicating cardiac size
- Medical records for the last 2 years
- Testing to document thyroid status
- Pre-operative, behavioral health, and dietary evaluations[1]
- Documentation from weight loss program[i]

Before obesity surgery, it is recommended that a "contract" be drafted between the physician(s) and the covered person providing for long-term postoperative follow-up to ensure the best possible outcome.

PRIOR AUTHORIZATION

Prior authorization is required for all weight loss surgery.

EXCLUSIONS

The following are not covered benefits:

- Adjunctive omentectomy to weight loss surgery
- Any weight loss procedure considered experimental or investigational by OSU Health Plan
- AspireAssist aspiration therapy

- "Band over sleeve" or LASGB revision of prior sleeve gastrectomy
- “Band over bypass” or LASGB revision of prior Roux-en-Y gastric bypass

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[1] The assessment visit should include a multidisciplinary evaluation and recommendations, with a report that SPECIFICALLY addresses each of the above criteria and supplies the necessary documentation if obesity surgery is recommended. OSU Health Plan should receive a confidential copy of the complete evaluation, which should include a complete history and a weight history (age of onset, high and low weights within past 2 years, weight loss attempts, detailed documentation of existing comorbid conditions, medical risk factors, chemical abuse, current medications, physical activity level and covered person expectations.) The physical examination should include current BMI, vital signs, and complete laboratory tests (including TSH, lipids, LFTs, renal function and pregnancy test in females capable of reproduction.)

- Bariatric artery embolization (BAE)
- Conversion of a sleeve gastrectomy to a Roux-en-Y gastric bypass for the treatment of bile reflux
- Conversion to sleeve gastrectomy for hypoglycemia post-RYGB
- Excision of excessive skin of thigh (thigh lift, thighplasty), leg, hip, buttock, arm (arm lift, brachioplasty), forearm or hand, submental fat pad
- Exercise equipment
- Exercise programs
- Laparoscopic gastric plication (laparoscopic greater curvature plication [LGCP], with or without gastric banding)
- Laparoscopic gastric diversion with gastro-jejunal reconstruction for the treatment of GERD with esophagitis
- Liposuction (suction-assisted lipectomy, ultrasonic assisted liposuction)
- Liquid or solid food supplements
- Endoscopic outlet reduction (transoral outlet reduction (TORe)) for treatment of weight

gain after Roux-en-Y gastric bypass; or

- Gastrointestinal liners (endoscopic duodenal-jejunal bypass, endoscopic gastrointestinal bypass devices, e.g., EndoBarrier and the ValenTx Endo Bypass System); or
- Intragastric balloon (e.g., the Obalon Balloon System, and the ReShape Integrated Dual Balloon System); or
- Mini sleeve gastrectomy; or
- Restorative obesity surgery, endoluminal (ROSE) procedure for the treatment of weight regain after gastric bypass surgery; or
- Use of any endoscopic closure device (Over the Scope clip [OTSC] system set, Apollo OverStitch endoscopic suturing system, StomaphyX endoluminal fastener and delivery system) in conjunction with NOTES
- Omentopexy during sleeve gastrectomy
- Open adjustable gastric banding
- Prophylactic mesh placement for prevention of incisional hernia after open weight loss surgery
- Prophylactic pyloroplasty via botulinum toxin injection following laparoscopic sleeve gastrectomy
- Revision of Roux-en-Y gastric bypass by distalization
- Sclerotherapy for the treatment of dilated gastrojejunostomy following bariatric surgery
- Silastic ring vertical gastric bypass (Fobi pouch)
- Use of a coated stent for gastro-jejunal fistula following weight loss surgery
- Vagal blocking therapy for obesity (e.g., the VBLOC device, also known as the Maestro Implant or the Maestro Rechargeable System)
- Vagus nerve blocking (e.g., the VBLOC device, also known as the Maestro Implant or the Maestro Rechargeable System)
- Weight loss surgery as a treatment for gastroparesis when the above criteria are not met
- Weight loss surgery as a treatment for infertility when the above criteria are not met

- Weight loss surgery as a treatment for rheumatoid arthritis when the above criteria are not met
- Weight loss surgery as a treatment for type-2 diabetes in persons with a BMI less than 30 kg/m^2
- Weight loss surgery for a covered person with any of the following exclusions:
    - Current drug or alcohol use disorders
    - Inability to comply with post-operative nutritional requirements
    - Lack of comprehension of risks, benefits, expected outcomes, alternatives, and lifestyles changes required with weight loss surgery
    - Reversible endocrine or other disorders that can cause obesity
    - Severe cardiac disease with prohibitive anesthetic risks
    - Severe coagulopathy
    - Uncontrolled, severe psychiatric illness
- Weight loss surgery for covered persons with a BMI <35 kg/m^2 (or <32.5 kg/m^2 with Asian heritage)
- Weight loss surgery for glycemic control independent of BMI criteria
- Weight loss surgery for the treatment of GERD in covered persons who do not meet the above criteria.
- Weight loss surgery when the above criteria are not met

CODES

Diagnoses that may support medical necessity:

ICD-10 Code	**Description**
E66.01	Morbid (severe) obesity due to excess calories

E66.09	Other obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.8	Other obesity
E66.9	Obesity, unspecified
Z68.3	Body mass index [BMI] 30-39, adult
Z68.4	Body mass index [BMI] 40 or greater, adult
Z68.54	Body mass index [BMI] pediatric, 95th percentile for age to less than 120% of the 95th percentile for age
Z68.55	Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56	Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age
Z98.84	Bariatric surgery status

Codes covered when the above criteria are met:

CPT/HCPCS Code	**Description**
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only

43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection, and anastomosis [single anastomosis duodeno-hyphenileal bypass]
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components

S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

Codes not covered for indications listed in this policy (incorrect for reporting weight loss surgery):

CPT/HCPCS Code	**Description**
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
43620	Gastrectomy, total; with esophagoenterostomy
43621	Gastrectomy, total; with Roux-en-Y reconstruction
43622	Gastrectomy, total; with formation of intestinal pouch, any type
43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)
43659	Unlisted laparoscopy procedure, stomach
43999	Unlisted procedure, stomach
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components
J0585	Injection, onabotulinumtoxinA, 1 unit

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[i] Successful Completion of Pre-surgical program expectations:

Prior to surgery, a covered person is required to attend a series of instructional classes provided by a multidisciplinary treatment team advising them on key weight loss and post-surgical issues. The purpose of these classes is to ensure that covered persons via their support team have a thorough understanding of the risks, requirements, and behaviors that are necessary to have the best chance of successful outcomes post-operatively.

The covered person is required to attend at least 6 months of programming in the two years prior to surgery, with at least 3 months consecutive attendance. Documentation proving attendance can include attendance sheets, clinical notes, or written records from medical or nutritional experts. Commercial weight loss programs will be considered only if they cover all the areas of focus outlined in the criteria, and the sessions are directed by clinicians.

These programs are expected to prepare the candidate thoroughly for success prior to and post operatively and should focus on weight loss surgery.