VENTURA COUNTY HEALTH CARE PLAN

Medical Policy: **Obesity, Severe/ Surgery**

Effective: July 18, 2002

Revised: 04/20/04, 08/28/07, 08/19/08; 12/21/11
05/08/12
Reviewed/No Updates: 1/28/13; 2/13/14; 2/12/15;
2/11/16; 2/9/17; 2/8/18; 2/14/19; 2/13/20

Background

Obesity is a chronic condition that has serious physical, psychological and economic implications and is difficult to treat through diet and exercise alone. Obesity affects every organ system; the related pathologic processes create a tremendous health burden for patients and economic burden for the health care system. Obesity competes with smoking as the leading cause of preventable death in the United States. Intensive lifestyle intervention is the preferred strategy for treatment of obesity; however, adherence rates are low and surgical treatment of obesity results in greater weight loss and greater reduction in co-morbid conditions compared with traditional therapy.
Bariatric surgery procedures, including laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy, and Roux-en-Y gastric bypass, result in an average weight loss of 50 percent of excess body weight. The surgery promotes weight loss by restricting food intake and/or interrupting the digestive process. As in other treatments for obesity, the best results are achieved with healthy eating behaviors and regular physical activity.

Policy

VCHCP covers open or laparoscopic Roux-en-Y gastric bypass (gastric segmentation along the vertical aspect of the stomach with a Roux-en-Y bypass with distal anastomosis in the jejunum) sleeve gastrectomy, and laparoscopic adjustable gastric banding procedures for severe obesity for members whose condition satisfies the medical necessity criteria specified below and when VCHCP Utilization Management has prior- authorized the procedure by a contracted provider of bariatric surgery services.

Considering that there may be differences in short and long term complications of bariatric surgery and in weight loss outcomes, the surgical procedure for each member will be determined by the preferences of the surgeon and the member.

Medical Necessity Criteria:

1. Presence of severe obesity for at least 5 years as indicated by either:
    a. Body Mass Index (BMI)[*]* of 40 or greater
    b. BMI of 35 or greater with associated medical conditions, including, but not limited to, coronary heart disease, type II diabetes mellitus, severe obstructive sleep apnea, Pickwickian syndrome, and refractory gastroesophageal reflux disease
2. Completed bone maturity
3.
4. A favorable psychological/psychiatric state of health as determined by a pre-operative psychological evaluation by an authorized VCHCP provider.

[*] BMI = weight (kilograms)/height (meters)^2. (To convert pounds to kilograms, multiply pounds by 0.45. To convert inches to meters, multiply inches by .0254). Or BMI = weight in pounds x 703 / height in inches^2

Procedure:

To request authorization for surgery for severe obesity, the Primary Care Physician (PCP) must submit the following completed documents:

- Standard Treatment Authorization Request (TAR)

After initial review by the VCHCP medical director, the patient may be referred to 1 of VCHCP's contracted providers for obesity surgery and related services for further evaluation. After evaluation by the bariatric program and upon qualifying for bariatric surgery, a request for surgery is submitted by the bariatric program to VCHCP for bariatric procedure. A final coverage determination will be made by the VCHCP medical director.

A. Attachments:

Patient's Dieting History Questionnaire; PCP Checklist for Surgery for Severe Obesity; Body Mass Index Table

B. **History:**

Authors/Reviewers: Richard O. Ashby MD; Date: 07/18/02
Reviewed by: Richard O. Ashby MD; Date: 02/05/03
Reviewed by: Kurt Blickenstaff MD, David Chernof , MD, Edward Lukawski MD; Date: 01/09/04
Committee Review: UM: January 12, 2004, March 08, 2004; QAC: April 20, 2004
Reviewed/Revised: Sheldon Haas, MD; Date: 07/23/07
Committee Review: UM: August September 2007; QAC: August 28, 2007
Addendum added by: Sheldon Haas, MD (see reference # 5); Date: 06/24/08
Committee Review: UM: August 07, 2008; QAC: August 19, 2008
Reviewed/Revised: Albert Reeves, MD; Date: 12/21/11
Committee Review: UM: February 09, 2012; QAC: February 28, 2012
Reviewed/Revised: Albert Reeves, MD; Date: 05/8/2012
Committee Review: UM: May 09, 2012; QAC: May 22, 2012
Reviewed/No Changes: Albert Reeves, MD; Date: 1/28/13
Committee Review: UM: February 14, 2013; QAC: February 26, 2013
Reviewed/No Changes: Catherine Sanders, MD
Committee Review: UM: February 13, 2014; QAC: February 25, 2014
Reviewed/No Updates: Catherine Sanders, MD
Committee Review: UM: February 12, 2015; QAC: February 24, 2015
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Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling
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Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD

Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by**:** Howard Taekman, MD & Robert Sterling, MD
Committee Review: UM: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	Yes	Howard Taekman, MD; Robert Sterling, MD	Removed: Evidence of the member's unsuccessful trial of weight loss while participating in a nutrition and exercise program of at least 6 month's duration within the two years prior to the request for coverage. The program of record must be physician-supervised in conjunction with a dietician.

C. References:

1. National Institutes of Health, National Heart, Lung and Blood Institute, Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. Executive Summary. Bethesda, MD: National Institutes of Health; September 1998. Available at: http://www.nhlbi.nih.gov/guidelines/obesity/ob_xsum.htm. Accessed December 30, 2003.
2. DeMaria EJ, Sugerman HG, Kellum JM, et al. Results of 281 consecutive total laparoscopic Roux/en/Y gastric bypasses with a linear stapled gastrojejunostomy to treat morbid obesity. Ann Surg. 2002;235:640/645.
3. Kreitz, K, Rovito, PF. Laparoscopic Roux/en/Y Gastric Bypass in the "Megaobese. Arch

Surg. 2003; 138:707/709; discussion 710.

4. Colquitt, J, Clegg, A, Sidhu, M, Royle, P. Surgery for morbid obesity (Cochrane Methodology). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons, Ltd.

5. Study presented at the American Society for Metabolic & Bariatric Surgery 25th Annual Meeting (Jacquelyn Beals,PhD & Coauthor Richard S. Flint,M.D., in the group of David B. Lautz, director of bariatric surgery,Brigham & Women's Hospital,Harvard Medical School,Boston, Mass.) assessed excess body weight loss (EBWL) 1,2 anmd 3 years after each procedure(Laparoscopic adjustable gastric banding vs laparoscopic Roux/en –Y (LRYGB). With Failures included,percentage EBWL for each treatment stabilized after 1 year, and mean percentage EBWL at 3 years was 73.3 in the LRYGB group vs 37.0 in the LAGB group (P< .001).

6. *Barber, Joe, Jr, PhD. Arch Surg.* Published online January 16, 2012. Abstract, Editorial Medscape Medical News © 2012 WebMD, LLC

7. Shauer, Philip R., M.D., Kashyap, Sangeeta R., MD, Wolski, Kathy, M.P.H., Brethauer, Stacy A., M.D., Kirwan, John P., Ph.D., Pothier, Claire E., M.P.H., Thomas, Susan, R.N., Abood, Beth, R.N., Nissen, Steven E., M.D., and Bhatt, Deepak L., M.D., M.P.H. Bariatric Surgery versus Intensive Medical Therapy in Obese Patients with Diabetes. The New England Journal of Medicine (10.1056/NEJMoa1200255), March 26, 2012.

8. Schroeder, Robin, M.D., Garrison, Jordan M. Jr., M.D., Johnson, Mark, S., M.D. Treatment of Adult Obesity with Bariatric Surgery. American Family Physician, Volume 84, Number 7, October 1, 2011