



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Bariatric Surgery and Weight Management Procedures **MP9319**

Covered Service: Yes-- when meets criteria **and** a covered benefit of the specific plan type.

Prior Authorization Required: Yes

Additional Information: An approved prior authorization is valid for six (6) months

WellFirst Health Medical Policy:

BMI calculations used in the policy below are considered acceptable as long as weights are within 5 lbs of recent documented weight.

- 1.0 **All** bariatric surgeries and any follow-up surgeries **require** prior authorization through the Health Services Division.
- 2.0 Bariatric surgery for obesity treatment is considered medically necessary in patients who meet **ALL** of the following criteria:
 - 2.1 Bariatric surgery for obesity treatment is included in their Schedule of Benefits; **AND**
 - 2.2 At the start of the member's nonsurgical weight reduction program, the following criteria are met:
 - 2.2.1 Their BMI is greater than or equal to 40 regardless of comorbidities;
 - 2.2.2 Their BMI is 35 to less than 40 with a diagnosis of at least **one** of the following comorbid conditions which have documentation of medical treatment;
 - 2.2.2.1 Sleep Apnea
 - 2.2.2.2 Diabetes Mellitus Type 2
 - 2.2.2.3 Coronary Heart Disease (CHD)
 - 2.2.2.4 Obesity related Cardiomyopathy
 - 2.2.2.5 At least Stage 1 Hypertension (SBP >140 and/or DBP >90) after combination pharmacotherapy
 - 2.2.2.6 Obesity hypoventilation syndrome
 - 2.2.2.7 Nonalcoholic steatohepatitis (NASH)

All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

- 2.2.3 BMI of 30.1 – 34.9 with Type 2 diabetes mellitus and inadequately controlled hyperglycemia, as demonstrated by an inability to maintain a hemoglobin A1c below 8% despite optimal medical treatment such as oral medication and/or insulin);
- 2.3 There is a confirmed failure of a medically supervised multifaceted weight loss program including consultation with a dietician and/or pharmacologic interventions when medically appropriate of at least five (5) months duration:
 - 2.3.1 Medical supervision must be provided by a comprehensive weight loss management program;
 - 2.3.2 Participation must be for a total of five (5) months or longer in duration and occur within two (2) years prior to surgery;
 - 2.3.3 Member's participation must be documented in the medical record by an attending provider who supervised the member's participation;
(NOTE: a physician summary letter is not sufficient documentation. Documentation should include medical records of contemporaneous assessment of patient's progress throughout the course of the nutrition and exercise program.)
- 2.4 Obesity has persisted for at least five (5) years; **AND**
- 2.5 Patient is \geq age 18; **AND**
- 2.6 A bariatric surgery follow-up program is in place; **AND**
- 2.7 Documentation of willingness to comply with preoperative and postoperative treatment plans.
- 3.0 All criteria listed in Section 2.0 must be met by members enrolled with policies that cover laparoscopic gastric banding.
- 4.0 The following surgical procedures are considered experimental and investigational, and therefore are not medically necessary:
 - 4.1 Mini-gastric-bypass (gastric bypass using a Billroth II type of anastomosis)
 - 4.2 Distal gastric bypass (long limb gastric bypass)
 - 4.3 Biliopancreatic bypass (e.g. the Scopinaro procedure)
 - 4.4 The vertical banded gastroplasty is no longer a standard of care and is considered not medical necessary.
- 5.0 The following procedures for weight management are considered experimental and investigational, and therefore are not medically necessary:

All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

- 5.1 Endoscopic Bariatric Therapy (EBT) (e.g. AspireAssist Gastric Emptying System)
- 5.2 Vagus Nerve Blocking Neurostimulation Therapy (VBLOC) (e.g. Maestro Rechargeable System for Weight Loss)
- 6.0 Revisional Bariatric Surgery
 - 6.1 Gastric band removal is considered medically necessary for symptomology (e.g. persistent nausea and/or vomiting, gastroesophageal (GE reflux) with or without imaging evidence of obstruction.
 - 6.2 The following procedure may be considered medically necessary when the individual develops a major complication from a primary bariatric surgery procedure (e.g. stricture, obstruction, erosion, gastric prolapse, ulceration, fistula formation, esophageal dilatation):
 - 6.2.1 Surgical repair or reversal (e.g. takedown)
 - 6.2.2 Conversion to a covered bariatric surgery procedure if coverage for bariatric surgery is available under the individual's current health benefit plan.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	May 15, 2019
Revised:	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	October 16, 2019
	Medical Policy Committee/Health Services Division	November 20, 2019
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	January 20, 2021
	Medical Policy Committee/Health Services Division	May 19, 2021
Reviewed:	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	October 16, 2019
	Medical Policy Committee/Health Services Division	November 20, 2019
	Medical Policy Committee/Health Services Division	February 19, 2020
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	January 20, 2021
	Medical Policy Committee/Health Services Division	May 19, 2021

Effective: 07/01/2021

All WellFirst Health products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.