

## Bariatric Surgery (Adolescents: Ages 13 - 17)

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.*

*Clinical guidelines are applicable to certain plans. Clinical guidelines are applicable to members enrolled in Medicare Advantage plans only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of a prior authorization request. Services are subject to the terms, conditions, limitations of a member's policy and applicable state and federal law. Please reference the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.*

### Summary

Morbid (clinically severe) obesity is a condition in which body fat accumulates to a level that can cause or inhibit the treatment of life-threatening medical comorbidities. Initial treatment steps include a regimented plan of diet and lifestyle changes, often designed and supervised by a team of healthcare professionals. Morbidly obese patients who have failed traditional treatment methods and are being treated for associated high-risk conditions including diabetes, hypertension, or obstructive sleep apnea, may be candidates for bariatric surgery. Bariatric surgery procedures attempt to reduce fat tissue accumulation through restrictive or malabsorptive approaches and can often be performed as open or laparoscopic surgery. Restrictive surgeries function by decreasing the effective size of the stomach, creating a sensation of early satiety and preventing the patient from intaking large meals. Malabsorptive procedures function by rearranging the flow of food through the digestive system to decrease overall digestion/absorption of calories. Some procedures combine restrictive and malabsorptive approaches. Additionally, a comprehensive post-operative plan of diet, exercise, and behavioral modification is critical in achieving durable weight loss outcomes, where success is defined reduction in excess body weight by 50% and returning to within 30% of a patient's ideal body weight. Treatment plans and

surgical options differ for adults and adolescents [see CG008: Bariatric Surgery (Adults) for patients 18 years or older]. Bariatric surgery always requires prior authorization.

## Definitions

**“Body Mass Index (BMI)”** relates body weight to height, defined as body mass divided by body height squared in units of kg/m<sup>2</sup> and is used to risk-stratify patients.

**“Class I Obesity”** is defined as a BMI of 30 - 34.9.

**“Class II Obesity”** is defined as a BMI 35 - 39.9.

**“Class III Obesity”** is defined as a BMI  $\geq 40$ .

**“Bariatric”** is a term referring to the treatment of obesity.

**“Open Surgery”** refers to a procedure where a large incision allows for direct visualization and access to intra-abdominal organs.

**“Laparoscopic Surgery”** or minimally invasive surgery refers to a procedure often consisting of multiple small incisions allowing the use of a small camera (laparoscope) and several thin instruments.

**“Bariatric Surgery”** is surgery on the stomach and/or intestines to assist with weight loss in patients with severe or extreme obesity (Classes II and III). Bariatric surgery can be done via restrictive procedures, malabsorptive procedures, or a combination of the two.

- **“Restrictive Procedures”** decrease digestive capacity, promote early satiety, and decrease the speed at which food moves through the digestive system.
  - **“Sleeve Gastrectomy (SG)”** is where the greater curvature of the stomach is resected, resulting in a tube or sleeve-like shape to restrict capacity. This can be performed via open incision or laparoscopically. It can also be combined with malabsorptive surgery in a sequential 2-stage procedure or at a later date if adequate weight loss is not obtained.
- **“Malabsorptive Procedures”** reduce digestion and absorption of calories through re-arrangement of the digestive system:
  - **“Gastric Bypass (Roux-en-Y Gastric Bypass [RYGB])”** combines restrictive and malabsorptive features. The stomach is divided into either a horizontal or vertical plane similar to banded gastropathy (restrictive). The Roux-en-Y procedure then takes the small intestine and creates a “Y” shape, where the two legs of the “Y” allow a portion of

food to pass through undigested while retaining a limited digestive capacity for the remaining food (malabsorptive). A gastric bypass can be performed via open incision or laparoscopically. Expected weight loss at two years is approximately 70%.

**“Repair”** refers to a procedure or operation performed to correct and/or treat a complication of a prior surgery.

**“Conversion”** is when a prior procedure is converted to a new one—for example, when there are complications or inadequate weight loss with the primary surgery. An example is sleeve gastrectomy conversion to Roux-en-Y gastric bypass.

**“Revision”** refers to a procedure or operation performed due to failure of desired outcome of prior surgery or to reverse/adjust a prior surgery. It does not result in a new procedure, unlike conversion.

## Covered Services and Clinical Indications

### Covered Procedures

Oscar covers the following procedures, settings, and goal lengths of stay for the treatment of morbid obesity in **adolescents (ages 13-17)** when medical necessity criteria are met:

- Roux-en-Y gastric bypass (<150cm)
  - Open - 2 days inpatient admission
  - Laparoscopic - 1 day inpatient admission
- Sleeve gastrectomy
  - Open - 1 day inpatient admission
  - Laparoscopic - Ambulatory or 1 day inpatient admission

### Length of Stay (LOS) Extensions

Subject to medical necessity review, Oscar may cover extensions for hospital admission under the following circumstances:

- Patients <18 years old
- In the presence of complex comorbidities (COPD, renal disease, heart failure)
- Conversion from laparoscopic to open procedure
- Complications in the peri- or post-operative phases, such as anastomotic leak, thromboembolic disease (DVT or pulmonary embolism), wound infection, suture line bleeding, pneumonia, respiratory failure, evisceration, or splenic injury
- Clear liquid diet not tolerated during the post-operative phase
- Failure to meet general discharge criteria as per MCG guidelines

### Criteria for Covered Procedures

Covered procedures are considered medically necessary when **ALL** of the following criteria are met:

1. Both patient and parental/guardian informed consent with appropriate explanation of risks, benefits, and alternatives; **and**
2. Adolescent aged 13-17 years who has achieved physical maturity, defined as **ONE** of the following criteria:
  - a. 95% of the predicted adult stature based on bone age; **or**
  - b. Tanner stage IV-V.
3. The presence of obesity with severe comorbidities as meeting **ONE** of the following criteria:
  - a. BMI  $\geq$  40 and any **ONE** of the following comorbidities:
    - i. Hypertension; **or**
    - ii. Insulin resistance or glucose intolerance; **or**
    - iii. Substantially impaired quality of life or activities of daily living; **or**
    - iv. Dyslipidemia; **or**
    - v. Sleep apnea with AHI  $\geq$  5.
  - b. BMI  $\geq$  35 and any **ONE** of the following comorbidities:
    - i. Type 2 diabetes mellitus; **or**
    - ii. Moderate to severe sleep apnea (AHI > 15); **or**
    - iii. Pseudotumor cerebri; **or**
    - iv. Severe Non-Alcoholic Steatohepatitis (NASH).
4. Failure to achieve and maintain successful long-term weight loss via non-surgical therapy; **and**
5. The proposed bariatric surgery includes a comprehensive pre- and post-operative plan to evaluate nutritional status, overall health, and any specific surgical risks:
  - a. Preoperative evaluation to rule out and treat any other reversible causes of weight gain/obesity, which may include routine lab testing, screenings, and risk evaluations such as:
    - i. Fasting blood glucose, fasting lipid panel, complete blood count (CBC), lipid/kidney function testing (Complete Metabolic Panel), blood typing, coagulation studies (PT/PTT/INR)
    - ii. Nutrient deficiency screening (vitamin B12, iron, folate) and formal nutrition evaluation by a registered dietician or nutritionist
    - iii. Cardiopulmonary risk evaluation - to assess as part of standard pre-operative clearance with EKG, Chest X-Ray, and echocardiogram as appropriate based on medical comorbidities

- iv. Endocrine evaluation - Hemoglobin A1c if diabetic, serum TSH if indicated at risk, and appropriate workup of endocrine abnormalities such as Cushing's disease for suspected reversible causes of obesity as part of history and physical
  - v. Smoking cessation counseling, if applicable.
6. Psycho-social behavioral evaluation performed **by a licensed adolescent psychologist** to specifically assess for **ALL** of the following:
- a. The member's emotional maturity; **and**
  - b. The member's ability to succeed and adhere to postoperative recommendations and long-term follow up; **and**
  - c. Any major mental health disorders that would contraindicate surgery and/or negatively impact patient compliance with postoperative follow-up care and adherence to nutrition guidelines; **and**
  - d. No current substance abuse has been identified; **and**
  - e. Members who have any of the following conditions **must** also have formal, documented preoperative clearance **by a licensed psychiatrist**:
    - i. A history of schizophrenia, borderline personality disorder, suicidal ideation, severe depression
    - ii. Who are currently under the care of a psychologist/psychiatrist
    - iii. Who are on psychotropic medications, as necessary in order to exclude members who are unable to provide informed consent or who are unable to comply with the pre- and post-operative regimen

#### **Repair, Removal, Revision, or Conversion**

- **Repair** is considered medically necessary when there is documentation of a surgical complication related to the original surgery, including:
  - a. Fistula
  - b. Erosion
  - c. Leakage of suture/staple line
  - d. Herniated band
  - e. Obstruction
  - f. Enlargement of the pouch due to complications of vomiting
    - **Note:** Enlargement of pouch (stretching) is **NOT** covered if due to overeating, as this is not a surgical complication and is therefore not considered medically necessary.
- **Removal** of an adjustable gastric band medically necessary when recommended by the member's physician.

- **Revision** of a primary bariatric surgery is considered medically necessary when **ALL** of the following criteria are met:
  - a. The procedure has failed due to dilated gastrojejunal stoma, dilation of the anastomosis site, or dilation of the gastric pouch; **and**
  - b. The initial surgery successfully resulted in weight loss; **and**
  - c. The member has been compliant with the postoperative plan of diet, exercise, and behavioral modification.
- **Conversion** surgery to a sleeve gastrectomy or RYGB medically necessary when there are complications that cannot be corrected or when **ALL** of the following criteria are met:
  - a. Meets all medical necessity criteria for bariatric surgery; **and**
  - b. Documented compliance with postoperative plan of diet, exercise, and behavioral modification; **and**
  - c. A minimum of 2 years following original surgery with documentation of inadequate weight loss:
    - Weight loss of less than 50% of preoperative excess body weight; **and**
    - Remains >30% over ideal body weight.

### Experimental or Investigational / Not Medically Necessary

#### Non-Covered Procedures

Although the following may be covered in adults meeting the appropriate criteria, there is a lack of clinical evidence and/or long-term data for the following procedures in morbidly obese adolescents:

- Laparoscopic adjustable gastric banding
- Biliopancreatic diversion with duodenal switch (open or laparoscopic)

Oscar considers the following procedures to be experimental, investigational or unproven as they have either not demonstrated long-term benefit, have unnecessary risks, or have demonstrated inferior outcomes to safer, more appropriate techniques:

- Gastroplasty (stomach stapling)
- Intra-gastric balloon
- Gastric plication (Laparoscopic)
- Vagal blockade
- Mini gastric bypass/Billroth II
- Aspiration therapy procedures
- Jejunioileal bypass
- BPD without duodenal switch
- >150cm long limb gastric bypass (except for BPD with DS)

- Vertical Banded Gastroplasty (VBG)
- Natural orifice transoral surgery (NOTES)
- Silastic ring (Fobi pouch)
- Open adjustable gastric banding
- Prophylactic mesh placement to prevent incisional hernia after open bariatric surgery

### *Skin Removal Surgery*

Excess skin is common after a successful bariatric surgery. Unless MCG criteria is met, skin removal by abdominoplasty and/or panniculectomy is considered a cosmetic and elective procedure that is **not medically necessary** by Oscar.

### **General Contraindications**

- Medically correctable cause of obesity
- Ongoing substance abuse or substance abuse in preceding 12 months
- Medical, psychological, psychosocial, or cognitive condition that prevents adherence to post-op dietary and medical requirements or impairs decision capacity
- Current or planned pregnancy within 12-18 months
- Inability of patient or parent to comprehend risks, benefits, and alternatives of surgical procedure
- Severe or poorly controlled psychiatric disorder or mental illness, as above
- Bulimia nervosa
- Any advanced stage neoplastic disease
- Diagnosis of inflammatory bowel disease
- Any medical condition requiring critical drug levels, such as in seizure or psychiatric illness, where malabsorption or changes in drug metabolism may result in serious consequences.

### **Applicable Billing Codes**

Codes covered if clinical criteria are met:

<i>Code</i>	<i>Description</i>
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
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 (ie, sleeve gastrectomy)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
S9449	Weight management classes, non-physician provider, per session
S9451	Exercise classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session
<b>ICD-10 codes covered if criteria are met:</b>	
<i>Code</i>	<i>Description</i>
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age

Codes not covered for indications listed in this Guideline:

<i>Code</i>	<i>Description</i>
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0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
15876 - 15879	Suction assisted lipectomy; head and neck, trunk, upper/lower extremities
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
43632	Gastrectomy, partial distal; with gastrojejunostomy (Billroth II)
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)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43659	Unlisted laparoscopy procedure, stomach

43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, 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)
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999	Unlisted procedure, stomach
47562 - 47620	Cholecystectomy

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