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.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member’s plan contracts, state laws, and federal laws. Please reference the member’s plan contracts (e.g., Certificate/Evidence of Coverage, Summary/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/m² 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 ≥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 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 co-morbidities as meeting ONE of the following criteria:
   a. BMI ≥ 40 and any ONE of the following co-morbidities:
      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 ≥ 5.
   b. BMI ≥ 35 and any ONE of the following co-morbidities:
      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. Participation in a clinically supervised weight loss program includes ALL of the following:
   a. Member participation and adherence is documented by the physician, dietitian, or nutritionist (Note: a physician’s summary letter is NOT sufficient); and
   b. Behavioral and dietary modification; and
   c. An exercise regimen (unless contraindicated); and
   d. The program lasts 6 months within 2 years of the planned bariatric surgery or 3 months within 6 months of the planned bariatric surgery; and
   e. The program is in-person (i.e. cannot be entirely remote).

6. 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.

7. 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.

**Coverage Exclusions**

**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)
- Intragastric balloon
- Gastric plication (Laparoscopic)
- Vagal blockade
- Mini gastric bypass/Billroth II
- Aspiration therapy procedures
- Jejunoileal 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 successful bariatric surgery. Removal is considered a cosmetic and elective procedure that is NOT covered 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 (HCPCS & CPT Codes)

Codes covered if clinical criteria are met:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
</tr>
<tr>
<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components</td>
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<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
</tr>
<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</td>
</tr>
<tr>
<td>43850</td>
<td>Revision of gastro-duodenal anastomosis (gastro-duodenostomy) with reconstruction; without vagotomy</td>
</tr>
<tr>
<td>43860</td>
<td>Revision of gastro-jejunal anastomosis (gastro-jejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy</td>
</tr>
<tr>
<td>43887</td>
<td>Gastric restrictive procedure, open; removal of subcutaneous port component only</td>
</tr>
<tr>
<td>S9449</td>
<td>Weight management classes, non-physician provider, per session</td>
</tr>
<tr>
<td>S9451</td>
<td>Exercise classes, non-physician provider, per session</td>
</tr>
<tr>
<td>S9452</td>
<td>Nutrition classes, non-physician provider, per session</td>
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ICD-10 codes covered if criteria are met:

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>0312T</td>
<td>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</td>
</tr>
<tr>
<td>0313T</td>
<td>Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator</td>
</tr>
<tr>
<td>0315T</td>
<td>Vagus nerve blocking therapy (morbid obesity); removal of pulse generator</td>
</tr>
<tr>
<td>0316T</td>
<td>Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator</td>
</tr>
<tr>
<td>0317T</td>
<td>Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed</td>
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<tr>
<td>15876 - 15879</td>
<td>Suction assisted lipectomy; head and neck, trunk, upper/lower extremities</td>
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<tr>
<td>43620</td>
<td>Gastrectomy, total; with esophagoenterostomy</td>
</tr>
<tr>
<td>43621</td>
<td>Gastrectomy, total; with Roux-en-Y reconstruction</td>
</tr>
<tr>
<td>43622</td>
<td>Gastrectomy, total; with formation of intestinal pouch, any type</td>
</tr>
<tr>
<td>43631</td>
<td>Gastrectomy, partial, distal; with gastroduodenostomy</td>
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<tr>
<td>43632</td>
<td>Gastrectomy, partial, distal; with gastrojejunostomy</td>
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<tr>
<td>43632</td>
<td>Gastrectomy, partial distal; with gastrojejunostomy (Billroth II)</td>
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<tr>
<td>43633</td>
<td>Gastrectomy, partial, distal; with Roux-en-Y reconstruction</td>
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<tr>
<td>43634</td>
<td>Gastrectomy, partial, distal; with formation of intestinal pouch</td>
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<tr>
<td>43635</td>
<td>Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)</td>
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<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
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<td>43647</td>
<td>Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum</td>
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<td>43659</td>
<td>Unlisted laparoscopy procedure, stomach</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)</td>
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<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)</td>
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<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
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<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)</td>
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<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty</td>
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<tr>
<td>43843</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty</td>
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<tr>
<td>43845</td>
<td>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)</td>
</tr>
<tr>
<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption</td>
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<tr>
<td>43855</td>
<td>Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy</td>
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<td>43865</td>
<td>Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy</td>
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<tr>
<td>43881</td>
<td>Implantation or replacement of gastric neurostimulator electrodes, antrum, open</td>
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<td>43886</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component only</td>
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<td>43888</td>
<td>Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only</td>
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<td>43999</td>
<td>Unlisted procedure, stomach</td>
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<td>47562 - 47620</td>
<td>Cholecystectomy</td>
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<tr>
<td>S2083</td>
<td>Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline</td>
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</tbody>
</table>

References


42. Lim, RB. Bariatric operations for management of obesity: indications and preoperative preparation. In: UpToDate, Jones D (Ed), UpToDate, Waltham, MA. (Accessed on January 19, 2017)
43. Lim, RB. Bariatric procedures for the management of severe obesity: Descriptions. In: UpToDate, Jones D (Ed), UpToDate, Waltham, MA. (Accessed on January 19, 2017)
56. NIH Consensus Conference on Surgical Treatment of Morbid Obesity 1998
63. Parikh M, Duncombe J, Fielding GA: Laparoscopic adjustable gastric banding for patients with body mass index of \(<or=35\) kg/m\(^2\). Surg Obes Relat Dis 2:518-22, 2006


90. Xanthakos, SA. Surgical management of severe obesity in adolescents. In: UpToDate, Jones D (Ed), UpToDate, Waltham, MA. (Accessed on January 19, 2017)


Clinical Guideline Revision/History Information

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<tr>
<td>Reviewed/Revised:</td>
<td>1/18/2018, 4/13/2018</td>
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<tr>
<td>Signed:</td>
<td>Sean Martin, MD, Medical Director</td>
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