

# SOUND HEALTH AND WELLNESS HEALTH PLAN

## BARIATRIC SURGERY POLICY SOUNDPLUS PPO AND SOUND OUT-OF-AREA PLANS

All procedures approved by the Plan must be performed at an approved Bariatric Surgery Center of Excellence. You may find a center approved by the American Society for Bariatric Surgery (ASBS) in the Puget Sound area by clicking on this link:

<http://www.asbms.org/html/about/membersearch2.html>.

You and your dependents will become eligible for consideration for this benefit after you have been employed for at least 12 months with a contributing employer.

Pre-authorization for bariatric surgery is required through First Choice.

### APPROVED TYPES OF BARIATRIC SURGERY:

The Plan considers open or laparoscopic Roux-en-Y gastric bypass (RYGB) or laparoscopic adjustable silicone gastric banding (LASGB or Lap-Band) medically necessary when the individual has met the criteria listed below:

1. Severe obesity that has existed for at least 5 years as defined by any of the following:
  - a. Body mass index (BMI)\* exceeding 40; or
  - b. BMI\* greater than 35 in conjunction with any of the following severe co-morbidities:
    - Coronary heart disease; or
    - Type 2 diabetes mellitus; or
    - Clinically significant obstructive sleep apnea or
    - Medically refractory hypertension (blood pressure greater than 140 systolic and/or 90 diastolic despite optimal medical management);

**and**

2. is 18 years of age with documentation that full bone growth has been met; **and**
3. has attempted weight loss in the past without successful long-term weight reduction; **and**
4. individual has met **either** a physician-supervised nutrition and exercise program **or** a multidisciplinary surgical preparatory regimen:
  - a. **Physician-supervised nutrition and exercise program:** has participated in physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification),

documented in the medical record. This physician-supervised nutrition and exercise program must meet **all** of the following criteria:

- Nutrition and exercise program must be supervised and monitored by a physician working in cooperation with dietitians and/or nutritionists; **and**
- Nutrition and exercise program(s) must be for a cumulative total of 6 months or longer in duration and occur within 2 years prior to surgery with participation in one program of at least three consecutive months. (Precertification of the surgery may be made prior to completion of nutrition and exercise program as long as a cumulative of six months participation in nutrition and exercise program(s) will be completed prior to the date of surgery.); **and**
- Participation in a physician-supervised nutrition and exercise program must be documented in the medical record by the physician who supervised the participation. The nutrition and exercise program may be administered as part of the surgical preparative regimen, and participation in the nutrition and exercise program may be supervised by the surgeon who will perform the surgery or by some other physician.

Note: A physician's summary letter is not sufficient documentation. Documentation should include medical records of physician's assessment of patient's progress during the course of the nutrition and exercise program. For those who participate in a physician-administered nutrition and exercise program (e.g., MediFast, OptiFast), program records documenting that participation and progress may substitute for physician medical records;

**or**

- b. **Multidisciplinary surgical preparatory regimen:** Proximate to the time of surgery, the individual must participate in organized multidisciplinary surgical preparatory regimen of at least three months duration meeting **all** of the following criteria, in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the individual's ability to comply with post-operative medical care and dietary restrictions:
- Consultation with a dietician or nutritionist; **and**
  - Reduced-calorie diet program supervised by dietician or nutritionist; **and**
  - Exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery, supervised by exercise therapist or other qualified professional; **and**
  - Behavior modification program supervised by qualified professional; and
  - Documentation in the medical record of the individual's participation in the multidisciplinary surgical preparatory regimen. (A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation should include medical records of the physician's initial assessment of the individual, and the physician's

assessment of the individual's progress at the completion of the multidisciplinary surgical preparatory regimen.)

**and**

5. For individuals who have a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression) or who are currently under the care of a psychologist/psychiatrist or who are on psychotropic medications, a pre-operative psychological evaluation and clearance is necessary in order to exclude individuals who are unable to provide informed consent or who are unable to comply with the pre- and postoperative regimen. Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.

The Plan considers open or laparoscopic vertical banded gastroplasty (VGB) medically necessary for individuals who meet the selection criteria for obesity surgery **and** who are at increased risk of adverse consequences of a RYGB due to the presence of **any** of the following co-morbid medical conditions:

- Hepatic cirrhosis with elevated liver function tests; **or**
- Inflammatory bowel disease (Crohn's disease or ulcerative colitis); **or**
- Radiation enteritis; **or**
- Demonstrated complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma; **or**
- Poorly controlled systemic disease (American Society of Anesthesiology (ASA) Class IV).

### **Repeat Bariatric Surgery:**

The Plan considers medically necessary surgery to correct complications from bariatric surgery, such as obstruction or stricture.

The Plan considers repeat bariatric surgery medically necessary for individuals whose initial bariatric surgery was medically necessary (i.e., who met medical necessity criteria for their initial bariatric surgery), and who meet either of the following medical necessity criteria:

1. Conversion to a RYGB may be considered medically necessary for individuals who have not had adequate success (defined as loss of more than 50 percent of excess body weight) two years following the primary bariatric surgery procedure and the individual has been compliant with a prescribed nutrition and exercise program following the procedure; **or**
2. Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch is considered medically necessary if the primary procedure was successful in inducing weight loss prior to the pouch dilation, and the individual has been compliant with a prescribed nutrition and exercise program following the procedure.

## **Experimental and Investigational Bariatric Surgical Procedures:**

The Plan considers the following procedures experimental and investigational:

- Loop gastric bypass
- Gastroplasty, more commonly known as “stomach stapling” (see below for clarification from vertical band gastroplasty)
- Sleeve gastrectomy
- Duodenal switch operation
- Biliopancreatic bypass (Scopinaro procedure)
- Mini gastric bypass
- Silastic ring vertical gastric bypass (Fobi pouch)
- Intra-gastric balloon
- VBG, except in limited circumstances noted above.

## **Calculation of BMI:**

\*BMI is calculated by dividing the patient's weight by height:

$$\text{BMI} = \text{weight (lb)} / [\text{height (in)}]^2 \times 703 \text{ or}$$

$$\text{BMI} = \text{weight (kg)} / [\text{height (m)}]^2$$

## **Body Mass Index as a Criterion for Candidacy for Obesity Surgery:**

Surgery for severe obesity is usually considered an intervention of last resort with patients having attempted other forms of medical management (such as behavior change, increased physical activity and drug therapy) but without achieving permanent weight loss (Colquitt, et al., 2002; NIH, 1995). Surgery is indicated for persons with severe obesity (body mass index (BMI) of 40 kg/m<sup>2</sup> or more) or for persons with a BMI of 35 kg/m<sup>2</sup> or more and serious co-morbidities such as diabetes, coronary heart disease, or obstructive sleep apnea. Ideally, patients selected for surgery should have no major perioperative risk factors, a stable personality, no eating disorders, and have lost some weight prior to surgery. The patient's ability to lose weight prior to surgery makes surgical intervention easier and provides an indication of the likelihood of compliance with the severe dietary restriction imposed on patients following surgery.

## **Rationale for Six-Month Nutrition and Exercise Program Prior to Surgery:**

The NIH Consensus Conference on Surgical Treatment of Morbid Obesity (1998) states that obesity surgery should be reserved only for patients who have first attempted medical therapy: “Weight loss surgery should be reserved for patients in whom efforts at medical therapy have failed and who are suffering from the complications of extreme obesity.”

The NIH Consensus Conference states that the initial goal of medical therapy is a 10 percent reduction in weight, and that a reasonable duration for medical therapy is six months. The Consensus Conference stated: “The initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. If this goal is achieved, further weight loss can be attempted, if indicated through further evaluation. A reasonable time line for a 10 percent reduction in body weight is 6 months of therapy.”

### **Contraindications to Obesity Surgery:**

Surgery for severe obesity is a major surgical intervention with a risk of significant early and late morbidity and of perioperative mortality (Colquitt, 2002; Oelschlager & Pellegrini, 2003). Contraindications for these surgical procedures include perioperative risk of cardiac complications, poor myocardial reserve, significant chronic obstructive airways disease or respiratory dysfunction, non-compliance of medical treatment, psychological disorders of a significant degree that a psychologist/psychiatrist would have thought would be exacerbated or interfere with the long-term management of the patient after the operation, significant eating disorders, or severe hiatal hernia/gastroesophageal reflux.

### **Requirement that Obesity be Longstanding (Present for 5 or More Years):**

Obesity surgery is not indicated for persons with transient increases in weight (Collazo-Clavell, 1999). According to the Guidelines of the American Association of Clinical Endocrinologists and the American College of Endocrinology (1998), “Surgical treatment of obesity may be considered only in carefully selected patients [where] ... obesity has been present for at least 5 years.”

### **Requirement for Physician Supervision of Program Documented in Medical Record:**

The Plan's policy states that the patient should participate in a medically supervised nutrition and exercise program and/or a comprehensive multidisciplinary preoperative preparatory regimen, and that this participation be documented in the medical record. As is true generally, physicians should document their assessment of the patient, what health interventions are prescribed, and their assessment of the patient's progress. There is established evidence that medical supervision of a nutrition and exercise program increases the likelihood of success (Blackburn, 1993). The American Medical Association Council on Scientific Affairs recommends that “any person considering a weight loss program first consult a physician for a physical examination and an objective evaluation of the proposed weight loss program as it relates to the individual's physical condition ... Various health organizations recommend that physicians assess their patients for overweight and that patients receive appropriate counseling about safe weight management and the benefits of physical activity and a healthy diet [citing guidelines from the National Heart, Lung and Blood Institute, the AACE/ACE, the Institute of Medicine of the National Academy of Sciences, the U.S. Preventive Services Task Force, the American Obesity Association, the American Medical Association, and an expert committee of pediatric experts convened by the

Health Resources and Services Administration]” (Lyznicki, et al., 2001). “If treatment is indicated, physicians can help patients develop weight loss or management plans tailored to individual needs; this includes setting reasonable weight loss goals; selecting appropriate weight loss programs; referring patients to ancillary personnel when appropriate; and providing monitoring, support and encouragement” (Lyznicki, et al., 2001).

### **Requirement for Psychological Evaluation:**

Candidates for obesity surgery who have a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression) or who are currently under the care of a psychologist/psychiatrist or who are on psychotropic medications should undergo a comprehensive evaluation by a licensed psychologist or psychiatrist to assess the patient's suitability for surgery, the absence of significant psychopathology that can limit an individual's understanding of the procedure or ability to comply with life-long follow-up (e.g., defined noncompliance with previous medical care, active substance abuse, schizophrenia, borderline personality disorder, uncontrolled depression).

### **MEDICAL EXCLUSIONS AND LIMITATIONS RELATING TO THIS BENEFIT UNDER THE PLAN ARE:**

The plan does not cover:

8. Charges for counseling, education, self-help instruction or training. Services for **behavior modification**, learning disabilities, vocation assistance, marital counseling, social counseling, sexual or lifestyle counseling, family therapy, **nutritional or fitness guidance**, anger management, diabetic or **dietetic instruction**.
39. **Weight loss treatment or services**, unless preauthorized by First Choice and eligibility is approved by the Trust Office whether or not you have other medical conditions related to or caused by excess weight, except as specifically provided under the prescription drug benefit.

The policy has been developed based on a review and adaptation of medical information from the Bariatric Policies of Aetna, Group Health, CIGNA, and CMS.

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