



KAISER PERMANENTE®

Mid-Atlantic States

**Bariatric Surgery
Adolescents and Adults
Medical Coverage Policy**

Utilization Alert

- 2021: Bariatric Surgery, Maryland Jurisdiction and Bariatric Surgery VA-Feds-DC Jurisdiction are combined into a new policy
 - Prior to use of this Medical Coverage Policy (MCP) for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through the Medicare Coverage Database.
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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I. Procedure: Bariatric Surgery

II. Specialties: Nutrition / Physical Therapy / Behavioral Health / General Surgery

III. Diagnosis: Severe obesity uncontrolled by non-surgical therapies.

IV. Definition

Body mass index is the practical marker used to assess the degree of obesity, calculated by dividing the weight in kilograms by the height in meters squared.

Severe obesity means a body mass index (BMI) ≥ 35 kg/m², regardless of presence, absence, or severity of co-morbidities and should be considered for individuals BMI of 30-34.9kg/m² with diabetes mellitus type 1 or type 2.

Physical maturity is measured as obtaining 95 percent of predicted adult stature based on bone age or reaching Tanner stage IV.

V. Surgical inclusion criteria for adult (18 years old and above) patients with no prior history of Bariatric Surgery

- A. BMI ≥ 35 prior to preoperative preparatory program; **OR**
- B. BMI equal to or greater than 30-34.9 kg/m² prior to preoperative preparatory program with diabetes mellitus type 1 or type 2; **AND**
- C. Must be nicotine/smoke free three months prior to beginning the Bariatric Surgery therapeutic program with measures outlined in section VIII. At least nicotine free for six months prior to



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surgery date is required; **AND**

- D. Must be free of recreational drug use (with the exclusion of recreational marijuana) for 6 months prior to starting the Bariatric Surgery Program.
- E. Initial bariatric surgery consultation will only be scheduled after completion of negative nicotine and drug urine screens.

VI. Initial surgical inclusion criteria for Adolescents if not excluded by EOC.

- A. Adolescent patients who have completed bone growth, are physically mature, and are obese with a life-threatening co-morbidity(ies) will be considered on a case-by-case basis for bariatric surgery if the comorbidity is truly life threatening and precludes waiting until the age of 18 for surgery.

VII. Contraindications and limitations

Any one of the following conditions may render the adolescent or adult patient ineligible for bariatric surgery:

- A. Adolescents/Adults who have not obtained 95 % of physical maturity;
- B. Medically correctable cause of obesity;
- C. High surgical risks including HbA1C > 9% or per bariatric surgeon's discretion;
- D. Previous, current or planned pregnancy within 12 to 18 months of the procedure;
- E. An ongoing substance abuse problem, including alcohol abuse within the preceding year
- F. A medical, psychiatric, psychosocial, or cognitive condition that prevents adherence to postoperative dietary and medication regimens or impairs decisional capacity including:
 - 1. Inability on the part of the patient or parent to comprehend the risks and benefits of the surgical procedure;
 - 2. Active binge/purge syndrome or other active eating disorder within the preceding year;
 - 3. Documented diagnosis of paranoid ideation, psychotic disorder, or dissociative disorder;
 - 4. Psychiatric hospitalization within the past year.
 - 5. Suicidal ideation or attempt with the preceding year.

VIII. Therapeutic measures to complete prior to referral for initial bariatric surgery

A. Adolescents

- 1. The patient will need to have behavioral health clearance; and
- 2. The patient will need to complete at least 1 year of a nutrition program, e.g., the IDEAL Clinic at Children's National Medical Center; and
- 3. The patient may need other, individualized assessments on a case-by-case basis. This may include a primary care or specialty care physician examination or physical therapy exercise



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evaluation

B. Adults

Adult Patients who are being considered for bariatric surgery must participate in each of the following and obtain behavioral health clearance prior to scheduling bariatric surgery. Patients must actively participate in the KP-MAS Bariatric Surgery Program provided by KP-MAS Nutritionists at multiple centers throughout the Mid-Atlantic region. If there is a gap of over 12 months between pre-operative nutrition visits, the patient must re-start the Bariatric Nutrition program.

1. Watch 3 EMMI videos:
 - a. Bariatric Informed Decision Making;
 - b. Laparoscopic Gastric Bypass; and
 - c. Sleeve Gastrectomy
2. Meet criteria as listed in section V: A. or B. and C
3. Evaluation and approval by a bariatric surgeon that the patient is a suitable candidate to participate in the Bariatric Surgery Program and does not have a condition which would preclude the patient from undergoing bariatric surgery.
4. Complete at least four nutrition encounters including classes and individual appointments over three to six or more months for individualized nutrition counseling with a focus on healthy eating and exercise as well as preparation for bariatric surgery:
 - a. The patient must document their understanding of the pre and post bariatric nutrition requirements which includes micro and macronutrient supplementation.
 - b. The patient must engage in increased physical activity adapted to their individual needs.
 - c. The patient must maintain, lose weight, or achieve their individualized pre-operative weight loss goal.
5. **Mental Health Evaluation**
 - a. Patients must be screened and cleared by a licensed behavioral health care practitioner and, if indicated, receive treatment for any behavioral health disorders that may affect weight loss success and compliance with post-surgical dietary restrictions.
 - b. Contraindications to bariatric surgery include but are not limited to active binge eating disorder and suicidal ideation or attempt within one year prior to surgery.



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- IX. Repeat or Revision Surgical Criteria measures for patients who have had previous RESTRICTIVE sleeve gastrectomy surgery or previous RESTRICTIVE and MALABSORPTIVE weight reduction surgery¹**
- A. Patients who have had previous bariatric surgery restrictive sleeve gastrectomy surgery or previous restrictive and malabsorptive bariatric surgery will be considered for repeat surgery on a case-by-case basis by the Multidisciplinary Bariatric Committee.
 - B. Patients who have had previous restrictive sleeve gastrectomy surgery or previous malabsorptive bariatric surgery and are requesting repeat surgery for improved weight loss will be evaluated individually but will need to meet BMI and co-morbidity requirements as in section V, A-B.
 - C. If revisional surgery is deemed medically appropriate by the bariatric surgeon, patients must also complete the Bariatric Surgery Program as outlined in Section VIII to include the Bariatric Nutrition Program and a mental health evaluation. This program may be individualized on a case-by-case basis.
- X. Revision surgery to correct complications of the original procedure, such as obstruction, stricture, or malabsorption, is not subject to these criteria.**
- XI. Surgical methods for weight loss:**
- A. Biliopancreatic bypass with duodenal switch.; and
 - B. Roux-en y gastric bypass ; and
 - C. Sleeve gastrectomy; and
 - D. Single Anastomosis Duodenal-Ileal bypass with sleeve gastrectomy

XIV. External Bariatric Surgery Coverage Policy

The Kaiser MAPMG Bariatric Surgery Program involves preoperative surgical consultation in association with relevant services required for surgical preparation and optimization. These services consist of nutritional education, psychological evaluation, laboratory assessments, and subspecialty consultation.

Following the index operation, routine postoperative bariatric surgical services include, but are not limited to, routine care associated with wounds, dietary progression, micronutrient monitoring, and nutritional optimization.

Patients who are referred to an external facility for bariatric surgery will be internalized for ongoing maintenance care and long-term follow-up at the 90 days postoperative period coinciding with the end of global bundled coverage.



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New members who have had medically indicated bariatric surgery at an outside institution may be internalized to the Bariatric Surgery Program. Pediatric Members who have a history of medically indicated bariatric surgery at an outside institution will be internalized at 18 years of age when care is transitioned to adult care.

Members who elect for a non-covered bariatric surgery at an outside institution are excluded from coverage. Excluded Services include routine postoperative follow-up within the Bariatric Surgery Program by the bariatric surgeon, bariatric nutritionist, bariatric physician assistant, or bariatric supervised registered nurse. Services including drugs, supplies, and laboratory assessment related to the non-covered Service are excluded from coverage.

Emergency surgical services related to serious complications following bariatric surgery at an outside institution will be provided. For example, management of a life-threatening complication, such as serious infection.

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Approval History

Date approved by RUMC	Date of Implementation
03/22/2021	03/22/2021
03/22/2022	03/22/2022
09/23/2022	09/23/2022
09/27/2023	09/27/2023
09/26/2024	09/26/2024

*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are evidence-based and are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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