Bariatric Surgery

Policy Number: **M20140724001**

Effective Date: **9/1/2014**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)

☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒ Essential Plan

☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP

☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual

☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☒ No ☐

Purpose and Applicability:

To set forth the medical necessity criteria and coverage guidelines for bariatric surgery.

Policy:

Commercial, Self-funded, MediSource, MediSource Connect, Child Health Plus and Essential Plan: bariatric surgery is covered utilizing the criteria below.

Medicare Advantage: There is currently a National Coverage Determination (NCD) and a Local Coverage Article (LCA) for bariatric surgery. Please refer to the links listed in the Reference section for Medicare Advantage members.

Clinical Indications

Bariatric surgery is considered medically necessary for **1 or more** of the following:

- Commercial and/or Self-funded member and **1 or more** of the following:
    - Request is for initial bariatric surgery and **ALL** of the following:
        - **1 or more** of the following:
            - Member is 18 years or older with a BMI of ≥ 40
            - Member is 18 years or older with a BMI of ≥ 35 with a life threatening or disabling comorbid condition such as diabetes mellitus, other serious cardiopulmonary condition, or severe sleep apnea
            - Member is 18 years or older with a BMI between 30 to 34.9 and type 2 diabetes (T2D) with documentation of inadequate glycemic control despite optimized lifestyle and medical management
            - Member is 16 years of age to less than 18 years of age with a BMI of ≥35 kg/m2 or ≥120 percent of the 95th percentile of BMI for age (whichever is lower) and has significant medical comorbidities (i.e., those that carry a high risk of morbidity over the short term)
            - Member is 16 years of age to less than 18 years of age with a BMI of ≥40 kg/m2 or ≥140 percent of the 95th percentile of BMI for age (whichever is lower) with any obesity-related comorbidities or impaired quality of life (based on self-report)
        - Documentation submitted by the requesting bariatric surgeon indicating the severity of the comorbid conditions and that attempts at **medically supervised** conservative weight loss measures consecutively within the last six months prior to the request have not been effective and the member has achieved maximum benefit from non-surgical weight loss interventions. Conservative measures are defined as non-surgical treatment including dietary counseling and some amount of exercise under the supervision of a physician. (If, in the opinion of the physician, the patient's condition precludes the ability to exercise, this will

be taken into consideration under individual medical director review on a case-by-case basis.) Conservative measures need to be documented as refractory for at least six months. In patients who have fluctuating weights, the periods of low weight are disregarded when duration is determined.

- Documentation that a participating facility and surgeon credentialed by Independent Health for bariatric surgery care are providing the evaluation and treatment
- Documentation that all medical causes of obesity have been considered
- Documentation that a complete medical history has been obtained
- Documentation that the patient has completed an evaluation by a participating behavioral health practitioner within the 3 months preceding the request for surgery. It is the responsibility of the requesting bariatric surgeon to provide this documentation with the procedure request. This evaluation should document **ALL** of the following:
  - The absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations
  - The absence of any behavioral health comorbidity that could contribute to weight mismanagement or a diagnosed eating disorder
  - The patient's willingness/ability to comply with preoperative and postoperative treatment plans
- Clinical documentation that the patient has been abstinent from tobacco use for at least 8 weeks prior to procedure
- **1 or more** of the following:
  - The patient has no history of substance abuse
  - The patient has a history of substance abuse and clinical documentation has been submitted that the patient has been substance-free for more than one year or is in a controlled treatment program and stabilized
- Documentation that the surgeon has discussed **ALL** of the following with the patient and understanding has been demonstrated:
  - Potential risks and benefits of weight loss surgery
  - Need for post-surgical attention to lifestyle and dietary changes and lifelong follow-up
  - Self-care maintenance requirement
  - Changes to skin and tissue after weight loss

- Request is for a revision bariatric procedure and **1 or more** of the following:
  - Documentation of complications related to the surgical procedure including, but not limited to, malabsorption, obstruction, or staple disruption
  - Request for bariatric surgical revisions for failure of weight loss after primary bariatric surgery meets the same requirements as initial bariatric surgical procedures above

        - Revision of a primary bariatric surgery procedure, including endoscopic gastrojejunal revisions, that has failed due to dilation of the gastric pouch, dilated gastrojejunal stoma, or dilation of the gastrojejunostomy anastomosis and the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the member has been compliant with a prescribed nutrition and exercise program following the procedure
- State product member (MediSource, MediSource Connect, Child Health Plus and Essential Plan) and **1 or more** of the following:
    - Member is 18 years or older and **ALL** of the following:
        - Nonsurgical treatments to manage obesity, such as changes to diet and increasing exercise have been unsuccessful
        - **1 or more** of following:
            - A body mass index (BMI) of 35 kg/m2 or greater
            - A BMI of 30-34.9 kg/m2 and a serious weight-related health problem (e.g., high blood pressure, type 2 diabetes or severe sleep apnea)
    - Member is less than 18 years old and **ALL** of the following:
        - The member has been deemed physically, mentally, and emotionally mature by a multidisciplinary team evaluation that includes the pediatric provider, bariatric surgeon, and other relevant specialists
        - **1 or more** of the following:
            - A BMI ≥ 35 kg/m2 or >120 percent of the 95th percentile for age and sex, whichever is lower, and presence of weight-related health problem (including but not limited to type 2 diabetes mellitus, obstructive sleep apnea where the apnea-hypopnea index or Respiratory Disturbance Index >5, idiopathic intracranial hypertension, Blount disease, non-alcoholic steatohepatitis, slipped capital femoral epiphysis, gastroesophageal reflux disease, cardiovascular disease risks (hypertension, hyperlipidemia, insulin resistance), or depressed health-related quality of life)
            - A BMI ≥ 40 kg/m2 or >140 percent of the 95th percentile for age and sex, whichever is lower

Pre-Authorization Required? Yes ☒ No ☐

Pre-authorization is required for this service.

Definitions

Body Mass Index (BMI) is defined as the member's body mass divided by the square of his or her height.

Comorbid condition is either the presence of one or more disorders (or diseases) in addition to a primary disease or disorder, or the effect of such additional disorders or diseases.

Medically supervised weight loss is a weight-loss program providing one-on-one treatment options that take place in a medical office. These programs are led by a health care provider, such as a medical doctor, doctor of osteopathy, physician assistant, nurse practitioner, or registered dietitian. This program may be a team program including not only medical advice, but also nutrition and lifestyle counseling.

Obesity is defined as a body mass index (BMI)≥ (equal to or greater than) 30 kg/m2.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references

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This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Revised
3/1/2026	Health Care Services	Revised
9/1/2025	Health Care Services	Revised - Formatting only

8/1/2025	Health Care Services	Reviewed
8/1/2024	Health Care Services	Reviewed
8/1/2023	Health Care Services	Revised
8/1/2022	Health Care Services	Revised
2/1/2022	Health Care Services	Reviewed
3/1/2021	Health Care Services	Revised
3/1/2020	Medical Management	Revised
4/1/2019	Medical Management	Revised
4/1/2018	Medical Management	Revised
4/1/2017	Medical Management	Revised
5/1/2016	Medical Management	Revised
10/1/2015	Medical Management	Revised
7/1/2014	Medical Management	Revised