BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY

This Medical Coverage Guideline is **NOT** applicable for the following products:

**Individual and Family Products:**
- EverydayHealth HMO – Neighborhood Network
- Portfolio HSA HMO – Neighborhood Network and Portfolio HMO – Neighborhood Network
- SimpleHealth HMO – Neighborhood Network
- TrueHealth HMO – Neighborhood Network

**Employer and Group Products:**
- EverydayHealth PPO – Statewide PPO Network and EverydayHealth PPO – Alliance Network
- Portfolio PPO – Statewide PPO Network and Portfolio PPO – Alliance Network
- Essential PPO – Statewide PPO Network and Essential PPO – Alliance Network

*For above products, refer to archived BCBSAZ Medical Coverage Guideline #O852.7, “Bariatric Surgery and Other Invasive Treatments for Obesity”.*
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms “experimental” and "investigational" are considered to be interchangeable.

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BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY (cont.)

Description:

Bariatric surgery, also referred to as surgery for morbid obesity, includes gastric-restrictive procedures and malabsorptive procedures. Bariatric surgery may be considered when dietary and lifestyle changes are not effective in reducing morbidly obese individuals to a healthy weight. Bariatric surgery also includes any revision to an eligible bariatric surgical procedure and any conversion from one type of eligible bariatric procedure to a different eligible bariatric procedure.

Gastric Restrictive Procedures:

Procedures which restrict the sized of the stomach to produce early satiety (fullness) thus decreasing dietary intake and resulting in weight loss. These procedures also may include an element of a malabsorption.

1. Adjustable Gastric Banding:
   A hollow band is placed around the exterior of the upper end of the stomach. This creates a pouch and a narrow passage into the larger remainder of the stomach. The band is then inflated with a saline solution. It can be tightened or loosened over time to change the size of the passage by increasing or decreasing the amount of saline solution. Lap-Band® and Realize™ Band are FDA-approved adjustable gastric banding systems.

2. Endoscopic Procedures:
   Endoscopic procedures, also referred to as endoluminal, transoral or natural orifice bariatric procedures, access the relevant anatomical structures through the mouth without skin incisions. Endoscopic techniques are being investigated for primary and revision bariatric procedures to reduce the risks associated with open and laparoscopic interventions. Endoluminal bariatric procedures being investigated include gastroplasty using a transoral endoscopically guided stapler and placement of devices such as a duodenal-jejunal sleeve and gastric balloon. The EndoGastric StomaphyX™ endoluminal fastener and delivery system has been FDA-approved. The Transoral Gastroplasty (TOGA®) System, which uses and endoscopically guided stapler, is currently undergoing clinical trials and has not received FDA approval.

   The Gastric Bubble (Garren Edwards Procedure) is a balloon device that was approved by the FDA in 1985 but was only marketed for 3 years due to adverse effects. The FDA PMA was voluntarily withdrawn in 1992. Gastric balloon devices are being used in Canada and Mexico but there are no gastric balloons devices that are currently FDA approved in the U.S.

   Aspiration therapy involves an FDA-approved device (AspireAssist) that allows an individual to drain a portion of the stomach contents after meals via an implanted tube connected to an external skin port.
3. **Gastric Bypass:**
Gastric bypass procedures may be performed with either an open or laparoscopic technique and involve both a restrictive and a malabsorptive component. A horizontal or vertical partition of the stomach is performed using a Roux-en-Y surgical technique, (i.e., a gastrojejunostomy). The flow of food then bypasses the duodenum and proximal small bowel, reducing the amount of calories and nutrients absorbed by the body. The procedure may also be associated with an unpleasant “dumping syndrome,” in which a large osmotic load delivered directly to the jejunum from the stomach produces abdominal pain and/or vomiting.

4. **Gastric Wrap:**
The stomach is folded over on itself, and then wrapped with a customized mesh, sometimes in conjunction with another procedure, to help treat reflux. Gastric wraps as stand-alone procedures for obesity are being investigated in Europe.

5. **Laparoscopic Gastric Plication:**
Involves placement of sutures over the greater curvature or anterior gastric region to create a tube-like stomach. The procedure involves 2 main steps, mobilization of the greater curvature of the stomach and suture plication of the stomach for achieving gastric restriction, but specifics of the technique are not standardized.

6. **Mini Gastric Bypass:**
Variation of a laparoscopic gastric bypass, but instead of creating a Roux-en-Y anastomosis, the jejunum is anastomosed directly to the stomach, similar to a Billroth II procedure.

7. **Silastic Ring Gastroplasty:**
Similar to adjustable gastric banding except ring is not adjustable. Synthetic ring is placed above the anastomosis between the pouch and the rerouted small intestine to prevent the opening from stretching over time. Used as an adjunct to Roux-en-Y.

8. **Sleeve Gastrectomy:**
The greater curvature of the stomach is resected, resulting in a stomach remnant shaped like a tube or sleeve. The pyloric sphincter is preserved, resulting in a more physiologic transit of food from the stomach to the duodenum and avoiding the dumping syndrome. May be performed as a sole procedure or as the first stage of a biliopancreatic bypass with duodenal switch. Sleeve gastrectomy, also be referred to as longitudinal gastrectomy, may be performed with either an open or laparoscopic technique.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Description: (cont.)

Gastric Restrictive Procedures: (cont.)

9. **Vertical Banded Gastroplasty:**
   The stomach is segmented along its vertical axis. To create a durable reinforced and rate-limiting stoma at the distal end of the pouch, a plug of stomach is removed, and a propylene collar is placed through this hole and then stapled to itself. This procedure may also be referred to as gastric partition or gastric stapling.

Malabsorptive Procedures:

Procedures which produce weight loss due to malabsorption by altering the normal transit of ingested food through the gastrointestinal tract. These procedures also may include an element of a restrictive surgery based on the size of the stomach pouch.

1. **Biliopancreatic Bypass or Diversion:**
   Also known as the Scopinaro procedure. Portions of the stomach are removed (subtotal gastrectomy) leaving a small pouch. This pouch is connected directly to the distal ileum using a long Roux-en-Y procedure, completely bypassing the duodenum and jejunum.

2. **Biliopancreatic Bypass with Duodenal Switch:**
   A variant of the biliopancreatic bypass. Instead of a subtotal gastrectomy, a “sleeve” gastrectomy is performed along the vertical axis of the stomach. This preserves the pylorus and initial segment of the duodenum, which is then anastomosed to a segment of the ileum.

3. **Long Limb Gastric Bypass:**
   A variation of a gastric bypass procedure, in which long alimentary limb (>150 cm) permits absorption of most nutrients and a short common limb primarily limits absorption of fats. The stomach may be bypassed in a variety of ways, either by resection or stapling along the horizontal or vertical axis. Unlike the traditional gastric bypass, which is essentially a gastric restrictive procedure, these very long-limb Roux-en-Y gastric bypasses combine gastric restriction with some element of malabsorptive procedure, depending on the location of the anastomoses. Also be referred to as a jejuno-ileoal bypass.

4. **Single Anastomosis Duodenoileal Bypass with Sleeve Gastrectomy:**
   A type of bariatric surgery based on the biliopancreatic diversion in which a sleeve gastrectomy is followed by an end-to-end duodenoileal diversion. It has a restrictive component when reducing the greater curvature of the stomach, but especially a malabsorptive component, as the common channel is also reduced. The objective of this surgical technique is to lessen the intestinal loop where nutrients are absorbed.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY (cont.)

Description: (cont.)

Other Invasive Procedures:

Gastric electrical stimulation (GES) is performed using a neurostimulator that is implanted under the skin in the abdominal area, two intramuscular leads, and an external programmer that is used to adjust the settings of the neurostimulator. The neurostimulator delivers timed electrical impulses to the gastric muscles. May also be known as gastric pacing. GES has been investigated for the treatment of obesity.

Criteria:

COVERAGE FOR BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

CERTAIN BENEFIT PLANS REQUIRE SURGERY TO BE PERFORMED IN AN Approved BLUE DISTINCTION CENTER FOR BARIATRIC SURGERY OR A BARIATRIC CENTER OF EXCELLENCe CONTRACTED WITH THE PLAN NETWORK. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

For vagus nerve stimulation for treatment of obesity, see BCBSAZ Medical Coverage Guideline #O351, “Vagus Nerve Stimulation”.

A. Bariatric Surgery:

- Bariatric surgery for the treatment of morbid obesity in adults is considered medically necessary with documentation of ALL of the following:

  1. The surgical procedure is ONE of the following eligible procedures:

     - Adjustable gastric banding (Lap-Band®; Realize™ Band)
     - Gastric bypass (Roux-en-Y)
     - Biliopancreatic diversion with duodenal switch
     - Sleeve gastrectomy as a sole procedure or in combination with another medically necessary bariatric procedure
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY (cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

➢ Bariatric surgery for the treatment of morbid obesity in adults is considered *medically necessary* with documentation of ALL of the following: (cont.)

2. Individual is morbidly obese as defined by ONE of the following:

   • Body Mass Index (BMI) of 40 or greater
   • Body Mass Index (BMI) of 50 or greater for biliopancreatic diversion with duodenal switch procedure
   • Body Mass Index (BMI) of 35 or greater with ANY of the following comorbid conditions that are generally expected to be ameliorated (improved), reversed, or limited by this surgical treatment, for any eligible procedure:
     
     Comorbid conditions include, *but are not limited to*:

     - Cardiovascular disease
     - Coronary artery disease
     - Degenerative joint disease of weight bearing joints
     - Diabetes mellitus
     - Documented sleep apnea
     - Pseudotumor cerebri
     - Gastroesophageal reflux disease (GERD) not responsive to other treatment

3. Previously unsuccessful with medical treatment for obesity as documented by ALL of the following:

   • Active participation within the last two years in one physician-supervised weight-management program for a minimum of six months without significant gaps
   • Weight management program must include monthly documentation of the following:

     - Weight
     - Current dietary program
     - Physical activity (e.g., exercise program)
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

➢ Bariatric surgery for the treatment of morbid obesity in adults is considered medically necessary with documentation of ALL of the following: (cont.)

4. Pre-operative clinical assessment and documentation must reflect a significant motivation and understanding of the risks associated with the intended surgery, as well as an understanding of the life-long restricted eating habits that will follow

5. Clinical documentation must reflect a plan for active participation in both a pre-surgical instructional program AND a post-surgical, post-operative or follow-up program. Clinical documentation must reflect participation in pre-operative nutritional counseling and that there is a plan in place for post-operative nutritional counseling as well.

6. Individual is 18 years of age or older

7. Individual has no treatable condition that may be responsible for the morbid obesity, e.g., endocrine, metabolic, etc.

8. Individual has no significant liver, kidney or gastrointestinal disease

9. Individual has no drug or alcohol abuse – must be abstinent for 12 months or more if there is a history of drug or alcohol abuse

10. Individual has no contraindications to surgery

11. Individual has had an evaluation by a licensed psychologist or psychiatrist documenting the absence of significant psychopathology that may limit an individual’s understanding of the procedure or ability to comply with medical/surgical recommendations (e.g., active substance abuse, schizophrenia, borderline personality disorder, uncontrolled depression). Clinical documentation must substantiate approval by the attending clinician for the intended procedure if the individual has current symptoms of or is on maintenance medication for psychological or psychiatric disease.

1 Refer to the BMI Index Table in this guideline

➢ Bariatric surgery for morbid obesity with concomitant hiatal hernia repair for individuals who have a preoperatively-diagnosed hiatal hernia with indications for surgical repair is considered medically necessary.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY (cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

- Bariatric surgery for individuals with a Body Mass Index (BMI) \(^1\) of less than 35 is considered not medically necessary.

- Bariatric surgery for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

These indications include, but are not limited to:

- Treatment of morbid obesity in children under 18 years of age
- Treatment of morbid obesity with concomitant hiatal hernia repair that is diagnosed at the time of bariatric surgery, or repair of a pre-operatively diagnosed hiatal hernia in individuals who do not have indications for surgical repair
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

➢ The following bariatric surgical procedures are considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

These procedures include, but are not limited to:

▪ Biliopancreatic bypass or diversion without duodenal switch (Scorpinaro)
▪ Gastric electrical stimulation (GES)
▪ Gastric wrap
▪ Laparoscopic gastric plication
▪ Long Limb Gastric Bypass (Jejuno-ileal bypass)
▪ Mini gastric bypass (Billroth II)
▪ Single anastomosis duodenoileal bypass with sleeve gastrectomy
▪ Vertical banded gastroplasty (gastric stapling)

➢ The following endoscopic procedures are considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome, and
3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
4. Insufficient evidence to support improvement outside the investigational setting.

These procedures include, but are not limited to:

▪ Insertion of the StomaphyX device
▪ Endoscopic gastroplasty
▪ Use of an endoscopically placed duodenal-jejunal sleeve
▪ Insertion of gastric balloon or bubble
▪ Aspiration therapy device
### BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

**Criteria:** (cont.)

A. **Bariatric Surgery:** (cont.)

#### BMI INDEX TABLE

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2 BMI is defined as body weight (in kg) divided by height (in m²)
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

B. Revisions to Bariatric Surgical Procedures:

- Revisions to an eligible bariatric surgical procedure (See Criteria section, part A, number 1) are considered medically necessary with documentation of ANY of the following conditions:

  1. Anastomosis, leak at site
  2. Anastomosis, marginal ulceration at site
  3. Band erosion
  4. External band slippage that cannot be corrected with manipulation or adjustment
  5. Dehiscence/disruption of staple line
  6. Disruption of operative wound
  7. “Dumping” syndrome, severe
  8. Esophageal dilatation, symptomatic
  9. Esophagitis confirmed on endoscopy or biopsy
  10. Failed weight loss with weight regain due to stomal (pouch) dilation
  11. Failed weight loss with esophageal dilatation
  12. Gastroesophageal Reflux Disease (GERD), severe
  13. Acute gastric or esophageal hemorrhage or hematoma complicating a procedure
  14. Chronic gastric or esophageal hemorrhage
  15. Intractable vomiting
  16. Post-gastric surgery syndromes, e.g., post-gastrectomy syndrome, post-vagotomy syndrome
  17. Pouch enlargement or dilation proximal to an adjustable gastric band documented by endoscopy that is not the result of diet non-compliance
  18. Stomal stenosis or dilatation documented by endoscopy
  19. Stricture(s) not amenable to balloon dilatation
  20. Unspecified and other post-surgical non-absorption, e.g., diarrhea following gastrointestinal surgery
  21. Weight loss of 20% or more below the ideal body weight (based upon the 1999 Metropolitan Life Height & Weight tables for men/women)

- Revisions to any bariatric surgical procedure currently considered experimental or investigational are considered a complication of a non-covered service and not eligible for coverage.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

B. Revisions to Bariatric Surgical Procedures: (cont.)

- Endoscopic endoluminal or transoral procedures to revise any bariatric surgical procedure are considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

C. Second Bariatric Surgery:

- Second bariatric surgical procedures or conversions are considered medically necessary if current BCBSAZ guidelines for bariatric surgery are met. (See Criteria section, part A)

D. Postoperative Services:

- Postoperative office visits, laboratory tests and/or diagnostic studies related to the diagnosis of obesity and following an eligible bariatric surgery, may be considered eligible for coverage for the following:
  1. To monitor metabolic and/or nutritional status, and/or,
  2. To evaluate for surgical complications, and/or,
  3. To assess the adjustable LAP-BAND® system and provide necessary adjustments

- Postoperative procedures such as panniculectomy or abdominoplasty that may be performed subsequent to the weight loss are considered cosmetic and not eligible for coverage unless the procedures meet medical necessity criteria currently applicable. Refer to BCBSAZ Medical Coverage Guideline #O265, “Panniculectomy, Abdominal”.
Resources:

Literature reviewed 11/20/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources published prior to 2014 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Resources: (cont.)


BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Resources: (cont.)


BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’é atah nilíiígíí Blue Cross Blue Shield of Arizona haída yit’éego b’ína’idilígíí dó dóodago Háída b’íja aniyeeedíí dóó áaddoo le’é yína’idilígíí bee haház’aáníí hóóp díí tá’a hazaadk’ehdí háhá a’doowolgo bee haház’a doo báqáh illínígóó. Atá’ halné’íígíí kójí bíchí’ hódilíihí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có threm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thsam dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue Cross Blue Shield of Arizona، فتلاقي الحق في الحصول على المساعدة والعلومات الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may kaparangalan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makaasap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 바꿈 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если вас или людей, которым вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به آن کمک می‌کنید، سوال در مورد اطلاعاتی در مورد رایگان دریافت نمایید 877-475-4799.

Assyrian: بگەندە، نینا کە دەگەیەوە کە گەورەکەییە بە، سەڵەکەییە. مەدەیەکەییە بە، 877-475-4799-877-475-4799.

Serbo-Croatian: Ukoiko vi iili neko tome Vi pomažete ima pitanja o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijate pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่เสียเงิน โทร 877-475-4799.