

Wyoming EqualityCare Policy for Weight Loss Surgery

Wyoming EqualityCare has instituted the following policy for weight loss surgery. This policy has been adopted in part from Medicare.

Description

Morbid obesity is defined as a body mass index (BMI) of 40 or above. It is a condition of persistent and uncontrollable weight gain that is a potential threat to life. BMI = weight (kilograms)/height(meters) squared.

Wyoming EqualityCare will consider coverage of weight loss surgery on a case-by-case basis with the appropriate documentation if it is medically necessary for the individual to have such surgery and if the surgery is to correct a serious or potentially life-threatening condition that has not responded to medical management.

Indications for weight loss surgery include:

- BMI \geq 40
- BMI \geq 35 with at least one significant co-morbidity, i.e., type 2 diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy, refractory hyperlipidemia, or degenerative joint disease
- Patients must be at least 18 years of age and/or have reached full expected skeletal growth. Adolescent patients under the age of 18 years will be considered on a case-by-case basis
- Patients who are well-informed and motivated
- Acceptable risk for surgery
- Patients who have failed previous non-surgical weight loss attempts

Contraindications to weight loss surgery include patients with:

- Untreated major depression or psychosis
- Binge-eating disorders
- Current drug or alcohol abuse
- Severe cardiac disease with prohibitive anesthetic risks
- Severe coagulopathy
- Inability to comply with nutritional requirements including life-long vitamin replacement

Policy

Prior Authorization is required.

The surgeon performing the gastric bypass surgery must submit a written request, i.e., a prior authorization form, documenting the ICD-9 and CPT-4 code(s) to be used.

The following documentation is necessary and must be submitted with the prior authorization request. *A physician's summary letter is not sufficient documentation.*

1. Height, weight, and Body Mass Index (BMI). The patient must meet the weight criteria which is a BMI \geq 40 or a BMI \geq 35 with at least one significant co-morbidity

2. The complete patient history and physical examination note.
3. A six-month record of the recipient's weight and documented efforts to lose weight by non-surgical means:
 - Medical record documentation of a physician-supervised weight loss program for 6 consecutive months within the two years prior to surgery. The program must include an appropriate calorie diet, exercise, and life style changes.
 - The supervising physician must monitor and provide documentation in the medical record regarding patient progress in a diet and exercise program that is provided in cooperation with other qualified professionals, i.e., nutritionist, exercise program manager, *APS/Wyoming Healthy Weigh!*
 - Documentation must show active participation and compliance on the part of the patient. Any contraindications to diet and/or exercise should be very clearly documented by the supervising physician.
4. The proposed treatment plan.
5. Documentation of a pre-operative psychological evaluation by a licensed clinical psychologist or psychiatrist within the last 90 days to determine if the patient has the emotional stability to follow through with the medical regimen that must accompany the surgery.
6. Documentation of the post-operative plan of care, which should include surgical follow up, dietary management, exercise and lifestyle changes reinforced by counseling and/or support groups.

Surgical procedures that are covered: (CPT/HCPCS codes and descriptors)

- 43644** Laparoscopic gastric restrictive procedure with gastric bypass with Roux-en-Y gastroenterostomy.
- 43770** Laparoscopic gastric restrictive procedure with adjustable gastric band, includes placement of subcutaneous port.
- 43842** Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43843** Gastric restrictive procedure, without gastric bypass, other than vertical-banded gastroplasty
- 43846** Gastric restrictive procedure, with gastric bypass with short limb (less than 150 cm) Roux-en-Y gastroenterostomy
- 43847** Gastric restrictive procedure, with gastric bypass, with small intestine reconstruction to limit absorption
- 43848** Revision of gastric restrictive procedure for morbid obesity (separate procedure)
- S2083** Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline.

ICD-9 Codes that support medical necessity:

278.00-278.01 Obesity