Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for bariatric surgeries. The treating specialist must request prior authorization for bariatric surgery.

Coverage Guidelines
NHP covers bariatric surgery for the treatment of severe obesity when such surgery is authorized prior to the procedure and meets medical necessity criteria. As of February 20, 2017 medical necessity for bariatric surgery is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Based upon McKesson’s InterQual® criteria, authorization of bariatric surgical procedures is limited to:
1. Roux-en-Y Gastric Bypass (RYGB)
2. Gastric Bypass using Biliopancreatic diversion (BPD) with duodenal switch (DS)
3. Sleeve gastrectomy;
4. Laparoscopic adjustable gastric banding (LAGB);
5. Adjustable Gastric Banding (AGB) (Repair, removal, and revision);
6. Revisional procedures including:
   a. Revision of gastroduodenal anastomosis with reconstruction
   b. Revision of gastrojejunal anastomosis with reconstruction

Bariatric Surgery—Vertical-banded Gastroplasty
NHP covers revisional procedures for vertical-banded gastroplasty in the following situations:
1. If vertical-banded gastroplasty resulted in significant complications, and bariatric correction surgery needed to be performed through the RYGB procedure.
2. If vertical-banded gastroplasty resulted in a lack of weight loss/fat inconsistent weight loss, and bariatric correction surgery needed to be performed through the RYGB procedure.

Bariatric Surgery – Revisional Procedures
As of February 20, 2017, medical necessity for revisional procedures is determined through McKesson’s InterQual® criteria. To access the criteria, log in to NHP’s provider website at NHP.Net and click the InterQual® Criteria Lookup link under the Resources Menu.

Definitions

Body Mass Index (BMI): is calculated by dividing the patient’s weight, in kilograms, by height, in meters, squared.

Conversion Surgery: A surgery that changes one type of procedure to a different type of procedure.
Corrective Surgery: Surgical procedures addressing complications or an incomplete treatment effect of a prior surgery, without changing the type of procedure. May include reversal procedures that restore the original anatomy.

Related Policies:
- Bariatric Surgery Provider Payment Guideline

Effective
September 2017: Annual review. Clarified coverage criteria for Vertical-banded Gastroplasty by adding “revisional procedures”.
February 2017: Changes reflect the addition of InterQual® criteria for Gastric Bypass using Roux-en-Y, Gastric Bypass using biliopancreatic diversion with duodenal switch, Sleeve gastrectomy, Laparoscopic adjustable gastric banding, Adjustable Gastric Banding and Revision procedures.
September 2016: Annual review.
September 2015: Smoking cessation counselling added and references updated.
September 2014: Reoperation, revision, and surgery to criteria Added.
February 2014: Annual review.
February 2013: gastric placation added to excluded procedures, specified adolescent criteria added.
January 2012: Modified age requirement for bariatric surgeries, Removed specific requirements for laparoscopic Sleeve surgery.
January 2011: Annual review.
March 2010: Annual review.
January 2009: Annual review.
January 2008: Annual review.
January 2007: Annual review.
January 2006: Annual review.
January 2005: Annual review.

References:


Brethhauer, SA et al. Systemic Review of sleeve gastrectomy as staging and primary bariatric procedure. Surgery for Obesity and Related Diseases, 2009: 5; 469-475


