PROVIDER POLICIES & PROCEDURES

PRIMARY BARIATRIC SURGERY

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for primary bariatric surgery. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Bariatric surgical procedures are done to manage obesity and obesity-related conditions. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

HUSKY Health primarily uses Change Healthcare's InterQual® Criteria when reviewing prior authorization requests for coverage of most bariatric surgical procedures (primary and revisional) including biliopancreatic bypass with duodenal switch (open or laparoscopic), gastric bypass using a Roux-en-Y anastomosis (open or laparoscopic), laparoscopic adjustable gastric banding, and sleeve gastrectomy.

HUSKY Health will use this policy to review requests for primary bariatric surgical procedures for which InterQual® Criteria are not available.

CLINICAL GUIDELINE

Coverage guidelines for primary bariatric surgery are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Primary bariatric surgery may be considered medically necessary for individuals 18 years of age and older*, when:

I. The individual has a BMI of:
   A. 35 or greater (32.5 or greater if of Asian descent) with documented history of participation in a supervised weight loss program with inability to achieve or maintain weight loss;
   OR
   B. Between 30 and 35 (27.5 and 32.5 if of Asian descent) with:
      1. Type 2 diabetes or metabolic syndrome; and
      2. Documented history of participation in a supervised weight loss program; and
      3. Inability to achieve or maintain weight loss; and

4. Inadequate control of hyperglycemia;

AND

II. All of the following criteria are met:
   A. There is documentation of compliance with the prescribed preoperative nutrition and exercise program;
   B. No substance or alcohol use disorder by history or substance and alcohol free for at least one year;
   C. No psychiatric condition by history or documented control of symptoms related to psychiatric condition with psychosocial evaluation and clearance by the individual's behavioral health provider;
   D. No tobacco use by history or tobacco free for at least six weeks prior to surgery;
   E. A dietary consultation has been completed;
   F. The individual verbalizes understanding of the procedure and the importance of compliance with post-procedure diet and other guidance;
   G. The individual has planned follow-up care with their health care team;
   H. The individual is not currently pregnant and has no plans for pregnancy within 18 months of surgery;
   I. No significant GI symptoms are present, or if present, the individual has received clearance from a physician with expertise in managing GI conditions to proceed with surgery;
   J. Endocrine causes of obesity have been ruled out by history, physical exam, or laboratory testing; and
   K. The procedure is not considered investigational (see below).

*Note: For individuals under 18 years of age, medical necessity will be determined on a case-by-case basis.

Vertical Banded Gastroplasty (CPT Code 43842)

Vertical banded gastroplasty (stomach stapling) is typically considered obsolete and not medically necessary due to high rates of complications, revisions, and reoperations.

Investigational Procedures

The following interventions/procedures are considered investigational, and therefore not medically necessary, for the treatment of obesity:

- Bariatric artery embolization (BAE)
- Gastric electric stimulation with implantable gastric stimulator
- Intragastric balloon
- Laparoscopic greater curvature plication, also known as total gastric vertical plication (described by CPT code 43843)
- Mini-gastric bypass (MGB)/Laparoscopic mini-gastric bypass (LMGBP)
- Open gastric banding
- Single anastomosis duodenal switch
- Stomach aspiration therapy
- Transoral gastroplasty (vertical sutured gastroplasty, endoluminal vertical gastroplasty, endoscopic sleeve gastroplasty)
- Vagus nerve blocking
- Use of gastrointestinal liners

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization for primary bariatric surgery is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for surgical procedures. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for bariatric surgery:
1. Fully completed authorization request via on-line web portal; and
2. Documentation from the requesting physician supporting medical necessity.

EFFECTIVE DATE
This policy for the prior authorization for primary bariatric surgery for individuals covered under the HUSKY Health Program is effective November 01, 2024.

LIMITATIONS
Not Applicable

CODES:
Note: this code list is not inclusive of all codes for bariatric surgical procedures. HUSKY Health uses InterQual criteria to review requests for primary and revisional bariatric procedures. The codes below indicate codes that may be used to request and bill for primary bariatric surgery for which InterQual criteria do not currently exist.

Code	Description
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43659	Unlisted laparoscopy procedure, stomach
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty

43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43999	Unlisted procedure, stomach
44799	Unlisted procedure, small intestine
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

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