

**Subject:** Bariatric Surgery for Pediatric Population

**Medical Policy #:** 40.0

**Status:** Reviewed

**Original Effective Date:** 05/20/2020

**Last Review Date:** 05/24/2023

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

### For Commercial, Medicaid and Medicare.

Requests for initial Bariatric Surgery for adolescents. Adolescents are defined as age 11 through 17. Requests for adolescents who have not yet completed bone growth will be assessed on a case-by-case basis.

- A. Request is for the following routine bariatric surgery procedures must satisfy **any** of the following:
  1. Roux-en-Y Gastric Bypass (RYGB), open or laparoscopic
  2. Sleeve Gastrectomy, open or laparoscopic
- B. Initial Bariatric Surgery clinical indications – must satisfy the following: (1 **or** 2) **and ALL** of (3, 4 and 5)
  1. BMI is  $\geq$  40kg/m<sup>2</sup> or 140% of the 95th percentile for age and sex, whichever is lower;  
**or**
  2. BMI is  $\geq$  35kg/m<sup>2</sup> **or** 120% of the 95% percentile for age and sex, whichever is lower with **any** of the following obesity related medical conditions (**a-g**), that have **not** responded to medical treatment:
    - a. Obstructive Sleep Apnea (AHI>5)
    - b. Type 2 diabetes mellitus
    - c. Idiopathic Intracranial HTN (Pseudotumor Cerebi)
    - d. Non-Alcoholic Steatohepatitis (NASH)
    - e. Blount Disease
    - f. Slipped Capital Femoral Epiphysis (SCFE)
    - g. HTN
  3. Bariatric Surgery in youth will be performed at a facility with a comprehensive Pediatric Bariatric Program designed for:
    - Youth with severe obesity, including provider(s) who have considerable experience providing obesity and bariatric care to youth.
    - The following experience level must be met:
      - a. Have a minimum, 15 cases per year in this age (11 through 17) group;
      - b. The multidisciplinary provider group evaluating and caring for the surgical candidate should include at a minimum an experienced bariatric surgeon, pediatric obesity specialist, nurse, dietician, and pediatric psychologist or psychiatrist.
  4. Documentation of active participation in a medically supervised non-surgical weight loss plan to demonstrate member's ability to comply with post-operative dietary and lifestyle changes for weight loss maintenance - must satisfy **both** of the following (**a and b**):
    - a. Documentation requirements – **all** of the following (i thru iii):
      - i. Member's participation is documented in the member's medical records by the medical professional who supervised the member's progress in the non-surgical weight loss plan;  
**and**
      - ii. Demonstrates member's compliance with medically supervised weight management plan (including at least three-monthly visits over three consecutive months with the supervising medical professional);  
**and**

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

- iii. Includes supervising medical professional's recommendations/changes to the non-surgical weight loss plan throughout its course.

**and**

- b. Non-surgical weight loss plan requirements – **both** of the following (i and ii):
  - i. Supervised by **any** of the following (a-e) medical professionals:
    - a. Medical Doctor (MD or DO)
    - b. Physician's Assistant (PA)
    - c. Nurse Practitioner (NP)
    - d. Clinical Nurse Specialist (CNS)
    - e. Registered dietitian supervised by an MD, DO, PA, NP, or CNS
  - and**
  - ii. Integrated components include diet, exercise, behavior modification, or a pharmacological management.
- 5. Documentation of **all** the following (a, b and c):
  - a. A comprehensive preoperative medical history and physical examination;
 

**and**
  - b. A preoperative psychosocial evaluation by a psychologist, psychiatrist, or other qualified independently licensed provider with specific training and credentialing in pediatric and adolescent care – must satisfy **both** of the following (i and ii):
    - i. To ensure the absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations;
 

**and**
    - ii. For members who have a history of severe psychiatric disturbance (chemical dependency, schizophrenia, borderline personality disorder, suicidal ideation, severe depression) or who are currently under the care of a psychologist/psychiatrist or who are on psychotropic medications, preoperative psychological clearance is necessary to ensure members are able to provide informed consent and are able to comply with the pre-and post-operative regimen (the presence of depression due to obesity is not normally considered a contraindication to obesity surgery).
  - c. The physician requesting authorization for the surgery must confirm that the member's treatment plan includes a surgical preparatory program addressing all the following components in order to improve outcomes related to the surgery and that the member is able to comply with post-operative medical care and dietary restrictions – must satisfy **all** the following (i-v):
    - i. Pre-operative and post-operative dietary plan;
 

**and**
    - ii. Behavior modification strategies;
 

**and**
    - iii. Counseling instruction on exercise and increased physical activity;
 

**and**
    - iv. Ongoing support for lifestyle changes necessary to make and maintain appropriate choices that will reduce health risk factors and improve overall health;
 

**and**
    - v. The adolescent member has a committed family.
- C. The adolescent member **does not** have any of the following (1 or 2):
  - 1. Unresolved eating disorder;
  - or**
  - 2. Untreated psychiatric disorder.

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT code	Description
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en- Y gastroenterostomy

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43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
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## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD

**Senior Medical Director:** David Yu MD

**Medical Director:** Anna Maria Rael

**Date Approved:** 05-24-2023

**Reviewed by:** Dr. Thomas Inge MD, PhD, Associate Surgeon-in-Chief, Children’s Hospital Colorado and University of Colorado, Denver.

## References

1. American Academy of Pediatrics, Pediatric Metabolic and Bariatric Surgery: Evidence, Barriers, and Best Practices, PEDIATRICS Volume 144, number 6, December 2019; :e20193223.  
<https://publications.aap.org/pediatrics/article/144/6/e20193223/37962/Pediatric-Metabolic-and-Bariatric-Surgery-Evidence?searchresult=1>. [Cited 04-04-2023]

## Publication History

- 05-20-2020 New Policy. Pediatric Bariatric Surgery for age 11-17 adolescents. PA required. Request for adolescents who have not yet completed bone growth will be assessed on a case-by-case basis.
- 05-26-2021 Annual review. Reviewed by PHP Medical Policy Committee on 04/23/2021. Policy has been reviewed by Dr. Thomas Inge on 04/15/2021 who recommended a change in the weight management plan, He advised to change the six-monthly visits over six consecutive months to at least three-monthly visits over three consecutive months. Will apply prior authorization for codes 43775, 43846 and 43644 to this MPM. *This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*
- 05-25-2022 Annual review. Reviewed by PHP Medical Policy Committee on 04/15/2022. No change. Continue to follow the criteria developed last annual review. Continue PA for 43775, 43846 and 43644.
- 05-24-2023 Annual review. Reviewed by PHP Medical Policy Committee on 04-05-2023. No change to criteria and PA requirement will continue.

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*