

Oregon Health Plan Prioritized List changes

Metabolic and Bariatric Surgery

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on October 6, 2016, based on the approved coverage guidance, “Metabolic and Bariatric Surgery.” The changes will take effect on the Prioritized list of Health Services for the Oregon Health Plan on January 1, 2018.

- 1) Add bariatric surgery to Line 325
 - a. Change the Treatment title to include Bariatric Surgery.
 - b. Add bariatric surgery codes (see Code Movement Table) for Roux-en-Y and Sleeve Gastrectomy as well as adjustment/repair/removal of gastric bands.
- 2) Remove bariatric surgery from Line 30, Type 2 Diabetes
 - a. Change title of the Treatment to not include bariatric surgery
 - b. Remove bariatric surgery codes from line 30 (see Code Movement Table)
 - c. Remove coding specification about bariatric surgery
 - d. Remove reference to Guideline Note 8
- 3) Remove bariatric surgery from Line 589
 - a. Change the Treatment title
 - b. Remove bariatric surgery codes from Line 589 (see Code Movement Table)
- 4) Revise Guideline Note 8
 - a. Expand to BMI >40 without comorbidities, and 35 with specific comorbidities
 - b. Continue to not cover surgery for children and adolescents
 - c. Allow reoperations
 - d. Discuss whether gastric banding should be covered only when there are contraindications or also in women of reproductive age with intent to conceive
 - e. Add freedom from marijuana dependence/abuse to the 6 month contraindications
 - f. Change language around the certification/accreditation requirements from the MBSAQIP
 - g. Make other minor guideline changes

Line: 30

Condition: TYPE 2 DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 8,62,64,65)
 Treatment: MEDICAL THERAPY, ~~BARIATRIC SURGERY WITH BMI >= 25~~
 ICD-10: E08.00-E08.29,E08.311-E08.9,E09.00-E09.29,E09.311-E09.9,E11.00-E11.29,E11.311-E11.9,E13.00-E13.29,E13.311-E13.9,E16.1,Z46.51
 CPT: 43644,43645,43770-43775,43846-43848,48155,64505-64530,90935-90947,90989-90997,92002-92014,92227,96150-96154,97605-97608,97802-97804,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
 HCPCS: G0108,G0109,G0245,G0246,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0458,G0463,G0466,G0467,S2083,S9140-S9145,S9353,S9537

CPT codes 43644 43645 and 43846 43848 (Roux En Y gastric bypass) and 43770 43775 (laparoscopic adjustable gastric banding and sleeve gastrectomy) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:

- 1) a primary diagnosis of E11 (Type II Diabetes with or without complication);*
- 2) a secondary diagnosis of E66.01, E66.09, E66.2, E66.8 or E66.9 (Obesity); AND,*
- 3) a tertiary diagnosis code of Z68.35 Z68.39 or Z68.4.*

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Line: 325

Condition: OBESITY (ADULT BMI \geq 30, CHILDHOOD BMI \geq 95 PERCENTILE) (See Guideline Notes 5,8, 64,65)

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS, [BARIATRIC SURGERY](#)

Line: 589 *(Note: This line is recommended for deletion under a separate issue)*

Condition: OBESITY (ADULT BMI \geq 30, CHILDHOOD BMI \geq 95 PERCENTILE) (See Guideline Notes 8,64,65)

Treatment: NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; ~~BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II DIABETES & BMI \geq 35 OR BMI \geq 40 WITHOUT A SIGNIFICANT COMORBIDITY~~

GUIDELINE NOTE 8, BARIATRIC SURGERY

Lines ~~30,589~~ 325

Bariatric/[metabolic surgery \(limited to Roux-en-Y gastric bypass, and sleeve gastrectomy\)](#) is included [on Line 325](#) ~~under when~~ the following criteria [are met](#):

- A) Age \geq 18
- B) The patient has obesity with a:
 - ~~1) a BMI \geq 35 with co-morbid type II diabetes for inclusion on Line 30 TYPE 2 DIABETES MELLITUS; OR~~
 - ~~2) BMI \geq 35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI \geq 40 without a significant co-morbidity for inclusion on Line 589~~
 - 1) [BMI \$\geq\$ 40 OR](#)
 - 2) [BMI \$\geq\$ 35 with:](#)
 - a) [Type 2 diabetes, OR](#)
 - b) [at least two of the following other serious obesity-related comorbidities: hypertension, coronary heart disease, mechanical arthropathy in major weight bearing joint, sleep apnea](#)
- B) ~~No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, or repeat gastric banding or unless they resulted in failure due to complications of the original surgery.~~ [Repeat bariatric surgery is included when it is a conversion from a less intensive \(such as gastric band or sleeve gastrectomy\) to a more intensive surgery \(e.g. Roux-en-Y\). Repair of surgical complications \(excluding failure to lose sufficient weight\) are also included on this and other lines. Reversal of surgical procedures and devices is included on this line when benefits of reversal outweigh harms.](#)
- c) Participate in the following four evaluations and meet criteria as described.
 - 1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - a) Evaluation to assess potential compliance with post-operative requirements.
 - b) Must remain free of abuse of or dependence on alcohol [or marijuana](#) during the six-month period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use

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during the six-month observation period. Testing will, at a minimum, be conducted within one month [of the quit date and within 1 month](#) of the surgery to confirm abstinence from nicotine and illicit drugs.

- c) No mental or behavioral disorder that may interfere with postoperative outcomes².
 - d) Patient with **previous** psychiatric illness must be stable for at least 6 months.
- 2) Medical evaluation: (Conducted by OHP primary care provider)
- a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
- 3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program^{2,3})
- a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery **while continuously enrolled on OHP**.
 - b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure³ and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
- 4) Dietician evaluation: (Conducted by licensed dietician)
- a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month **medically clinically** supervised weight reduction program [\(including intensive nutrition and physical activity counseling as defined by the USPSTF\)](#).
 - b) Counseling in dietary lifestyle changes
- D) Participate in additional evaluations:
- 1) Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

² Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

³ All surgical services must be provided by a program with current **certification accreditation (as a comprehensive center or low acuity center)** by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).

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Code Movement Table

Code	Code Description	Staff Recommendation
Z46.51	Encounter for fitting and adjustment of gastric lap band	Remove from Line 30 and 589, and place on Line 325 only
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	