

BCBS Arkansas for ASE/PSE Contracts

This policy applies only to those contracts subject to Arkansas Act 109 for State and Public School Health Insurance program.

Medical Necessity Criteria:

Gastric bypass and gastric restrictive procedures are considered medically necessary when all the following criteria are met:

1. Individual is an active or retired state or public-school employee
2. Individual is age 20-65 years of age
3. Individual has at least five (5) years or greater of continuous employment as a state or public school employee
4. Individual has not undergone previous bariatric surgery procedure BCBS Arkansas 2/4
5. Individual presently meets one of the following:
 1. BMI is equal to or greater than forty kilograms per meter squared (40 kg/m²), OR
 2. BMI is equal to or greater than thirty-five kilograms per meter squared (35 kg/m²) with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea or diabetes.
6. The recommended surgery is one of the following procedures:
 1. Gastric bypass surgery (Roux-en-Y procedure)
 2. Adjustable gastric banding surgery
 3. Sleeve gastrectomy
 4. Duodenal switch biliopancreatic diversion

Patient Selection Criteria:

Morbid obesity is defined as a body mass index (BMI) 40 kg/m² or more or a BMI 35 kg/m² or more with at least 1 clinically significant obesity-related disease such as diabetes, obstructive sleep apnea, coronary artery disease, or hypertension for which these complications or diseases are not controlled by best practice medical management.

While there are limited evidence on which to assess the long-term impacts of bariatric surgery for patients younger than age 18 years, severely obese (BMI \geq 40 kg/m² or 140% of the 95th percentile for age and sex, whichever is lower) adolescents with commonly present though not required comorbidities, or who

have a BMI of 35 kg/m² or greater (or 120% of the 95th percentile for age and sex, whichever is lower) with clinically significant disease may be considered for bariatric surgery according to the American Academy of Pediatrics (Armstrong et al, 2019). U.S. Food and Drug Administration (FDA) premarket approval for the LAP-BAND® System indicates it is intended for severely obese adults. (The clinical study submitted to FDA for approval of the LAP-BAND was restricted to adults ages 18-55 years.) Patients should have documented failure to respond to conservative measures for weight reduction prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure. As a result, some centers require active participation in a formal weight reduction program that includes frequent documentation of weight, dietary regimen, and exercise. However, there is a lack of evidence on the optimal timing, intensity, and duration of nonsurgical attempts at weight loss, and whether a medical weight loss program immediately preceding surgery improves outcomes. Patients with a BMI of 50 kg/m² or more need a bariatric procedure to achieve greater weight loss. Thus, the use of adjustable gastric banding, which results in less weight loss, should be most useful as a procedure for patients with a BMI less than 50 kg/m². Malabsorptive procedures, although they produce more dramatic weight loss, potentially result in nutritional complications, and the risks and benefits of these procedures must be carefully weighed in light of the treatment goals for each patient.

Patients who undergo adjustable gastric banding and fail to achieve adequate weight loss must show evidence of postoperative compliance with diet and regular bariatric visits prior to consideration of a second bariatric procedure.