

Revised policy from BCBS of Arkansas. Modified criteria become effective 4/15/2023. They include:

Effective April 15, 2023 Any devices used for bariatric surgery must be used in accordance with the U.S. Food and Drug Administration (FDA) approved indications.

Meets Primary Coverage Criteria Or Is Covered For Contracts Without Primary Coverage Criteria

I. The use of the below bariatric surgical procedures meet primary coverage criteria and are allowed when all of the following criteria are met for an adult individual [>18 years old]:

A. The recommended surgery is one of the following procedures:

1. Biliopancreatic bypass with duodenal switch
2. Laparoscopic adjustable gastric banding
3. Roux-en-Y procedure up to 150 cm
4. Sleeve gastrectomy 5. Vertical banded gastroplasty; AND

B. Either of the below criteria:

1. Past participation in a weight loss program; pre-operative medical and mental health evaluations and clearances; pre-operative education which addresses the risks, benefits, realistic expectations and the need for long-term follow-up and adherence to behavioral modifications; and A treatment plan which addresses the pre and post-operative needs of an individual undergoing bariatric surgery; OR
2. Completion of a multidisciplinary surgical preparatory regimen, AND

C. The following eligibility criteria are met:

1. Morbid obesity (class III obesity as defined by BMI > 40, OR
2. Morbid obesity (class II obesity as defined by BMI > 35 to 39.9 with one or more of the following comorbid conditions:
 1. Type 2 diabetes mellitus, OR
 2. Cardiovascular disease as defined by one or more of the following documented diagnoses (including but not limited to): prior cerebrovascular infarction/hemorrhage, prior myocardial infarction, prior coronary artery bypass surgery, prior coronary artery stenting, prior ischemic cardiomyopathy, prior congestive heart failure, prior diagnosis of ischemic peripheral artery disease (e.g. claudication, prior stenting, and/or prior vascular surgery), OR
 3. Uncontrolled hypertension as defined by an average BP >140/90 on combination pharmacotherapy, OR

4. Severe obstructive sleep apnea as defined by polysomnography with an AHI or RDI > 30; AND D. There is no prior history of a bariatric surgical procedure

Concomitant Hiatal Hernia Repair with Bariatric Surgery BCBS Arkansas 6/37 Repair of a hiatal hernia at the time of bariatric surgery meets member benefit certificate primary coverage criteria for patients who have a pre-operatively diagnosed hiatal hernia with indications for surgical repair. (Effective November 2014)

For members with contracts without a bariatric surgery benefit, if a hiatal hernia repair is done concomitantly with a bariatric procedure, there is no coverage for either procedure (Effective August 2017).

II. Revision Bariatric Surgery

- A. Revision surgery as second surgeries or surgical interventions meeting medical necessity to manage a complication of a prior bariatric surgery procedure that was performed under the approval of the Plan are covered services. [e.g. this second surgery may require an intervention that is also performed for bariatric purposes such as to treat refractory Gastro Esophageal Reflux Disease following a sleeve bariatric procedure, a Roux-en-Y may be undertaken). The complication must be from one of the above covered primary procedures.

Does Not Meet Medical Necessity Or Is Investigational

The following procedures do not meet member benefit certificate medical necessity that there be scientific evidence of effectiveness in improving health outcomes:

- Revision or second bariatric surgeries or surgical interventions not described above;
- Revision or second bariatric surgery procedures, whether as a result of a prior surgery performed under the approval of the Plan or procured otherwise are not covered;
- Revision or second bariatric surgery procedures or surgical interventions to manage complications of prior noncovered procedures are not covered. Small bowel bypass procedures as stand-alone procedures;
- Gastric wrapping;
- The Garren-Edwards gastric bubble or any similar device;
- Mini gastric bypass (one anastomosis gastric bypass); Jejunioileal bypass;
- Biliopancreatic bypass without duodenal switch;
- Endoscopic procedures (e.g., insertion of the StomaphyX© device, AspireAssist, insertion of a gastric balloon, including but not limited to the Obalon Balloon System, Orbera Intra-gastric Balloon System or the Transpyloric Shuttle, endoscopic gastroplasty, or use of an endoscopically placed duodenal-jejunal sleeve) to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches, as primary surgical treatment for morbid obesity, or to repair gastric leaks;
- Long-limb gastric bypass (greater than 150cm);
- Repair of a hiatal hernia that is diagnosed at the time of bariatric surgery, or repair of preoperatively diagnosed hiatal hernia in patients who do not have indications for surgical repair (Effective November 2014);

- Laparoscopic gastric plication (Effective November 2014);
- Vagus (or vagal) nerve blocking devices;
- Single anastomosis duodenoileal bypass with sleeve gastrectomy (Effective March 2016);
- All other bariatric procedures not listed as covered.

For members with contracts without primary coverage criteria the services are considered investigational:

- Revision (second) bariatric surgery procedures, whether as a result of a prior surgery performed under the approval of the Plan or procured otherwise;
- Small bowel bypass procedures as stand-alone procedures;
- Gastric wrapping;
- The Garren-Edwards gastric bubble or any similar device; Mini gastric bypass (one anastomosis gastric bypass);
- Jejunioileal bypass;
- Biliopancreatic bypass without duodenal switch;
- Endoscopic procedures (e.g., insertion of the StomaphyX© device, AspireAssist, insertion of a gastric balloon, including but not limited to the Obalon Balloon System, Orbera Intra-gastric Balloon System or the Transpyloric Shuttle, endoscopic gastroplasty, or use of an endoscopically placed duodenal-jejunal sleeve) to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches, as primary surgical treatment for morbid obesity, or to repair gastric leaks; Long-limb gastric bypass (greater than 150cm); BCBS Arkansas 7/37 Repair of a hiatal hernia that is diagnosed at the time of bariatric surgery, or repair of preoperatively diagnosed hiatal hernia in patients who do not have indications for surgical repair (Effective November 2014); Laparoscopic gastric plication (Effective November 2014);
- Vagus (or vagal) nerve blocking devices;
- Single anastomosis duodenoileal bypass with sleeve gastrectomy (Effective March 2016);
- All other bariatric procedures not listed as covered.