| **Patient Name:** | | | | **Reference #:** |
| --- | --- | --- | --- | --- |
| **Policy Title/#:** | | **Bariatric Surgery 7.01.47** | | |
| **Effective Date:** | | **December 1, 2017** | | |
| **MD Determination:** | | | APPROVE  MODIFY  DENY | |
| **NOT MEDICALLY NECESSARY** | | | | |
|  | **NOT MED NEC - 1**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Bariatric Surgery (General)**  Your physician has requested an authorization for weight loss surgery. This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 2**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Open Gastric Bypass, Roux-en-Y Anastomosis**  Your physician has requested an authorization for a gastric bypass using a Roux-en-Y anastomosis. This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 3**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Laparoscopic Gastric Bypass, Roux-en-Y Anastomosis**  Your physician has requested an authorization for gastric bypass using a Roux-en-Y anastomosis through a laparoscope (lighted tube). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 4**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Laparoscopic Adjustable Gastric Banding**  Your physician has requested an authorization for adjustable gastric banding through a laparoscope (lighted tube). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 5**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Open Sleeve Gastrectomy**  Your physician has requested an authorization for gastric sleeve surgery. This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 6**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Laparoscopic Sleeve Gastrectomy**  Your physician has requested an authorization for gastric sleeve surgery through a laparoscope (lighted tube). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 7**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Open or Laparoscopic Biliopancreatic Bypass with Duodenal Switch (Scopinaro Procedure)**  Your physician has requested an authorization for stomach surgery. (Specifically, biliopancreatic diversion with duodenal switch). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 8**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Revision of Previous Bariatric Surgery (due to complications)**  Your physician has requested authorization to correct your previous weight loss surgery. This request has not been approved for payment because your medical records do not show that you have complications as a result of your last surgery that include leakage or bleeding, bowel blockage, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, recurrent vomiting or nausea, nonabsorption causing low blood sugar or malnutrition, excessive weight loss of more than 20% below ideal body weight, or slipping of a stomach band. Therefore the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 9**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Revision of Previous Bariatric Surgery (inadequate weight loss)**  Your physician has requested authorization to correct your previous weight loss surgery due to inadequate weight loss. This request has not been approved for payment because it has not been 2 years since your prior bariatric surgery and/or your medical records do not show that you have met all the requirements of the initial primary bariatric surgery including: body mass index, which is a measure of obesity, is not greater than 40 or greater than 35 kg/m2with at least one serious obesity related disease, no recent tobacco or nicotine use or treatment for drug abuse, psychologic clearance, preoperative nutritional counseling, participation in a medically managed exercise and dietary program, and ineffective weight loss attempts within one year prior to revision of surgery. In addition, there is no documentation in your medical records of compliance with the previous post operative nutrition plan and exercise program. Therefore the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 10**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Bariatric Surgery in Adolescents**  Your physician has requested authorization to perform a surgery for weight loss. This request has not been approved for payment because the medical records that your physician sent in for review do not show that you have met **all** of the below requirements (**Choose appropriate**)  …Weight requirement for bariatric surgery: Your body mass index, which is a measure of obesity, is not greater than 35 kg/m2 and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital.  …Your medical records do not show that a mental health provider (counselor) has evaluated you to determine if you are stable for the surgery.  …The procedure or device that your doctor has requested must be FDA (Federal Drug Administration) approved.  Therefore the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 11**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Repair of Hiatal Hernia Found Before Bariatric Surgery**  Your medical records do not contain a doctor’s statement, which states that your hernia is severe enough to cause problems with your stomach. Therefore the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | **NOT MED NEC - 12**  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.  **CLINICAL RATIONALE**:  **Bariatric Surgery Contraindications**  Your physician has requested authorization to perform a surgery for weight loss. This request has not been approved for payment because the medical records that your physician sent in for review show that… (**Choose appropriate**)  … Your body mass index, which is a measure of obesity, is less than or equal to 35 kg/m2 at the time of surgery  …You are pregnant  …You have a major contraindication to surgery (e.g., active infection, uncontrolled bleeding diathesis, device allergies, etc.)  …There is documented use of tobacco products (no use within 6 weeks), or history of recent alcohol or drug abuse (no treatment for alcohol or drug abuse within 1 year)  …You have an untreated or uncontrolled DSM-5 psychiatric disorder limiting compliance with medical and dietary post-surgical requirements  …You are unwilling to comply with post-surgical medical and dietary requirements and required follow-up appointments  Therefore the requested surgery has been determined per Blue Shield of California’s Medical Policy as not medically necessary and has not been approved for payment.  Additional comments: | | | |
|  | The following documentation has not been submitted: | | | |
| **INVESTIGATIONAL/EXPERIMENTAL** | | | | |
|  | **I/E - 1**  LEGACY (EOB A232) – FACETS (AJK-claim, JHR-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has determined that the service or item is identified in Blue Shield of California Medical Policy as investigational or experimental and therefore, is not covered.  **CLINICAL RATIONALE**:  **Hiatal Hernia Repair**  Your physician has requested approval to repair a hiatal hernia that causes you no symptoms during your weight loss surgery. This request has not been approved for payment because the medical records that your doctor has sent in do not show that you have a medical reason to repair your hernia. There is no medical evidence that this will improve your health. Therefore, the requested service has been determined per Blue Shield of California’s Medical Policy to be investigational and has not been approved for payment.  Additional comments: | | | |
|  | **I/E - 2**  LEGACY (EOB A232) – FACETS (AJK-claim, JHR-line)  **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has determined that the service or item is identified in Blue Shield of California Medical Policy as investigational or experimental and therefore, is not covered.  **CLINICAL RATIONALE**:  **Other Bariatric Surgery Procedures**  Your physician has requested authorization to perform a surgery for weight loss. This request has not been approved for payment because the medical records show that your physician is requesting a surgery that is considered investigational for the treatment of obesity in adults who have failed weight loss by diet and exercise. The requested surgery (**Choose appropriate from list below and insert**)  The following surgeries are not approved:  …Vertical-banded gastroplasty  …Gastric bypass using a Billroth II type of anastomosis (mini-gastric bypass)  …Biliopancreatic bypass without duodenal switch  …Long-limb gastric bypass procedure (i.e., greater than 150 cm)  …Two-stage bariatric surgery procedures (e.g., sleeve gastrectomy as initial procedure followed by biliopancreatic diversion at a later time)  …Endoscopic procedures as a primary bariatric procedure or as a revision procedure (i.e., to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches) include, but are not limited to:  …Insertion of the StomaphyX™ device  …Insertion of a gastric balloon  …Endoscopic gastroplasty  …Use of an endoscopically placed duodenojejeunal sleeve  …Laparoscopic gastric plication  …Single anastomosis duodenoileal bypass with sleeve gastrectomy  This procedure has not been proven to be more effective and safer over standard weight loss surgeries. Therefore, the requested service has been determined per Blue Shield of California’s Medical Policy to be investigational and has not been approved for payment.  Additional comments: | | | |
| **NOT A COVERED BENEFIT**  LEGACY (EOB A511) – FACETS (AJQ-claim, JII-line) | | | | |
|  | **PRINCIPAL REASON:**  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and has determined the service is not a covered benefit per your Evidence of Coverage (EOC).  EOC Provision Page Number:  EOC Provision Language:       **COMMENTS**:  **CLINICAL RATIONALE**: | | | |