

SOUND HEALTH & WELLNESS TRUST

WEIGHT LOSS SURGERY POLICY SOUNDPLUS PPO AND SOUND PPO PLANS

All procedures approved by the Plan must be pre-authorized by Aetna (the Trust's Utilization Management Vendor) and care must be provided by a Trust approved Bariatric Surgery Program / Provider at an approved facility. Unless the program, provider and facility are Trust-approved, no benefits are payable.

To be eligible for consideration for this benefit the employee participant must have been employed for at least 12 months with a contributing employer, the covered individual entering the program must meet all medical appropriateness and eligibility criteria as required by the Trust, and agree to enroll in Individual Case Management through Aetna as well as complying with all Bariatric Surgery Policy Requirements. To begin the process, you must call the Trust Office at (800) 225-7620.

APPROVED TYPES OF BARIATRIC SURGERY:

The Plan considers open or laparoscopic Roux-en-Y gastric bypass (RYGB), laparoscopic gastric banding (LASGB or Lap-Band), or open or laparoscopic sleeve gastrectomy medically necessary when the individual has met the criteria listed below:

1. Severe obesity that has existed for at least 5 years as defined by any of the following:

- a. Body mass index (BMI)* exceeding 40; or
- b. BMI* greater than 35 in conjunction with significant co-morbidities including:
 - Coronary heart disease; or
 - Type 2 diabetes mellitus; or
 - Clinically significant obstructive sleep apnea or
 - Medically refractory hypertension (blood pressure greater than 140 systolic and/or 90 diastolic despite optimal medical management);

and

2. is 21 years of age with documentation that full bone growth has been met; **and**
3. has attempted weight loss and life style modification in the past without successful long-term weight reduction; **and**
4. the individual has enrolled in and successfully completed a Trust Approved multidisciplinary physician-supervised nutrition and exercise program of at least six months duration. An approved program must be pre-certified by Aetna and contain each of the following:

Consultation with a licensed/registered dietician or nutritionist; **and**

- Reduced-calorie diet program supervised by licensed/registered dietician or nutritionist; **and**

- Exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery and demonstrate the ability to maintain appropriate supportive lifestyle modifications, supervised by an exercise therapist or other qualified professional; **and**
- Behavior modification program supervised by qualified professional; **and**
- Psychological Evaluation by a licensed psychologist or psychiatrist experienced in the evaluation and management of Bariatric patients certifying the participant's fitness for surgery including the ability to comply with required lifestyle modifications and treatment programs
- Documentation in the medical record of the individual's satisfactory completion of the approved program. (A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation should include medical records of the physician's initial assessment of the individual, and the physician's assessment of the individual's progress at the completion of the multidisciplinary surgical preparatory regimen, and successful participation in exercise, behavior modification, meal planning and lifestyle modification programs.
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Repeat Bariatric Surgery:

The Plan may consider surgery to correct complications from Bariatric surgery, such as obstruction, slippage of band, port replacement or stricture when medically necessary:

The Plan considers repeat Bariatric surgery medically necessary for individuals whose initial Bariatric surgery was medically necessary (i.e., who met all medical necessity and pre-operative criteria for their initial Bariatric surgery), and who meet either of the following medical necessity criteria:

1. Conversion to a RYGB may be considered medically necessary for individuals who have not had adequate success (defined as loss of more than 50 percent of excess body weight) two years following the primary Bariatric surgery procedure and the individual has been compliant with a prescribed nutrition and exercise program following the procedure. The two year period will not apply to participants who have undergone a sleeve gastrectomy as part of a pre-approved staged RYGB and have undergone a sleeve gastrectomy procedure as the first step of the staged RYGB; **or**
2. Revision of a primary Bariatric surgery procedure that has failed if the primary procedure was successful in inducing weight loss; The initial procedure must have been pre-approved with the participant successfully completing all pre-operative surgery requirements prior to the initial procedure, and the individual has been compliant with a prescribed nutrition, exercise, and lifestyle modification program following the initial procedure and the proposed revision procedure is an Approved Type of Bariatric Surgery as listed above.

Calculation of BMI:

*BMI is calculated by dividing the patient's weight by height:

$$\text{BMI} = \text{weight (lb)} / [\text{height (in)}]^2 \times 703 \text{ or}$$

$$\text{BMI} = \text{weight (kg)} / [\text{height (m)}]^2$$

Body Mass Index as a Criterion for Candidacy for Obesity Surgery:

Surgery for severe obesity is usually considered an intervention of last resort with patients having attempted other forms of medical management (such as behavior change, increased physical activity and drug therapy) but without achieving permanent weight loss (Colquitt, et al., 2002; NIH, 1995). Surgery is indicated for persons with severe obesity (body mass index (BMI) of 40 kg/m² or more) or for persons with a BMI of 35 kg/m² or more and serious co-morbidities such as diabetes, coronary heart disease, or obstructive sleep apnea. Ideally, patients selected for surgery should have no major perioperative risk factors, a stable personality, no eating disorders, and have lost some weight prior to surgery. The patient's ability to lose weight prior to surgery makes surgical intervention easier and provides an indication of the likelihood of compliance with the severe dietary restriction imposed on patients following surgery.

Rationale for Six-Month Nutrition and Exercise Program Prior to Surgery:

The NIH Consensus Conference on Surgical Treatment of Morbid Obesity (1998) states that obesity surgery should be reserved only for patients who have first attempted medical therapy: "Weight loss surgery should be reserved for patients in whom efforts at medical therapy have failed and who are suffering from the complications of extreme obesity."

The NIH Consensus Conference states that the initial goal of medical therapy is a 10 percent reduction in weight, and that a reasonable duration for medical therapy is six months. The Consensus Conference stated: "The initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. If this goal is achieved, further weight loss can be attempted, if indicated through further evaluation. A reasonable time line for a 10 percent reduction in body weight is 6 months of therapy."

Contraindications to Obesity Surgery:

Surgery for severe obesity is a major surgical intervention with a risk of significant early and late morbidity and of perioperative mortality (Colquitt, 2002; Oelschlager & Pellegrini, 2003). Contraindications for these surgical procedures include perioperative risk of cardiac complications, poor myocardial reserve, significant chronic obstructive airways disease or respiratory dysfunction, non-compliance of medical treatment, psychological disorders of a significant degree that a psychologist/psychiatrist would have thought would be exacerbated or interfere with the long-term management of the patient after the operation, significant eating disorders, or severe hiatal hernia/gastroesophageal reflux.

Requirement that Obesity be Longstanding (Present for 5 or More Years):

Obesity surgery is not indicated for persons with transient increases in weight (Collazo-Clavell, 1999). According to the Guidelines of the American Association of Clinical Endocrinologists and the American College of Endocrinology (1998), "Surgical treatment of obesity may be

considered only in carefully selected patients [where] ... obesity has been present for at least 5 years.”

Requirement for Physician Supervision of Program Documented in Medical Record:

The Plan's policy states that the patient should participate in a medically supervised nutrition and exercise program which includes a comprehensive multidisciplinary preoperative preparatory regimen approved by the Trust, and that this participation be documented in the medical record. As is true generally, physicians should document their assessment of the patient, what health interventions are prescribed, and their assessment of the patient's progress. There is established evidence that medical supervision of a nutrition and exercise program increases the likelihood of success (Blackburn, 1993). The American Medical Association Council on Scientific Affairs recommends that “any person considering a weight loss program first consult a physician for a physical examination and an objective evaluation of the proposed weight loss program as it relates to the individual's physical condition ... Various health organizations recommend that physicians assess their patients for overweight and that patients receive appropriate counseling about safe weight management and the benefits of physical activity and a healthy diet [citing guidelines from the National Heart, Lung and Blood Institute, the AACE/ACE, the Institute of Medicine of the National Academy of Sciences, the U.S. Preventive Services Task Force, the American Obesity Association, the American Medical Association, and an expert committee of pediatric experts convened by the Health Resources and Services Administration]” (Lyznicki, et al., 2001). “If treatment is indicated, physicians can help patients develop weight loss or management plans tailored to individual needs; this includes setting reasonable weight loss goals; selecting appropriate weight loss programs; referring patients to ancillary personnel when appropriate; and providing monitoring, support and encouragement” (Lyznicki, et al., 2001).

Requirement for Psychological Evaluation:

All candidates for obesity surgery must undergo a pre-operative evaluation as noted above to determine their ability to comply with required lifestyle modifications and peri-operative management imperatives. Candidates for obesity surgery who have a history of severe psychiatric disturbance (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 should undergo a comprehensive evaluation by a licensed psychologist or psychiatrist to assess the patient's suitability for surgery, the absence of significant psychopathology that can limit an individual's understanding of the procedure or ability to comply with life-long follow-up (e.g., defined noncompliance with previous medical care, active substance abuse, schizophrenia, borderline personality disorder, uncontrolled depression).

MEDICAL EXCLUSIONS AND LIMITATIONS RELATING TO THIS BENEFIT UNDER THE PLAN:

The plan does not cover:

- Charges for counseling, education, self-help instruction or training. Services for **behavior modification**, learning disabilities, vocation assistance, marital counseling, social counseling, sexual or lifestyle counseling, family therapy, **fitness guidance**, anger management.

SOUND HEALTH & WELLNESS TRUST

Weight Loss Surgery Policy

SoundPlus PPO and Sound PPO plans

- **Weight loss treatment or services**, unless preauthorized by the Trust's Utilization Management Vendor and eligibility is approved by the Trust Office whether or not you have other medical conditions related to or caused by excess weight.

The policy has been developed based on a review and adaptation of medical information from the Bariatric Policies of Aetna, CIGNA, and CMS.

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