Wyoming Medicaid Policy for
Weight Loss Surgery

Wyoming Medicaid has instituted the following policy for weight loss surgery. This policy has been adopted in part from Medicare.

Description

Morbid obesity is defined as a body mass index (BMI) of 40 or above. It is a condition of persistent and uncontrollable weight gain that is a potential threat to life. BMI=weight (kilograms)/height(meters) squared.

Wyoming Medicaid will consider coverage of weight loss surgery on a case-by-case basis with the appropriate documentation if it is medically necessary for the individual to have such surgery and if the surgery is to correct a serious or potentially life-threatening condition that has not responded to medical management.

Indications for weight loss surgery include:

- BMI ≥ 40
- BMI ≥ 35 with at least one significant co-morbidity, i.e., type 2 diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy, refractory hyperlipidemia, or degenerative joint disease.
- Patients must be at least 18 years of age and/or have reached full expected skeletal growth. Adolescent patients under the age of 18 years will be considered on a case-by-case basis.
- Patients who are well-informed and motivated to make permanent lifestyle changes
- Acceptable risk for surgery
- Patients who have failed previous non-surgical weight loss attempts

Contraindications to weight loss surgery include patients with:

- Untreated major depression or psychosis
- Binge-eating disorders
- Current drug or alcohol abuse
- Severe cardiac disease with prohibitive anesthetic risks
- Severe coagulopathy
- Inability to comply with nutritional requirements including life-long vitamin replacement

Policy

Prior authorization is required.

ALL criteria must be met in order to authorize weight loss surgery.

Weight loss surgery for other than the treatment of obesity and obesity-related comorbidities as described above will result in weight loss and therefore requires completion of ALL of the criteria.

The surgeon preforming the gastric bypass surgery must submit a written request, i.e., a prior authorization form, documenting the ICD-10 and CPT-4 code(s) to be used.

The following documentation is necessary and must be submitted with the prior authorization request. *A physician's summary letter is not sufficient documentation.*

1. Height, weight, and Body Mass Index (BMI). The patient must meet the weight criteria which is a BMI ≥ 40 or a BMI ≥ 35 with at least one significant co-morbidity.
2. The complete patient history and physical examination note.
3. A six-month record of the recipient's weight and documented efforts to lose weight by non-surgical means:
    - Medical record documentation of a physician-supervised (includes nurse practitioner or physicians assistant) weight loss program for 6 consecutive months within the two years prior to surgery. The program must include monthly documentation of weight, a reduced calorie diet, physical activity (e.g., exercise program), and life style changes.
    - The supervising physician must monitor and provide documentation in the medical record regarding patient progress in a diet and exercise program that is provided in cooperation with other qualified professionals, i.e., multidisciplinary weight management program, nutritionist, exercise program manager.
    - Documentation must show active participation and compliance on the part of the patient. Any contraindications to diet and/or exercise should be very clearly documented by the supervising physician in the medical record.
4. The proposed treatment plan.
5. Documentation of a pre-operative psychological evaluation by a licensed clinical psychologist or psychiatrist within the last 90 days to determine if the patient has the emotional stability to follow through with the medical regimen that must accompany the surgery.
6. Documentation of the post-operative plan of care, which should include surgical follow up, dietary management, exercise and lifestyle changes reinforced by counseling and/or support groups.

Conversion / Revision Weight Loss Surgery

Wyoming Medicaid considers conversion from an adjustable gastric band with subcutaneous port to another covered weight loss surgery due to inadequate weight loss medically necessary when the patient met medical necessity criteria for their initial weight loss surgery and when all of the following are met:

1. The initial placement of the adjustable gastric band with subcutaneous port was at least two (2) years prior to the proposed weight loss procedure, and
2. The patient achieved an inadequate weight loss defined as losing less than 25 to 30% of excess body weight two (2) years following the initial surgery, and
3. There is evidence of full compliance with a prescribed diet and exercise program following the initial surgery.
4. The patient has been compliant with scheduled postoperative visits for checkups and gastric band adjustments, and/or
5. There are complications that cannot be corrected with band manipulation, adjustments, or replacement.
6. Medical record documentation of the above must be submitted by the surgeon with the written request for prior authorization. A letter of medical necessity is not sufficient documentation.

Wyoming Medicaid considers removal and replacement of an adjustable gastric band medically necessary if there are complications (e.g., slippage, port leakage) that cannot be corrected with band manipulation or adjustments. Medical record documentation of complications and results of any diagnostic tests performed to arrive at a diagnosis must be submitted with the written request for prior authorization .

Surgical procedures that are covered and require prior authorization: (CPT/HCPCS codes and descriptors)

43644 Laparoscopic gastric restrictive procedure with gastric bypass and Roux-en-Y gastroenterostomy

43645 Laparoscopic gastric restrictive procedure with gastric bypass and small intestine reconstruction to limit absorption

43770 Laparoscopic gastric restrictive procedure with adjustable gastric band includes placement of subcutaneous port.

43771 Laparoscopic revision of adjustable gastric restrictive device component only

43772 Laparoscopic removal of adjustable gastric restrictive device component only

43773 Laparoscopic removal and replacement of adjustable gastric restrictive device component only

43774 Laparoscopic removal of adjustable gastric restrictive device and subcutaneous port components

43775 Laparoscopic gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)

43842 Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty.

43843 Gastric restrictive procedure, without gastric bypass, other than vertical-banded gastroplasty

43845 Gastric restrictive procedure with partial gastrectomy with pylorus-preserving biliopancreatic diversion with duodenal switch

43846 Gastric restrictive procedure, with gastric bypass with short limb (less than 150 cm) Roux-en-Y gastroenterostomy

43847 Gastric restrictive procedure, with gastric bypass, with small intestine reconstruction to limit absorption

43848 Revision of gastric restrictive procedure for morbid obesity other than adjustable gastric restrictive device

43886 Gastric restrictive procedure, open; revision of subcutaneous port component only

43887 Gastric restrictive procedure, open; removal of subcutaneous port component only

43888 Gastric Restrictive procedure, open; removal and replacement of subcutaneous port component only

S2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline. Wyoming Medicaid covers adjustment of gastric band as medically necessary to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following a laparoscopic gastric banding procedure. Does not require prior authorization.

ICD-10 Codes that support medical necessity:
E66.09 - E66.01