

The Department of Vermont Health Access Medical Policy

Subject: Bariatric Surgery: Laparoscopic Sleeve Gastrectomy

Last Review: June 13, 2011

Revision 3:

Revision 2:

Revision 1:

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Description of Service or Procedure

Laparoscopic sleeve gastrectomy (LSG) is performed under endoscopic visualization through several laparoscopic ports in the abdomen. A large portion of the stomach (~75%-85%) is surgically removed followed by the stapling of the remainder together to form a thin vertical tube. The intent is to restrict food ingestion and reduce the appetite by decreasing levels of hunger hormones. This surgery must be performed by an experienced bariatric surgical team. Surgical time is from 1 to 2 hours during a hospital inpatient stay (usually 2–3 days).

Laparoscopic sleeve gastrectomy may be performed as the first stage of a 2-stage procedure* or as a stand-alone procedure for high-risk super-obese patients (body mass index ≥ 50 kg/m²).

LSG is considered less invasive and safer for the severely obese than standard gastric bypass surgery, and shows similar results of weight loss and reduction of BMI. LSG provides a surgical option for the super-obese patient who is considered a high-risk surgical candidate for standard gastric bypass procedures.

There is still less experience with LSG than standard procedures and for that reason LSG is reserved for patients with certain risk factors.

Alternative Names: Gastrectomy, greater curvature; parietal gastrectomy; gastric reduction; vertical gastroplasty.

* Vertical sleeve gastrectomy has most often been done on patients who are too heavy to safely have other types of weight-loss surgery. A second weight-loss surgery may be needed eventually for some patients. When done, the second stage (gastric bypass) is performed 12 to 18 months post-LSG, after significant weight loss has occurred, the liver has decreased in size and the risk from anesthesia is much lower due to reduced patient weight.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.



Medicaid Rule

7102.2 Prior Authorization Determination

7103 Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

A laparoscopic sleeve gastrectomy may be covered for those individuals:

- Who are age 21 or older AND
- When this surgery is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable in the laparoscopic sleeve gastrectomy surgery/procedure and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.

Coverage Guidelines

Sleeve gastrectomy may be covered as a first or as a final-stage procedure for Vermont Medicaid beneficiaries with one of the following medical indications that place them at high risk for standard bariatric procedures (Roux-en-Y gastric bypass, vertical banded gastroplasty, laparoscopic adjustable silicone gastric banding, or biliopancreatic diversion with or without a duodenal switch):

1. Super morbidly obese (BMI > 50)
2. History of multiple previous abdominal operations with possible presence of intrabdominal adhesions
3. The presence of inflammatory bowel disease
4. Hepatic cirrhosis with elevated liver function tests
5. Organ transplantation planned or patient currently taking immunosuppressive therapy associated with transplant surgery
6. The presence of severe systemic disease

A second bariatric surgery at or after 12 months will be considered for approval only if:

- The amount of weight loss is at least 50% of the excess weight at time of LSG surgery and
- The BMI is less than 50kg/ m² and
- The percentage of body fat is equal to or less than 40% and
- Other types of bariatric surgery can now be safely performed on this patient and
- The patient still meets the criteria for bariatric surgery.

Clinical guidelines for repeat service or procedure

Coverage is not provided for more than one laparoscopic sleeve gastrectomy per beneficiary lifetime.

Type of service or procedure covered

Bariatric surgery, specifically laparoscopic sleeve gastrectomy.

Type of service or procedure not covered (this list may not be all inclusive)

The following are considered experimental and investigational:

- Gastroplasty by stomach stapling of upper stomach to create pouch with synthetic mesh outflow
- Natural Orifice Transluminal Endoscopic Suregery (i.e., ROSE Procedure)
- Mini-Gastric Bypass (MGB)
- Gastric Electrical Stimulation with Implanatble Gastric Stimulator (IGS)
- Intra gastric Balloon
- Loop Gastric bypass
- Silastic ring vertical gastric bypass (Fobi pouch)
- The StomaphyX device/procedure
- Bariatric surgery in a non-adult (based on physical development and maturation)
- Bariatric surgery to treat obesity-associated diseases other than Type 2 Diabetes, cardiovascular disease and/or life-threatening cardioplumunary problems or any other medical conditions
- Sleeve gastrectomy is not covered when done as part of a full operation to complete a biliopancreatic diversion with duodenal switch (BPDDS or DS) or as part of any other concurrent gastric or bariatric surgery

References

Email dated April 30, 2010 from Deborah.Wachtel@vtmednet.org (Fletcher Allen Health Care), NP, MPH to Michael Farber (MD, DVHA Medical Director)

Hayes, Inc. Health Technology Brief. *Laparoscopic Sleeve Gastrectomy for Super Obesity in Adults*. Landsdale, PA: Hayes, Inc.; March 2009.

Hayes, Inc. Update Search and Profile. *Laparoscopic Sleeve Gastrectomy for Super Obesity in Adults*. Landsdale, PA: Hayes, Inc.; March 2010.

MedlinePlus. (2010). Vertical sleeve gastrectomy. Retrieved May 10, 2010, from: <http://www.nlm.nih.gov/medlineplus/print/ency/article/007435.htm>

Updated Position Statement on Sleeve Gastrectomy as a Bariatric Procedure. (2009). *Clinical Issues Committee of the American Society for Metabolic and Bariatric Surgery, Gainesville, Florida*. Retrieved May 10, 2010, from: http://www.asmb.org/Newsite07/resources/Updated_Position_Statement_on_Sleeve_Gastrectomy.pdf

Wasef Abu-Jaish, MD. (2010). Sleeve gastrectomy: a new surgical approach for morbid obesity. *University of Vermont College of Medicine, 4(1)*. Retrieved May 10, 2010, from: www.expert-reviews.com.

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