

**Health Technology Clinical Committee  
Findings and Decision**

**Topic:** Bariatric Surgery  
**Meeting Date:** May 15, 2015  
**Final Adoption:** July 10, 2015

**Meeting materials and transcript are available on the HTA website:**  
[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterial](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterial)

**Number and Coverage Topic:**

20150515B – Bariatric Surgery

**HTCC Coverage Determination:**

Bariatric Surgery for patients aged 18 and older is a **covered benefit with conditions**.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

**For patients age  $\geq$  18 years of age bariatric surgery is covered for the following conditions:**

- Body Mass Index (BMI)  $\geq$  40.
- BMI 35 to  $<$  40 for those patients with at least one obesity-related co-morbidity.
- BMI 30 to  $<$  35 with Type II Diabetes Mellitus.
- When covered, patients must abide by all other agency surgery program criteria (e.g., specified centers or practitioners; pre-operative psychological evaluation; participating in pre- and post-operative multidisciplinary care programs).

**Non-Covered Indicators**

- BMI 30 to  $<$  35 without Type II Diabetes Mellitus
- BMI  $<$  30
- Patients  $<$  18 years of age

**Agency Contact Information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

Final

**HTCC Coverage Vote and Formal Action*****Committee Decision***

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee concluded that the current evidence on Bariatric Surgery demonstrates that there is sufficient evidence to cover. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Bariatric Surgery.

	<b>Not Covered</b>	<b>Covered Under Certain Conditions</b>	<b>Covered Unconditionally</b>
Bariatric Surgery	0	10	0

***Discussion***

The Chair called for discussion of conditions of coverage for Bariatric Surgery following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

**Limitations****Patients ≥ 18 years of age:**

1. **Cover** for BMI of ≥ 40
2. **Cover** for BMI of 35 to < 40 for those patients with at least one obesity related co-morbidity
3. **Covered** for BMI 30 to < 35 with Type II Diabetes Mellitus
4. **Non-Covered** for BMI 30 to < 35 w/o Type II Diabetes Mellitus
5. **Non-Covered** for BMI < 30.
6. **Non-Covered:** Patients under 18 years of age.
7. When covered, patients must abide by all other agency surgery program criteria (e.g., specified centers or practitioners; pre-op psychological evaluation; participating in pre- and post-operative multidisciplinary care programs).

***Action***

The committee checked for availability of a Medicare national coverage decision (NCD). There is an NCD for bariatric surgery; the committee's decision includes coverage beyond the conditions included in the NCD, based on more recent evidence and interpretation of that evidence.

The committee discussed clinical guidelines and training standards identified for bariatric surgery. These included:

American Heart Association/ American College of Cardiology/ The Obesity Society  
 American Association of Clinical Endocrinologist/ The Obesity Society/ American Society for Metabolic and Bariatric Surgery  
 U.W. Department of Veteran's Affairs/ Department of Defense  
 Original NIH-based Criteria

National Heart, Lung, and Blood Institute  
Guidelines for Pediatric Surgery  
Endocrine Society  
National Institute for health and Care Excellence, UK  
Canadian Medical Association

The Chair noted consistency with the guidelines with differences due to interpretation of the evidence.

The committee Chair directed HTA staff to prepare a Findings and Decision document on Bariatric Surgery reflective of the majority vote for final approval at the next public meeting.

**Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.