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MedPOINT MANAGEMENT	**Clinical Protocol:** Gastric Bypass	
	ORIGINAL EFFECTIVE DATE: 05/22/2019	**REVIEWED/REVISED DATE(S):** 06/18/2019 08/13/2021 08/12/2022 11/15/2023 01/27/2026
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PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for gastric bypass.

INDICATIONS

Severity of obesity judged appropriate for procedure, as indicated by **1 or more** of the following:

- Adolescent patient (13 to 17 years of age) has BMI of 40 (or 140% of the 95th percentile in an age and sex matched growth chart) or greater.
- Adult patient has BMI of 35 or greater and a clinically serious condition related to obesity (eg, type 2 diabetes, obesity hypoventilation, obstructive sleep apnea, nonalcoholic steatohepatitis, pseudotumor cerebri, severe osteoarthritis, difficult to control hypertension).
- Adolescent patient (13 to 17 years of age) has BMI of 35 (or 120% of the 95th percentile in an age and sex matched growth chart) or greater and a clinically serious condition related to obesity (eg, type 2 diabetes, obstructive sleep apnea, nonalcoholic steatohepatitis, pseudotumor cerebri, Blount disease (tibia vara), slipped capital femoral epiphysis).
- Adult patient has BMI of 30 or greater with type 2 diabetes mellitus with inadequately controlled hyperglycemia[D] despite optimal medical treatment (eg, oral medication, insulin).

Patient is candidate for bariatric surgery, as indicated by **ALL** of the following:

- Patient has tried and has failed to achieve and maintain sufficient weight loss with nonsurgical treatment.
- Correctable cause for obesity not identified (eg, hypothyroidism, Cushing syndrome)
- Patient has demonstrated reliable participation in preoperative multidisciplinary behavior modification program (eg, preparation for postoperative diet and exercise regimens).
- Current substance abuse not identified
- Not currently pregnant and no planned pregnancy within 18 months of surgery
- Expectation that patient will be able to adhere to postoperative care requirements (eg, judged to be committed, and willing to participate and adhere to postoperative instructions)
- No current untreated eating disorder

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- No serious untreated or uncontrolled medical, psychiatric, psychosocial, or cognitive condition that would interfere with adherence to postoperative instructions, and self-care
- Patient is receiving treatment in multidisciplinary program experienced in metabolic surgery that can provide **ALL** of the following:
  - Surgeons experienced with procedure
  - Preoperative medical consultation
  - Preoperative mental health consultation
  - Nutritional counseling
  - Exercise counseling
  - Patient support programs

RECOMMENDED RECORDS

- History and physical and progress notes
- Completion of bariatric screening tool to include member's height, weight, BMI and attempts at weight reduction
- Behavioral health clearance.
- 6 months of participation in a weight loss program
- Any other consultations related to procedure and pertinent labs and radiology tests if indicated (i.e. cholecystectomy also planned) / EGD for those with history of GERD or upper GI symptoms)

CITATION

MCG Care Guidelines 29th Edition, March 4, 2025 https://www.mcg.com/news-events/press-releases/29th-edition-mcg-care-guidelines/

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzale: UM Project Coordinator .Liana Sarkisyan, UM Outpatient Clinical Supervisor	**Date:** 01/27/26	
Approved By:	Michelle Tom, MD, Senior Medical Director of Operations	**Date:** 2/4/2026	**Signature** Signed by: 0C2368902C5E46C..
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