



Bariatric Surgery Criteria

All bariatric surgery requires prior authorization
Member requests bariatric surgery in conjunction with primary care physician

Description

The most effective approach to weight loss is a comprehensive plan that includes three components: a reduced calorie diet, increased physical activity, and behavior changes that make it easier to eat fewer calories and become more active.

Bariatric surgery (surgery for morbidly obese patients) is an alternative to traditional weight loss methods and is only considered a covered benefit when such methods have failed to yield sufficient weight loss in members who are at great risk of complications due to their obesity.

Members may be considered to receive the surgical intervention for obesity on a case-by-case basis when all of the following criteria are met:

*** Administrative Criteria:**

- I. Prior authorization from the Medical Director must be obtained for this service.
 - The request for prior authorization must include the medical history, past and current treatments and results, complications encountered, all weight control methods that have been tried and have failed, and expected benefits of bariatric surgery in this patient.
 - A psychiatric evaluation of the beneficiary's willingness/ability to alter his/her lifestyle following surgical intervention must be included with prior authorization request.
- II. Requires referral by primary care physician to a multidisciplinary team who will coordinate treatment of the member at a facility or facilities utilizing a recognized multidisciplinary approach involving a physician with special interest and experience in obesity, a registered dietician, a behavioral health specialist interested and experienced in behavior modification and eating disorders, and a surgeon with experience in all aspects of bariatric surgical procedures.
- III. Letter of Support from the member's PCP. This shall include but not limit to:
 - A. Referral for procedure requested
 - B. Current height and weight
 - C. Medical conditions with onset date
 - D. Treatments to date related to the member's condition including outcome of those treatments.
- IV. Services must be ordered, arranged, and performed at a Total Health Care affiliated or contracted program.
- V. **Prior to bariatric surgery all the following must be performed:**
 - Documentation of 10% weight loss through a medically supervised weight management program for a minimum continuous duration of 6 months.
 - Member must have undergone complete medical evaluation. Other treatable causes of morbid obesity should be excluded.
 - Counseling with a behavioral health specialist for a period of at least 6 months for behavioral modification and eating disorders.
 - Documented participation in a supervised mild to moderate exercise program for at least 6 months.
 - Documented nutritional counseling with a registered dietician for at least 6 months.
 - All the above must have been performed and completed within 2 years of bariatric surgery.

***Clinical Criteria:**

- I. Member must be over the age of 18 years.

AND

- II. BMI 35-39.9 kg./m² with at least 1 of the following life-threatening comorbidities that substantially affect the member's health:
- A. Symptomatic sleep apnea not controlled by CPAP
 - B. Severe cardio-pulmonary conditions including congestive heart failure
 - C. Hypertension inadequately controlled with optimal conventional treatment
 - D. Uncontrolled hyperlipidemia not amenable to optimal conventional treatment
 - E. Uncontrolled type 2 diabetes mellitus

OR

- III. BMI >40 kg./m²

AND ALL OF THE FOLLOWING:

- IV. Member agrees to long-term behavioral modification support and life-long medical surveillance after bariatric surgery.
- V. Member agrees to comply with post op nutritional requirements including life-long vitamin replacement.
- VI. **The member shall have only one bariatric surgical procedure per lifetime** unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure. A member who has had bariatric surgery prior to becoming a member of Total Health Care will not be eligible for a bariatric surgical procedure from THC unless a medically necessary need arises to correct or reverse a complication from a previous bariatric procedure.

Bibliography

1. Michigan Quality Improvement Consortium Guideline. Management of Overweight and Obesity in the Adult. March 2017
2. MDHHS Medicaid Provider Manual 3.21 & 3.34 Weight Reduction, Revision date: January 1, 2017
3. Priority Health-Medical Policy 91595-R5 "Surgical Treatment of Obesity"
4. Mechanick JI, Youdim A, Jones DB, et al. Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient – 2013 update: cosponsored by American Association of Clinical Endocrinologist, The Obesity Society and the American Society for Metabolic & Bariatric Surgery. Obesity (Silver Spring). 2013;21 Suppl 1:S1-27
5. Mancini MC. Bariatric Surgery – An update for the endocrinologist Arq Bras Endocrinol Metab vol.58 no.9 Dec.2014
6. Lim RB. Bariatric operations for management of obesity: indications and preoperative preparation. Up-To-Date Feb.15, 2017
7. Meridian Health Plan Policy Number F.04, Policy title: Bariatric Surgery, Revision date: 6/23/2016



*All Criteria Must Be Met

*Exclusions-One or more of the following:

- A. Active substance abuse, including alcohol and other drugs of abuse.
- B. Documented non-compliance with previous medical care
- C. Terminal disease
- D. Pregnancy
- E. Eating disorders
- F. Psychopathology that would interfere with post-operative regimens
- G. Severe coagulopathy
- H. Smoking cigarettes within the last 6 months.

Gastric Balloon, Intestinal Bypass alone, and Stapling procedures are specifically excluded from this benefit.

Total Health Care does not reimburse for food supplements or exercise equipment.

All documentation should be mailed to:

Total Health Care
 3011 W. Grand Boulevard, Suite 1600
 Detroit, MI 48202
 Attn: Utilization Management Dept.



File is submitted to the
 Medical Record
 Director for review



Decision is made
 within 14 calendar
 days of receipt

****Steps for Enrollment in Weight Watchers®****

The member is required to ask their primary care physician to fax, e-mail, or mail a **prescription** (*with below required Rx information*) to Total Health Care requesting their approval into the Weight Watchers® program.

-  The prescription can be faxed to **(313) 748-1368**
or
-  The prescription can be scanned and then e-mailed to Qi1@thcmi.com
or
-  The prescription can be mailed to:

Total Health Care
3011 W. Grand Boulevard, Suite 1600
Detroit, MI 48202
Attn: Weight Management Coordinator



Required information on the prescription:

- ✓ **Member's name**
- ✓ **Date of birth** *or* **Total Health Care ID number**
- ✓ **Height and Weight and Body Mass Index (BMI)**
- ✓ **Comorbidities** (*medical conditions*)
- ✓ **Should state "Bariatric Surgery candidate"**
- ✓ **Written approval to join Weight Watchers®**