

## Bariatric Surgery

(HTCC, [WAC 182-531-1600](#), [MCG](#), and [Molina Program Requirements](#))

Effective Date: 12/9/15—5/11/21, 5/13/22

Last Approved Date: 10/8/24



<b>Legend:</b> — Health Technology Clinical Committee (HTCC) — <a href="#">Molina Clinical Policy (MCP)</a> — <a href="#">Washington Administrative Code (WAC)</a> — <a href="#">MCG Care Guidelines (MCG)</a> — <a href="#">Other</a>	<b>Effective Date:</b> 12/9/15—5/11/21, 5/13/22	<b>Last Approved Date:</b> 10/8/24
	<b>Reviewed Only Date:</b> 4/7/15, 3/3/16, 4/5/16, 11/7/17, 5/11/21, 10/8/24	<b>Reviewed and Revised Date:</b> 7/11/17, 1/16/18, 1/8/19, 7/31/19, 1/14/20, 4/14/20, 10/13/20, 1/29/21, 5/13/22, 7/11/23

## COVERAGE CONSIDERATIONS

If bariatric surgery is requested or prescribed under the Early Periodic Screening Development and Testing (EPSDT) program, it is evaluated as a covered service under EPSDT's standard of coverage that requires the service to be medically necessary, safe and effective, and non-experimental.

## STAGE I—PRE-SURGICAL ASSESSMENT COVERAGE CRITERIA

The following criteria must be met to satisfy Stage One:

- 1) Age Categories: (please note surgical options are discussed during pre-surgical evaluation during stage 2)
  - a) Age < 18: If member is <18, please refer directly to Seattle Children's Hospital (SCH) for treatment. Bariatric treatment for patients <18 is carved out to the Washington State Health Care Authority (HCA) and only provided through Seattle Children's Insulin Resistance Clinic (206-987-2640). [Correct coverage criteria are EPSDT coverage \(noted above\) and MCG<sup>1</sup> 28th \(or current\) Edition: Obesity-Referral Management \(R-0021\) for criteria regarding bariatric surgery referral. WAC medical necessity criteria or HTCC medical necessity criteria only apply for age ≥ 18.](#)
  - b) Age 18-20: [Laparoscopic adjustable gastric banding \(LAGB\) only or as recommended by surgical evaluation reviewed for medical necessity on a case-by-case basis.](#) Use WAC or HTCC criteria, whichever is least restrictive (see below).
  - c) Age ≥ 21: Use WAC or HTCC criteria, whichever is least restrictive (see below).
- 2) The member is **NOT** pregnant (Pregnancy within the first two years following bariatric surgery is not recommended. When applicable, a family planning consultation is highly recommended prior to bariatric surgery)
- 3) The member does **NOT** have comorbid medical conditions (such as multiple sclerosis) that would increase the client's risk of surgical mortality or morbidity from bariatric surgery.
- 4) For age ≥ 18, bariatric surgery is covered for the following conditions:
  - a) Body mass index (BMI) of ≥ 40.
  - b) Body mass index (BMI) of 35 to < 40 with at least one obesity-related comorbidity (diabetes, [degenerative joint disease of a major weight bearing joint, or other rare comorbid conditions \(such as pseudotumor cerebri\)](#)).
  - c) Body mass index (BMI) of 30 to < 35 with Type II Diabetes Mellitus.

## STAGE II—SUCCESSFUL COMPLETION OF A WEIGHT LOSS REGIMEN COVERAGE CRITERIA

After receiving prior authorization from Molina to begin Stage Two, the member must:

- 1) [Undergo a comprehensive psychosocial evaluation performed by a psychiatrist; licensed psychiatric ARNP; licensed psychologist; or licensed independent social worker with a minimum of two years postmasters'](#)

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- experience in a mental health setting. Upon completion, the results of the evaluation must be forwarded to Molina. The comprehensive psychosocial evaluation must include:
- a) An assessment of the member's mental status or illness to:
    - i) Evaluate the member for the presence of substance abuse problems or psychiatric illness which would preclude the member from participating in pre- and post-surgical lifestyle change requirements.
    - ii) If applicable, document **ONE** of the following:
      - (1) member has been successfully treated for psychiatric illness and has been stabilized for at least six months; or
      - (2) member has been rehabilitated and is free from any drug and/or alcohol abuse for at least one year.
  - b) Certification of the member's ability to comply with the program requirements, including lifestyle changes and regular follow-up.
- 2) Undergo an internal medicine evaluation by an internist to assess the member's preoperative condition and mortality risk.
- a) The medical provider must agree to supervise the member's weight loss program.
- 3) Undergo a surgical evaluation by a Molina participating provider specializing in bariatric surgery and affiliated with a Molina contracted Accredited Bariatric Surgery Program approved by Molina.
- a) The bariatric surgeon will refer the member to the center of excellence's (COE) pre-surgical bariatric program per COE protocol. **[NOTE: Following pre-surgical evaluation, if surgery is indicated, the recommended procedure is decided by the surgeon and member.]**
- 4) Successfully complete a weight loss regimen prior to surgery which includes **ALL** of the following:
- a) Lose at least 5% of his/her "initial body weight" within 180 days from the date of Stage one authorization. For the purpose of this process, "initial body weight" means the member's weight at the time of the comprehensive medical evaluation. If the member does not meet this weight loss requirement, the authorization will be cancelled. (See "Conditions for reenrollment in Stage 2" below for exceptions).
  - b) Complete a weight loss regimen that includes **ALL** of the following:
    - i) Monthly visits to a Molina medical participating provider to oversee the member's weight loss regimen. (Note: Referrals to dietary, behavioral health and physical therapy providers are made by the treating medical provider or bariatric surgeon).
    - ii) Registered Dietitian visits twice monthly (12 visits).
    - iii) Be at least six months in duration.**[Alternatively, the member may be enrolled in a comprehensive multidisciplinary program of integrated behavior change counseling, nutrition and exercise, as approved by the Medical Director.]**
- 5) **Failure to Meet Stage 2 Criteria:**
- a) **If the member is unable to meet the criteria outlined above in Stage Two, Stage Three will not be authorized.**
    - i) **Per medical director discretion a member may be allowed more time for weight loss if needed.**
    - ii) **The member's provider must reapply for prior authorization to re-enter.**
    - iii) **Stage Two. Per medical director discretion member may not need a second psych evaluation to re-enter program.**
- 6) Documentation must be forwarded to Molina upon completion of Stage Two, which includes **ALL** of the following:
- a) From the medical provider: Records of the member's compliance in keeping scheduled appointments, maintaining a food journal, and the member's progress toward weight loss by serial weight recordings. [For diabetic members, the provider must document diabetic control (i.e., HbA1c, reduction in required medication)].
  - b) From the registered dietician: Documentation of the member's compliance (or noncompliance) in keeping scheduled appointments and maintaining a food journal, the member's weight loss progress.
  - c) From the bariatric surgeon: Results of the surgical evaluation. (This documentation should also be sent to the medical provider supervising the member's weight loss regimen).

### STAGE III—BARIATRIC SURGERY COVERAGE CRITERIA

Upon successful completion of Stage two, prior authorization is required for Stage three, bariatric surgery.

- 1) Molina will pay for bariatric surgical services from participating providers who **MUST** meet all of the following:
  - a) [Hold a current and valid medical license in the state of Washington.](#)
  - b) [Be affiliated with a bariatric surgery program that meets the requirements of WAC 182-550-2301.](#)

Accredited Bariatric Surgery Centers contracted with Molina include:

- 1) [MultiCare Allenmore Hospital](#)
- 2) [MultiCare Deaconess Hospital](#)
- 3) [Overlake Hospital Medical Center](#)
- 4) [Providence Regional Medical Center Everett – Colby Campus](#)
- 5) [St. Francis Hospital – CHI Franciscan](#)
- 6) [St. Michael Hospital – CHI Franciscan](#)
- 7) [Swedish Medical Center – First Hill Campus](#)
- 8) [Swedish Medical Center – Issaquah Campus](#)
- 9) [University of Washington Medical Center](#)
- 10) [Evergreen Hospital](#)

[NOTE: For hospital requirements for stage three - Bariatric surgery, see [WAC 182-550-2301](#).]

#### Additional Considerations:

**Revision Requests:** Follow MCG 28th (or current) edition guidelines for the appropriate CPT code, which may be found in the following:

[Gastric Restrictive Procedure with Gastric Bypass \(S-512\)](#)

[Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy \(S-513\); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy \(S-515\); Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy \(S-516\); or General Surgery or Procedure GRG \(SG-GS\)](#)

[Obesity-Referral Management \(R-0021\)](#)

### CODING INFORMATION

The codes listed in the Merge document are for reference purposes only. Listing of a service or device code in this document does not imply that the service described by this code is covered or non-covered. Coverage is determined by the benefit document. This list of codes may not be all-inclusive.

CPT	DESCRIPTION
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only

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43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

## SOURCES

1. MCG 28th (or current) Edition: Gastric Restrictive Procedure with Gastric Bypass (S-512); Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy (S-513); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy (S-515); Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy (S-516); General Surgery or Procedure GRG (SG-GS); Obesity-Referral Management (R-0021)
2. Health Technology Clinical Committee (HTCC) Assessment Program (HTA) "Bariatric Surgery" Washington State Health Care Authority, July 10, 2015
3. Washington Administrative Code 182-531-1600 Bariatric surgery.  
<https://apps.leg.wa.gov/WAC/default.aspx?cite=182-531-1600>
4. Molina Healthcare of Washington Policy and Procedure MHW-HCS-129 Bariatric Surgery Care Coordination

## APPROVAL HISTORY

Date	Summary of Changes
10/8/24	<ul style="list-style-type: none"> <li>— Updated MCG reference to 28th (or current) edition</li> <li>— Updated MultiCare and Swedish Accredited Bariatric Surgery Centers</li> </ul>
7/11/23	<ul style="list-style-type: none"> <li>— Updated references to "Health Technology Clinical Committee" from "Health Technology Assessment"</li> <li>— Updated MCG reference to 27th (or current) edition</li> <li>— Rewrote Stage 1 criteria to indicate carve out to SCH for members younger than 18</li> <li>— In Stage 2, removed Laparoscopic Adjustable Gastric Band as exclusive covered option for members 18-20 years old and added requirements for maintaining food journal</li> <li>— Updated CHI Franciscan Accredited Bariatric Surgery Centers</li> </ul>
5/13/22	<ul style="list-style-type: none"> <li>— Removed non-covered indicators</li> </ul>

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- Rewrote Stage 1 criteria to clarify age categories and their respective guidelines and update MCG reference to 25<sup>th</sup> edition