Bariatric Surgery (WAC 182-531-1600, InterQual\textsuperscript{1}2018.2: Bariatric or Metabolic Surgery and Molina Program Requirements

Legend:
- Health Technology Assessment (HTA)
- Molina Clinical Policy (MCP) / Molina Clinical Review (MCR)
- Washington Administrative Code (WAC)
- InterQual
- Other

 Reviewed Only Date:

 Reviewed and Revised Date:
 11/7/2017; 1/16/2018, 01/08/2019, 7/31/2019

 Approval Date:
 11/7/2017, 1/16/2018, 01/08/2019

NON-COVERED INDICATORS

- Patients >59 are considered case by case – see below age 13-18

LIMITATIONS OF COVERAGE

- 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: Member must be \textbf{ONE} the following: (please note surgical options are discussed during pre-surgical evaluation during stage 2)
   a) 21-59 years of age
   b) 18-20 years old (laparoscopic adjustable gastric banding (LAGB) only or as recommended by surgical evaluation reviewed for medical necessity on a case by case basis
   c) Under 18 per EPSDT coverage noted above (Per InterQual: Adjustable Gastric Banding, Roux-en-Y Gastric Bypass, or Sleeve Gastrectomy) – [Documentation needed: referral for service by PCP most commonly done during a well visit.]

2. Body mass index BMI 35 or greater and is diagnosed with \textbf{ONE} of the following:
   a) Diabetes mellitus (DM)
   b) Pseudotumor cerebri (or other rare co-morbid conditions in which there is medical evidence that bariatric surgery is medically necessary and that the benefits of bariatric surgery outweigh the risk of surgical mortality)
   c) Osteoarthritis (degenerative joint disease of a major weight bearing joint(s) and the client must be a candidate for joint replacement surgery if weight loss is achieved)

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3. 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)

4. 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.

### 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’ 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:
      1. 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.
   
   2. If applicable, document **ONE** of the following
      a) member has been successfully treated for psychiatric illness and has been stabilized for at least six months; or
      b) 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.
   - 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.
   - The bariatric surgeon will refer the member to the COE’s 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. For members 18-20 years of age, Laparoscopic Adjustable Gastric Band (LAGB) is the exclusive covered option for surgery.]**

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:

1. 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).
2. Registered Dietitian visits twice monthly (12 visits)
3. 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.
      1. Per medical director discretion a member may be allowed more time for weight loss if needed
      2. The member’s provider must reapply for prior authorization to re-enter
      3. Stage Two. Per medical director discretion member may not need a second psych evaluation to re-enter program.

   b) No more than 3 reapplications for Stage Two are allowed per lifetime.

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 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, the member’s weight loss progress.
   c) From the member: Journal of active participation in the medically structured weight loss regimen as outlined above.
   d) 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
   C. Be affiliated with a bariatric surgery program that meets the requirements of WAC 182-550-2301.

Accredited Bariatric Surgery Centers approved by Molina contracted with Molina include:

- University of Washington Medical Center (Seattle, WA)
- Deaconess Hospital (Spokane, WA)/ Rockwood Weight Loss Center
- CHI Franciscan Health – St Francis Hospital

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

**Additional Considerations:**

- **Revision Requests:** Follow InterQual 2018.2 Bariatric or Metabolic Surgery (Adults/Adolescent)
<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
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<tbody>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy</td>
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<tr>
<td>43645</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption</td>
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<tr>
<td>43770</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)</td>
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<tr>
<td>43771</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only</td>
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<td>43772</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only</td>
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<tr>
<td>43773</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only</td>
</tr>
<tr>
<td>43774</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components</td>
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<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)</td>
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<tr>
<td>43845</td>
<td>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)</td>
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<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
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<td>43847</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption</td>
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<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)</td>
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<tr>
<td>43860</td>
<td>Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy</td>
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**Sources**

InterQual 2018.2 CP: Procedures Bariatric or Metabolic Surgery Adolescent/Adult

Washington Administrative Code 182-531-1600 Bariatric surgery effective 7/22/13

Molina Healthcare of Washington UM Policy and Procedure 129 Bariatric Surgery – reviewed and approved August 13, 2018