

Bariatric Surgery

Certification Criteria for Providers

To be eligible for reimbursement, bariatric surgery providers must be certified by the American College of Surgeons (ACS) as a Level I Bariatric Surgery Center or certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (BSCOE) or the surgeon and facility are currently participating in a bariatric surgery quality assurance program and a clinical outcomes assessment review. All qualifications must be met and approved by the OHCA. Bariatric surgery facilities and their providers must be contracted with OHCA.

Treatment for Obesity

With or without bariatric surgery, successful obesity management requires adoption and lifelong practice of healthy eating and physical exercise (i.e. lifestyle modification). Without adequate member motivation and/or skills needed to make such lifestyle modifications, the benefit of bariatric surgical procedures is severely jeopardized and not medically reasonable or necessary. Members considering bariatric surgical options must have been provided with knowledge and the tools needed to achieve such lifelong lifestyle changes and must be capable and willing to undergo the changes.

Bariatric Surgery Process

OHCA has a **three phase, two prior-authorization step process** to evaluate the member's motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery.

Phase I - Prior Authorization Request (PAR number 1)

Phase II – Six month comprehensive evaluation and minimal weight loss phase.

Phase III - Prior Authorization Request (PAR number 2)

Covered Procedures

The covered procedures for bariatric surgery are the Laparoscopic Banded Gastroplasty, Laparoscopic Sleeve Gastrectomy and the Roux-en-Y procedure.

I. Phase I - Prior Authorization Request (PAR number 1)

- The purpose of this Phase is for OHCA to determine if the member is a **potential candidate** for bariatric surgery.
- The primary care physician should supply the medical records and any other documentation to show the member meets all of the following criteria for PAR number 1.
- Use code S0260.

Criteria for Phase I – Documentation for PAR number 1

1. Be between 18 and 65 years of age;
2. BMI (body mass index) >35;
3. Diagnosed with one of the following:
 - a. Diabetes mellitus;
 - b. Degenerative joint disease of a major weight bearing joint(s) to such an extent that the member is a candidate for joint replacement surgery if weight loss is achieved; or
 - c. A rare co-morbid condition 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.
4. Have the presence of obesity for at least 5 years;
5. Does not have other medical conditions that would increase the member's risk of surgical morbidity or mortality;
6. The member is not pregnant or planning to become pregnant in the next two years.
7. Has been compliant with and attempted to lose weight through a medically structured and supervised nutrition and exercise program **in the past** without successful long term weight reduction. At least one previous attempt must have been overseen and coordinated by an appropriate provider (i.e. physician, PA, ARNP or CNS) and must include appropriate nutritional counseling, a documented exercise program, evaluation for potentially related behavioral issues, medication issues, and all other factors that could have contributed to the members obesity. For further clarification:
 - a. The documentation must show the member has been provided with the knowledge and tools needed to achieve lifelong lifestyle changes, and member exhibits understanding of the needed changes and demonstrates to clinicians involved to be capable and willing to undergo the lifestyle changes.
 - b. The documentation must show the member has made a diligent effort to achieve healthy body weight with such efforts described in the member's medical record.
 - c. The patient, despite adequate participation in a medically structured and supervised nutrition and exercise program in the past, has failed to maintain a healthy weight which is described in the member's medical records.

After OHCA determines the member is an appropriate potential candidate, and Prior Authorization number 1 is approved by OHCA, the member enters a 6 month comprehensive evaluation and minimal weight loss phase. (See Phase II)

II. Phase II – Six month comprehensive evaluation and minimal weight loss phase.

- The purpose of this phase is to ensure that the member is physically, mentally and emotionally suitable for this procedure and demonstrates the ability to adhere to the radical and lifelong behavior changes and strict diet that are required after bariatric surgery. Additionally, five to ten percent weight loss prior to surgery has been shown to significantly improve surgical outcomes.
- The requirements for phase II can be coordinated by the member's PCP or a properly credentialed bariatric surgeon.
- Documentation obtained during the 6 month phase is to be submitted for Prior Authorization number 2.

The following is required documentation for the 6 month comprehensive evaluation and minimal weight loss phase.

1. Psychosocial evaluation which includes:
 - a. Evaluation for substance abuse or eating disorder;
 - b. Evaluation for psychiatric illness which would preclude the member from participating in a pre-surgical weight loss and evaluation program or successfully adjusting to the post-surgical lifestyle changes.
 - c. If applicable, documentation that member has been successfully treated for a psychiatric illness and has been stabilized for at least 6 months;
 - d. If applicable, documentation that the member has been rehabilitated and is free from drug and alcohol for a period of at least one year.
 - e. The member can be referred to the OHCA Behavior Health Services for assistance in finding a provider for the psychosocial evaluation.
2. An independent medical evaluation to assess the member's operative morbidity and mortality risks performed by an internist experienced in bariatric medicine [general internist, pulmonologist, etc.] that is contracted with the OHCA.
3. A surgical evaluation by an OHCA contracted surgeon who is credentialed to perform bariatric surgery.

4. Participation in a weight loss program prior to surgery, under the supervision of an OHCA contracted medical provider. The member must within one hundred and eighty days from the approval date of the OHCA's prior authorization # 1, lose at least five percent of the member's initial body weight. The anticipated or expected program should include:
 - a. Documentation of 6 month duration;
 - b. Nutritional Counseling with a minimum of monthly follow-ups after a comprehensive consultation. These services should be provided by a Registered Dietician or Licensed Nutritionist contracted with OHCA. Six hours of such nutritional counseling will be covered by the OHCA for adults. This benefit is unlimited for members under 21 years of age.
 - c. Physician supervised exercise program with **member maintained exercise diary**.
 - d. Monthly PCP or bariatric surgeon follow-up office visits to supervise and document the above.
 - e. Appetite suppressants are not allowed. Use of appetite suppressants will render member ineligible for surgery.
5. The documentation obtained during the 6 month phase should include a gradual or appropriate distribution of weight loss over this six month period. If the member does not meet the weight loss requirement in the allotted time; this will result in denial of authorization # 2. The member's provider must re-apply for prior authorization # 1 to restart the process.

Documentation obtained during the 6 month phase II (above) will be submitted for Prior-Authorization Number 2 (See Phase III).

III. Phase III - Prior Authorization Request (PAR Number 2)

- The purpose of this Phase and prior authorization # 2 is to ensure that the member has met all of the Phase II requirements.
- The primary care physician or bariatric surgeon should supply the medical records obtained during the 6 month pre-surgical phase and any other documentation to show the member meets all of the requirements.
- Use any bariatric procedure code for the Provider Portal PAR submission. Codes: 43770, 43775, 43644, 43645, 43845, 43846, and 43847. The procedure code can be amended by PCP or the bariatric surgeon prior to the surgery.

Documentation required for Phase III -Prior Authorization # 2: Checklist

1. Psychosocial evaluation: **Yes/No**
2. An independent medical evaluation: **Yes/No**
3. A bariatric surgical evaluation: **Yes/No**
4. Participation in a weight loss program of 6 month duration: **Yes/No**
5. Nutritional Counseling with 6 monthly follow-ups: **Nutritionist Notes: Yes/No**
6. Member maintained exercise diary: **Yes/No**
7. Monthly PCP or bariatric surgeon follow-ups: **PCP/Surgeon Notes: Yes/No**
8. Appetite suppressants used: **Yes/No**
9. Gradual weight loss over six month period:
Starting Date:_____weight_____.
Date:_____weight_____.
Date:_____weight_____.
Date:_____weight_____.
Date:_____weight_____.
Ending Date:_____weight_____.
Amount lost_____. Lost 5% **Yes/No**