 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Bariatric Surgery
	PRODUCT LINE:	All Products
	POLICY NUMBER:	004
	ORIGINAL POLICY EFFECTIVE DATE:	05/09/2007
	LAST REVISED DATE:	01/30/2025
	LAST REVIEWED DATE:	01/30/2025

SCOPE: To ensure Group Health Cooperative of Eau Claire consistently and correctly administers the bariatric surgery benefit to all members according to their respective policy.

POLICY: It is the policy of Group Health Cooperative of Eau Claire to review requests for bariatric surgery for prior authorization according to evidence based medical criteria.

PROCEDURE: Prior authorization required: YES


- Associated codes:**
- 43644 Laparoscopy, gastric restrictive procedure; w/ gastric bypass & roux-en-y gastroenterostomy
 - 43645 Laparoscopy, gastric restrict proc; w/gastric bypass & sm intestine reconstruct
 - 43770 Laparoscopy, surg,gastric restrictive proced placement of adjustable gastric restr device
 - 43775 Laparoscopy gstrc restrictive px longitudinal gastrectomy
 - 43843 Gastric restr proc, w/out gastric bypass, for morbid obesity; other than vertical-banded
 - 43846 Gastric restr proc, with gastric bypass for morbid obesity; w/short limb
 - 43847 Gastric rest proc, with gastric bypass for morbid obesity; with small intestine

DSNP Coverage Criteria: Follow National Coverage Determination (NCD) Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity 100.1

Commercial: NOT a covered benefit unless it is the City of Eau Claire or ETF. The City of Eau Claire and ETF are the only commercial plans that have a bariatric surgery benefit.

Medicaid and City of Eau Claire and ETF: Bariatric surgery is considered medically necessary and will be covered when the following criteria are met.


1. The member has a body mass index (BMI) greater than or equal to 35 kg/m² and inadequately controlled Type 2 diabetes mellitus despite appropriate therapy with at least two medications of different drug classes, either oral or injectable; **OR**
2. The member has a BMI greater than or equal to 40 kg/m² **AND** one of the following:
 - A. Moderate to severe obstructive sleep apnea
 - B. Type 2 diabetes mellitus
 - C. Medically refractory hypertension (blood pressure consistently greater than 140/90 mmHg despite the concurrent use of three anti-hypertensive agents of different drug classes)
 - D. Obesity-related cardiomyopathy
 - E. Pickwickian syndrome (obesity hypoventilation syndrome); **OR**

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3. The member has a BMI greater than or equal to 50 kg/m² and mechanical arthropathy with functional impairment (cannot accomplish ADLs) documented by a licensed physical therapist; **AND**

In addition to one of the above criteria, the member is required to meet all of the following criteria:

1. Member is 18 years of age or older; **AND**
2. Member has been obese for at least five years; **AND**
3. Prior weight loss attempts as defined below:
 - a. Adequate prior attempts to lose weight or maintain weight loss through behavior modification, nutritional counseling, and physical activity have failed; **OR**
 - b. For members whose prior attempts at weight loss have been deemed absent or inadequate, a six-month medically supervised weight loss program has been undertaken. Note: An acceptable medically supervised weight loss program is weight loss guidance that is provided in a clinical setting by a licensed healthcare professional on repeated occasions over at least a six-month period. These required weight loss attempts by the member are prior to and separate from the bariatric assessment; **AND**
4. Member has been determined to be an appropriate surgical candidate based on an evaluation by the primary care provider or other appropriate provider (i.e., the member does not have cardiopulmonary disease that would make surgical risk prohibitive or other identifiable contraindication to elective surgery); **AND**
5. Member has abstained from alcohol abuse and other substance abuse for at least six months; **AND**
6. The member has undergone a multidisciplinary bariatric team assessment within 12 months of the proposed surgery and has been found by consensus to be an appropriate surgical candidate, and there is documentation that supports that the member understands risks, benefits, expected outcomes, alternatives, and required lifestyle changes. The bariatric assessment, at a minimum, must include the following:
 - A. The member's medical history, physical exam results, and proposed plan by the bariatric surgeon; **AND**
 - B. A psychological or psychiatric evaluation to determine readiness for surgery and identify any mental health barriers to the success of the proposed surgery. If a comorbid psychiatric diagnosis exists, an assessment of adequate stability must come from the treating mental health provider; **AND**
 - C. At least 6 consecutive months of documented participation and progress in a multi-disciplinary surgical preparatory regimen that includes dietary counselling, supervised exercise, and behavior modification to assess the member's ability to comply with the necessary post-operative lifestyle changes and to signal surgical readiness. Records must document member compliance with this multidisciplinary surgical preparatory regimen; **AND**
7. Accordingly, the member must not have a net weight gain during the 6 month multi-disciplinary surgical preparatory regimen greater than what is explainable as a normal fluctuation (up to five pounds) or otherwise attributable to a recognized medical condition (such as edema); **AND**
8. If applicable, members should be tobacco free for 3 months prior to bariatric surgery; **AND**
9. Member has been evaluated for and does not have a contributing endocrinopathy.

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Revision of prior bariatric surgery: All requests for revision of prior surgeries must be reviewed by the AMD or CMO.

Associated Codes:


- 43771 Laparoscopy, surg, gastric restrictive proc; revision adjustable gastric restrictive device
- 43772 Laparoscopy, surg, gastric restrictive proc; removal adjustable gastric restrictive device
- 43773 Laparoscopy, surg, gastric restrve proc; removal & replacement adjustable gastric restrictive device
- 43774 Laparoscopy, surg, gast restrve proc; removal adjust gast restrictive device/subcut port component
- 43848 Revision, open, gastric restrictive proc for morbid obesity, other than adj gastric restric

APPROVED: *Michele Bauer MD.* DATE: 01/30/2025

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/18/2013	Carol E. Ebel, RN HM Mgr.	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Removed Rice Lake Schools and Benchmark references; added revision language and codes associated.
05/19/2016	Betsy Kelly, RN	Reviewed with no changes
11/01/2017	Michele Bauer, CMO	Revised criteria based on DHS criteria
10/08/2019	Michele Bauer, CMO	Added ETF benefit
05/14/2020	Michele Bauer, CMO	Reviewed. No changes.
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
02/15/2022	Michele Bauer, MD, CMO	Reviewed. No changes.

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02/07/2023	Michele Bauer, MD, CMO	Updated review criteria for revisions
02/07/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
01/30/2025	Michele Bauer, MD, CMO	Added Medicare NCD