

Bariatric Surgery

The following payment policies apply to medically necessary bariatric surgeries rendered by in-network or out-of-network providers. Benefits are not guaranteed prior to a claim being submitted and approved. The eligibility of benefits is based on the specific Plan's provisions, exclusions, and limitations. Review the Plan's precertification requirements to determine if precertification is necessary. If there is a difference between this information and your plan documents, your plan documents will be used to determine your coverage.

Description

Bariatric surgery is performed for the treatment of morbid obesity. Morbid obesity is defined as a body mass index (BMI) greater than 40 kg/m², or a BMI greater than 35 kg/m² with comorbidities such as: cardiovascular disease, Type 2 diabetes, cardiopulmonary disease, sleep apnea, or history of cardiomyopathy. (Comorbidities must be supported by medical documentation.)

Medical Criteria

Bariatric surgery is proven medically necessary for morbid obesity when ALL of the following medical criteria are met;

- 1.) Morbid obesity has persisted for at least 5 years (only required if this length of time or another length of time is specified in the Plan Document); and
- 2.) Medically supervised weight loss program has been unsuccessful for at least six (6) consecutive months (only required if this length of time or another length of time is specified in the Plan Document); and
- 3.) Completion of a comprehensive multidisciplinary bariatric evaluation proximate to surgery which would include:
 - a. Physical exam with surgical history with discussion of the specific procedure to be performed; and
 - b. Clinically appropriate lab data with diagnostics; and
 - c. Nutritional consultation with counseling/education, which includes a reduced calorie diet program supervised by a dietician or nutritionist; and
 - d. Mental health evaluation and clearance.
- 4.) A physician's summary letter is not sufficient documentation. Documentation must include medical records documenting compliance with the physician's plan of care and the patient's progress throughout the course of treatment.
- 5.) The Participant is over the age of 21 or if the Participant is under 21 and
 - Two (2) authorized physicians determine that the surgery is necessary to:
 - Save a life of the Participant; or
 - Restore the Participant's ability to maintain a major life activity; and
 - Each physician must document the Participant's medical record the reason for the physician's determination.

Medically necessary services:

The following procedures are considered medically necessary when the above criteria are met:

- Open gastric bypass with a short limb (150 cm or less) Roux-en-Y gastroenterostomy; or

- Laparoscopic gastric bypass with a short limb (150 cm or less) Roux-en-Y gastroenterostomy; or
- Laparoscopic adjustable gastric banding; or
- Open and Laparoscopic biliopancreatic diversion with duodenal switch; or
- Open and Laparoscopic sleeve gastrectomy

The following procedures are unproven and not medically necessary for the treatment of obesity:

- Laparoscopic vertical banded gastroplasty; and
- Mini-gastric bypass (MGB) or Laparoscopic Mini-gastric bypass (LMGBP); and
- Gastric electrical stimulation with an implantable gastric stimulator (IGS); and
- VBLOC® vagal blocking therapy; and
- Intra-gastric balloon; and
- Total gastric vertical plication; and
- Long-limb gastric bypass procedure.

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