



Utilization Management Criteria for Medical Necessity Bariatric Surgery

Bariatric surgery is a surgical intervention for morbid obesity. This is an alternative to traditional weight loss methods when those methods have failed. UPHP will cover surgical intervention when medically necessary and done for the purpose of controlling life-endangering complications of obesity. Prior authorization is required for coverage.

To demonstrate medical necessity the following criteria must be met:

- 1. Assessment:** Medical record documentation shows:
 - Member is at least 18 years of age
 - Member has:
 - BMI >35** and life threatening comorbidities, including but not limited to:
 - Poorly controlled diabetes mellitus
 - Symptomatic sleep apnea not controlled by C-Pap
 - Symptomatic cardiopulmonary condition
 - Hypertension not controlled with optimal conventional treatment
 - Hyperlipidemia not controlled with optimal conventional treatment
 - OR
 - BMI >40** with or without comorbidities
- Medical history and physical assessment of member including evaluation to rule out other treatable causes of morbid obesity
- Previous weight reduction efforts and treatment for complications of obesity that have failed
- 2. Physician-supervised weight reduction program:** Medical record of the member having demonstrated a minimum of six consecutive months compliance with a weight reduction program directly managed by the member's primary care provider (PCP) or physician designee (see *program description following*).
- 3. Psychological evaluation:** Member is determined as an appropriate bariatric surgical candidate by a behavioral health provider having undergone a pre-bariatric psychological evaluation to establish emotional stability and the ability to comply with post surgical limitations.
 - This assessment is in addition to any behavioral health care the member has received
 - The formal evaluation needs to be performed by an independent qualified party (not the PCP) after completion of the six consecutive months of Weight Reduction Program with PCP notes provided to the examiner
 - The *Millon Behavioral Medicine Diagnostic* is the preferred assessment tool to use
 - Conditions that exclude a member as a bariatric surgery candidate include but are not limited to: active substance abuse, noncompliance with medical care, terminal illness, pregnancy or severe psychopathology



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To obtain authorization for bariatric surgery:

PCP submits request to UPHP Clinical Services for approval of medical necessity for bariatric surgery with documentation supporting the medical necessity including:

- UPHP Prior Authorization Form
- Documentation from medical records for each of the above criteria.
- Evidence of the member's compliance with all criteria.

Determination of medical necessity is based upon review of the documentation submitted. Appropriate documentation is essential; a practitioner's summary letter of medical necessity is not sufficient documentation.

Primary Care Provider Prescribed and Managed Weight Reduction Program Description

To fulfill the UPHP criteria a weight reduction program must include these strategies:

PCP visits: *at least* monthly - dedicated to weight loss management - must include:

- Measure weight and BMI at each visit
- Review, discuss, and adjust each program strategy
- Document progress in each program strategy to include plans, goals met or unmet, obstacles encountered, etc.

Strategies:

Dietary Management:

- Education to include the basics of good nutrition (may involve a nutritionist, health education expert or other appropriate professional)
- Design individual diet to create 500-1000 calories/day deficit.
- Member to keep written food diary at least one week out of each month
- Plan short term goals and steps to help achieve them

Physical Activity Plan:

- Assess physical abilities and level of activity
- Educate on the basics of physical fitness
- Member to keep written exercise log at least one week out of each month
- Plan short term goals and steps to achieve them

Behavioral Health Care:

- Identify and assess food related behaviors including stress management, impulse control, anxiety and depression
- Plan steps for dealing with identified challenges, refer to behavioral health care professionals as needed
- Identify support systems; present and available
- Medically treat depression or other conditions as needed



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The PCP may utilize other appropriate health professionals as needed to manage a weight reduction program.

UPHP covered benefits available (but not required) for a member that may be useful to the PCP include:

- Physical therapy visits - if medically necessary for assessment of activity abilities and tolerances and developing a plan of care to increase physical activity
- Physical medicine and rehabilitation assessments - if needed to address immobility, pain, weakness or other issues
- Dietitian visits - up to 12 registered dietitian visits* for member education and assessments (include 2 visits to a surgical weight reduction program)
*require prior authorization request from PCP
- Behavioral health visits - 20 outpatient visits per year

A "Weight Management Packet" is available from UPHP Clinical Services to aid in organizing and documenting a weight reduction program. A utilization management nurse is available to answer any of your questions. To request a packet and/or discuss a question, call (906) 225-7774 or fax a request to (906) 225-7720.

Bibliography

These criteria are based on several sources including:

1. National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI) Obesity Initiative; "*The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*"; 2000
2. Michigan Quality Improvement Consortium (MQIC) Guideline "*Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*"; March 2005
3. Michigan Association of Health Plans (MAHP) "*Bariatric Surgery Guidelines for Coverage*"; Rev. 4/05
4. National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (NIDDK,NIH) Weight-Control Information Network (multiple articles); www.win.niddk.nih.gov
5. US Department of Health and Human Services news release "*HHS Announces Revised Medicare Obesity Coverage Policy*"; July 15, 2004; www.hhs.gov
6. Buchwald, Henry, M.D., Ph.D., F.A.C.S., "Consensus Conference Statement: Bariatric surgery for morbid obesity: Health implications for patients, health professionals, and third-party payers", *2004 ASBS Consensus Conference, Surgery for Obesity and Related Diseases* 1 (2005) 371-381

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