

## Upper Peninsula Health Plan Utilization Management Criteria for Medical Necessity Bariatric Surgery

Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS) and MICHild

**Bariatric surgery** is a surgical intervention for morbid obesity. Medicaid covers treatment of obesity when done for the purpose of controlling life-endangering complications, such as hypertension and diabetes. If conservative measures to control weight and manage the complications have failed, other weight reduction efforts may be approved. The physician must obtain prior authorization for this service<sup>6</sup>.

### To demonstrate medical necessity the following criteria must be met:

1. **Assessment:** Medical record documentation shows:
  - A. Member is at least 18 years of age.
    - Member has a **body mass index greater than 35** with life threatening comorbidities including, but not limited to:
      - Diabetes mellitus or
      - Symptomatic sleep apnea not controlled by C-Pap or
      - Severe cardiopulmonary condition or
      - Hypertension inadequately controlled with optimal conventional treatment or
      - Uncontrolled hyperlipidemia not amendable to optimal conventional treatment<sup>5</sup>.
    - Member has a **BMI greater than 40** with or without comorbidities.
    - Medical history and physical assessment of member including evaluation to rule out medically treatable causes of morbid obesity.
    - Previous weight reduction efforts and treatment for complications of obesity that have failed.
    - Member is tobacco free 6 weeks before surgery<sup>3</sup>.

### **OR**

- B. Member is 15-17 years of age.
  - Member has a **BMI greater than 40** with life threatening comorbidities including, but not limited to:
    - Diabetes mellitus or
    - Symptomatic sleep apnea not controlled by C-Pap or
    - Severe cardiopulmonary condition or
    - Hypertension inadequately controlled with optimal conventional treatment or
    - Uncontrolled hyperlipidemia not amendable to optimal conventional treatment
  - Member has a **BMI greater than 50** with or without comorbidities.
  - Medical history and physical assessment of member including evaluation to rule out medically treatable causes of morbid obesity.
  - Previous medically managed weight reduction efforts and treatment for complications of obesity that have failed.
  - Member is tobacco free 6 weeks before surgery<sup>3</sup>.

2. **Psychological evaluation:** Member is determined as an appropriate bariatric surgical candidate by having undergone a pre-bariatric psychological evaluation by a behavioral health provider to establish emotional stability and the ability to comply with post-surgical limitations.
  - A. This assessment is in addition to any behavioral health care the member has received.
  - B. The formal evaluation needs to be performed by an independent qualified party (not the PCP).

\*The Millon Behavioral Medicine Diagnostic is the preferred assessment tool to use.

3. **Exclusions:**
  - A. 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.
  - B. A member shall have only one bariatric surgical procedure per lifetime unless medically necessary to correct a previous bariatric procedure due to complications, or planned as part of a staged procedure.

### To obtain authorization for bariatric surgery:

**Primary care provider or bariatric surgeon** submits a request to UPHP Clinical Services for prior authorization for bariatric surgery:

- 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 the documentation submitted. Appropriate documentation is essential; a practitioner's summary letter of medical necessity is not sufficient documentation.*

### Bibliography

1. Adolescent Bariatric Surgery: The Cleveland Clinic. (Retrieved 7-30-18.) <https://weightloss.clevelandclinic.org/bsurgeryadolesandteen.aspx>
2. American College of Surgeons, Division of Education. Surgical Patient Education For a Better Recovery - Quit Smoking Before Your Operation. Website <http://www.facs.org/patienteducation/quitsmoking.html>. Date accessed: 7-24-18.
3. Mechanick, J. I., Youdim, A., Jones, D. B., Garvey, W. T., Hurley, D. L., McMahon, M. M., Heinberg, L. J., Kushner, R., Adams, T. D., Shikora, S., Dixon, J. B. and Brethauer, S. (2013). Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient. *Obesity*, 21: S1–S27. doi:10.1002/oby.20461.
4. Medicare National Coverage Determinations Manual. (Rev. July 2017). Chapter 1, Part 2: Section 100.1 Bariatric Surgery for Treatment of Co-morbid Conditions Related to Morbid Obesity. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part2.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part2.pdf)
5. Michigan Association of Health Plans (MAHP). (Rev. May 2017). Bariatric Surgery Guidelines for Coverage.
6. Michigan Department of Health and Human Services: Medicaid Provider Manual. (Rev. July 1, 2018). Practitioner. Section 3.34: Hospital. Weight Reduction. Pg. 842.
7. Michigan Quality Improvement Consortium (MQIC) Guideline. (March 2017). Management of Overweight and Obesity in the Adult.
8. Pories, W.J. (2008). Bariatric Surgery: Risks and Rewards. *The Journal of Clinical Endocrinology & Metabolism*, 93(11), S89-S96. doi:10.1210/jc.2008-1641.
9. Psychiatric aspects of bariatric surgery. (July 2014). Yung-Chieh Yen, Chih-Kuan Huang, Chi-Ming Tai. *Curr Opin Psychiatry*. 2014 Sep; 27(5): 374–379. doi: 10.1097/YCO.000000000000085. PMID: PMC4162326.

Approved by UPHPCAC 12-11-01

Revised and Approved by UPHPCAC 12-9-03; 12-14-04; 12-13-05; 12-12-06; 12-11-07; 12-9-08; 12-8-09; 12-8-10; 12-14-11; 12-12-12, 12-11-13, 12-10-2014, 12-9-15, 12-7-16, 12-6-17, 9-12-18