

**MEDICAL ASSOCIATES HEALTH PLANS  
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL  
POLICY NUMBER: PP 88**

**POLICY TITLE:** BARIATRIC SURGERY

**POLICY STATEMENT:** Medical Associates Health Plans has established this policy to ensure that MAHP members meet the criteria for surgical treatment of morbid obesity when dietary therapies and exercise are unsuccessful.

**PROCEDURE:**

1. Members may be evaluated for surgical treatment of morbid obesity when the following criteria has been met:
  - Member must be 18 years of age,
  - Member has a five year history of having a body mass index (BMI) greater than 40 **or**
  - Has a BMI greater than 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity. Co-morbidities such as Hypertension, Type 2 Diabetes mellitus must show that condition required medication for at least one year, documented cardiovascular disease, obstructive sleep apnea, confirmed by sleep study, which does not respond to conservative treatment **or**
  - Has a BMI greater than 50
  - Non-surgical methods of weight reduction must have been attempted for at least a three-year period immediately prior to the date surgical treatment is sought. Non-surgical method of weight loss must include the successful completion of a designated weight loss reduction program with documentation of compliance. Mercy Medical Center (MMC) is conducting the “Medical Weight Loss Program”. The MMC program consists of 8 sessions beginning with a one on one and the 7 group sessions. MMC will send back a form once the program is completed. **For members in the POS and PHCS networks; member must have been involved in a weight loss program (i.e., Weight Watchers, LA Weight Loss, etc.)** There must be a documented medical history of failure to sustain weight loss with medically supervised dietary and conservative treatment. A physician who does not perform bariatric surgery must provide the documentation. Documentation must include progress notes from the member’s medical record.
    - A. MAC will send requests through eMAC task or phone call.
    - B. The authorization will be spanned out for three months from the date of initial one on one visit.
    - C. Make referral in Amisys to MMC using provider number 3000.
    - D. MMC will inform HCS if there is a need to extend the date of service.
    - E. Enter in line 5 of the Cert Screen – Med Wgt Loss Program: Pay \$300 at completion of program.
  - Psychological evaluation by a licensed mental health provider to determine the patient’s willingness/ability to comply with the pre-op and postoperative treatment plans and a strategy to ensure cooperation with follow-up must be documented.
  - For Medicare Members:

These procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.

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A list of approved facilities and their approval dates are listed and maintained on the CMS Coverage Web site at: <http://www.cms.hhs.gov/center/coverage.asp> and published in the Federal Register.

Coverage for open laparoscopic Roux-en-Y Gastric Bypass (RYGBP), open laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS), and laparoscopic Adjustable Gastric Banding are covered for Medicare beneficiary who have a BMI  $\geq$  35 and at least one comorbidity, which can be Type 2 Diabetes Mellitus. No coverage if BMI is  $<$  35.

2. This policy applies to all contracts except for those contracts that specifically exclude this treatment. Please check member's contract for coverage determination.
3. Requests for bariatric surgery that are questionable as to whether it meets criteria will be reviewed by a physician reviewer.

MAHP members requiring referrals are to be directed for evaluation and surgical treatment to the MAHP "designated" centers. [Midwest Institute of Advanced Laparoscopic Surgery](#)

156 South Division Str. Ste. 105  
Cedar Falls, IA 50613-2381  
Phone #: 319-268-3990

Dr. J. Matthew Glascock & Dr. Carmen Hodges are the surgeons. Most members are seen by Dr. Glascock. Billing comes from Covenant.

4. The surgical procedures that are a covered benefit when prior authorization is obtained and criteria has been met are laparoscopic adjustable, gastric banding (LAGB); Open and laparoscopic Roux-en-Y Gastric Bypass (RYGBP); Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS).
5. The following surgical procedures for the treatment of morbid obesity are considered non-covered procedures even when criteria is met :
  - Open Adjustable Gastric Banding
  - Open and laparoscopic Sleeve Gastrectomy
  - Open and laparoscopic Vertical Banded Gastroplasty
  - Gastric Balloon
  - Intestinal Bypass

Attachment: NCD for Bariatric Surgery from CMS.

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Judy Riniker, R.N.  
Manager of Health Care Services/Quality Improvement

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Date

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Mary Leary, R.N.  
Director of Health Care Services/Quality Improvement

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Date

Original: 01/04	Reviewed: 03/06	Revised: 08/08	Revised: 02/10
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