

To:  
Physician  
  Assistants  
Physician Clinics  
Physicians  
HMOs and Other  
  Managed Care  
  Programs

## Updated Prior Authorization Criteria for Bariatric Surgery

This *Wisconsin Medicaid and BadgerCare Update* informs providers of the bariatric surgery procedures (also known as gastric bypass or gastric restrictive surgery) that are and are not covered by Wisconsin Medicaid. It also describes the updated prior authorization criteria for bariatric surgery effective for dates of service on and after February 1, 2005.

Wisconsin Medicaid has updated the prior authorization (PA) criteria for bariatric surgery, also known as gastric bypass or gastric restrictive surgery. This *Wisconsin Medicaid and BadgerCare Update* describes the updated PA criteria, which are effective for dates of service (DOS) on and after February 1, 2005.

### Covered Services

Effective for DOS on and after February 1, 2005, Wisconsin Medicaid covers two new laparoscopic bariatric surgery procedures:

- 43644 (Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy [Roux limb 150 cm or less]).
- 43645 (Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption).

The Attachment of this *Update* contains a chart that lists the bariatric surgery procedures covered by Wisconsin Medicaid. All bariatric surgery procedures require PA.

### Services That Are Not Covered

The following procedures for bariatric surgery are not covered:

- 43845 (Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy [50 to 100 cm common channel] to limit absorption [biliopancreatic diversion with duodenal switch]).
- S2082 (Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band [includes placement of subcutaneous port]).
- S2083 (Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline).
- S2085 (Laparoscopy, gastric restrictive procedure, with gastric bypass for morbid obesity, with short limb [less than 100 cm] Roux-en-Y gastroenterostomy).

In addition, the following procedures are considered investigational, inadequately studied, or unsafe and therefore are not covered:

- Gastric balloon.
- Biliopancreatic bypass.
- Loop gastric bypass.

### **Approval Criteria for Prior Authorization Requests**

The approval criteria for PA requests for Wisconsin Medicaid-covered bariatric surgery procedures include all of the following:

- The recipient must have a body mass index (BMI) of 40 or greater or a BMI of between 35 and 39 with documented high-risk, comorbid medical conditions that have not responded to medical management and are a threat to life (e.g., clinically significant obstructive sleep apnea, Pickwickian syndrome, obesity-related cardiomyopathy, coronary heart disease, medically refractory hypertension, or severe diabetes mellitus).
- The recipient must have attempted weight loss in the past without successful long-term weight reduction. These attempts may include, but are not limited to, diet restrictions/supplements, behavior modification, physician-supervised weight loss plans, physical activity programs, commercial or professional programs, or pharmacological therapy.
- The PA request must include clinically documented evidence of all of the following:
  - ✓ A minimum of six months of demonstrated adherence by the recipient to a physician-supervised weight management program with at least three consecutive months of participation in this program prior to the date of surgery in order to improve surgical outcomes, reduce the potential for surgical complications, and establish

the recipient's ability to comply with postoperative medical care and dietary restrictions. Documentation must include a physician's assessment of the recipient's participation and progress throughout the course of the program. A physician's summary letter is not sufficient documentation.

- ✓ Agreement by the recipient to attend a medically supervised postoperative weight management program for a minimum of six months post-surgery for the purpose of ongoing dietary, physical activity, behavioral/psychological, and medical education and monitoring.
- The recipient must receive a preoperative evaluation by an experienced and knowledgeable multidisciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological experience. This evaluation must include all of the following:
  - ✓ A complete history and physical examination, specifically evaluating for obesity-related co-morbidities that would require preoperative management.
  - ✓ Evaluation for any correctable endocrinopathy that might contribute to obesity.
  - ✓ Dietary assessment and counseling.
  - ✓ Psychological/psychiatric evaluation and clearance to determine the stability of the recipient in terms of tolerating the operative procedure and postoperative sequelae, as well as the likelihood of the recipient participating in an ongoing weight management program following surgery. Recipients receiving active treatment for a psychiatric disorder should receive

evaluation by their treatment provider prior to bariatric surgery and be cleared for bariatric surgery.

- The recipient must be 18 years of age or older and have completed growth.

### **How to Submit Prior Authorization Requests**

All of the following must be included as part of a PA request for bariatric surgery:

- A completed Prior Authorization Request Form (PA/RF).
- A completed Prior Authorization Physician Attachment (PA/PA).
- Documentation supporting the criteria in the “Approval Criteria for Prior Authorization Requests” section of this *Update*.

Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

### **Length of Authorization**

The length of authorization for an approved PA request for bariatric surgery is 12 months. Recipients must be Medicaid eligible at the time of the procedure.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Wisconsin Medicaid-Covered Bariatric Surgery Procedures

The following chart shows the Wisconsin Medicaid-covered bariatric surgery procedures. These procedures all require prior authorization.

| CPT* Procedure Code | Description  |
|---------------------|--|
| 43644**             | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less) |
| 43645**             | with gastric bypass and small intestine reconstruction to limit absorption   |
| 43659               | Unlisted laparoscopy procedure, stomach [Prior authorization required only for gastric-restrictive or bypass procedures.]            |
| 43842               | Gastric restrictive procedure, without gastric bypass, for morbid obesity; with vertical-banded gastroplasty                         |
| 43843               | other than vertical-banded gastroplasty  |
| 43846               | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy  |
| 43847               | with small intestine reconstruction to limit absorption  |
| 43848               | Revision of gastric restrictive procedure for morbid obesity (separate procedure)  |

\*CPT = *Current Procedural Terminology*.

\*\*Effective for dates of service on and after January 1, 2005.