

Affected Programs: BadgerCare Plus, Medicaid

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

Changes to Bariatric Surgery Prior Authorization Guidelines

This *ForwardHealth Update* introduces the updated prior authorization (PA) requirements for bariatric surgery effective for PA requests received on and after September 1, 2011.

Effective for prior authorization (PA) requests received on and after September 1, 2011, ForwardHealth has updated criteria for coverage of bariatric surgical procedures. Bariatric surgery is covered under the criteria listed in this *ForwardHealth Update* for Wisconsin Medicaid and BadgerCare Plus programs.

Prior Authorization Approval Criteria

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

- The member has a body mass index greater than 35 with at least one documented high-risk, life-limiting comorbid medical conditions capable of producing a significant decrease in health status that are demonstrated to be unresponsive to appropriate treatment. There is evidence that significant weight loss can substantially improve the following comorbid conditions:
 - ✓ Sleep apnea.
 - ✓ Poorly controlled Diabetes Mellitus while compliant with appropriate medication regimen.
 - ✓ Poorly controlled hypertension while compliant with appropriate medication regimen.
 - ✓ Obesity-related cardiomyopathy.
- The member has been evaluated for adequacy of prior efforts to lose weight. If there have been no or inadequate prior dietary efforts, the member must undergo six months of a medically supervised weight reduction program. This is separate from and not satisfied by the dietician counseling required as part of the evaluation for bariatric surgery.
- The member has been free of illicit drug use and alcohol abuse or dependence for the six months prior to surgery.
- The member has been obese for at least five years.
- The member has had a medical evaluation from the member's primary care physician to assess preoperative condition and surgical risk and found the member to be an appropriate candidate.
- The member has received 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, at a minimum:
 - ✓ A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - ✓ Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - ✓ Psychological or psychiatric evaluation to determine appropriateness for surgery, including an evaluation of the stability of the member in terms of tolerating the operative procedure and postoperative sequelae.

as well as the likelihood of the member participating in an ongoing weight management program following surgery.

- ✓ For members receiving active treatment for a psychiatric disorder, an evaluation by his or her treatment provider prior to bariatric surgery. The treatment provider is required to clear the member for bariatric surgery.
- ✓ At least three consecutive months of participation in a weight management program prior to the date of surgery, including dietary counseling, behavioral modification, and supervised exercise, in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the candidate's ability to comply with post-operative medical care and dietary restrictions. A physician's summary letter is not sufficient documentation.
- ✓ Agreement by the member to attend a medically supervised post-operative 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 member is 18 years of age or older and has completed growth.
- The member has not had bariatric surgery before or there is clear evidence of compliance with dietary modification and supervised exercise, including appropriate lifestyle changes, for at least two years.
- The bariatric center where the surgery will be performed has been approved by Centers for Medicare and Medicaid Services/American Society for Bariatric Surgery (ASBS) guidelines as a Center of Excellence and meet one of the following requirements:
 - ✓ The center has been certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center.
 - ✓ The facility has been certified by the ASBS as a Bariatric Surgery Center of Excellence.

A current list of approved facilities is available at www.cms.gov/Medicare/ApprovedFacilities/BSF/list.asp.

The approval criteria for PA requests for ForwardHealth-covered bariatric surgery procedures are also included in Attachment 1 of this *Update*.

Covered Services

Attachment 2 contains a chart that lists the bariatric procedures covered by Wisconsin Medicaid. All bariatric surgery procedures require PA. A bariatric procedure that does not meet the PA approval criteria is considered a noncovered service.

Length of Authorization

The length of authorization for an approved PA request for bariatric surgery is six months.

Services That are Not Covered

ForwardHealth does not cover the following services because they are investigational, inadequately studied, or unsafe:

- Vertical banded gastroplasty.
- Gastric balloon.
- Loop gastric bypass.
- Open adjusted gastric banding.

How to Submit Prior Authorization Requests

Providers may submit PA requests via the ForwardHealth Portal. Providers can upload electronically completed PA attachments and additional, required documentation.

Providers may also submit paper PA requests for bariatric surgery. Paper PA requests must include:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (10/08).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (10/08).
- Documentation supporting the criteria in the "Prior Authorization Approval Criteria" section of this *Update*.

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

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

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

This Update was issued on 08/22/2011 and information contained in this *Update* was incorporated into the Online Handbook on 09/09/2011.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

Prior Authorization Approval Criteria

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 - ✓ Sleep apnea.
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- The member has been evaluated for adequacy of prior efforts to lose weight. If there have been no or inadequate prior dietary efforts, the member must undergo six months of medically supervised weight reduction program. This is separate from and not satisfied by the dietician counseling required as part of the evaluation for bariatric surgery.
- The member has been free of illicit drug use and alcohol abuse or dependence for the six months prior to surgery.
- The member has been obese for at least five years.
- The member has had medical evaluation from the member's primary care physician that assessed his or her preoperative condition and surgical risk and found the member to be an appropriate candidate.
- The member has received 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, at a minimum:
 - ✓ A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - ✓ Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - ✓ Psychological or psychiatric evaluation to determine appropriateness for surgery, including an evaluation of the stability of the member in terms of tolerating the operative procedure and postoperative sequelae, as well as the likelihood of the member participating in an ongoing weight management program following surgery.
 - ✓ For members receiving active treatment for a psychiatric disorder, an evaluation by his or her treatment provider prior to bariatric surgery. The treatment provider is required to clear the member for bariatric surgery.
 - ✓ At least three consecutive months of participation in a weight management program prior to the date of surgery, including dietary counseling, behavioral modification, and supervised exercise, in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the candidate's ability to comply with post-operative medical care and dietary restrictions. A physician's summary letter is not sufficient documentation.
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- The member is 18 years of age or older and has completed growth.
- The member has not had bariatric surgery before or there is clear evidence of compliance with dietary modification and supervised exercise, including appropriate lifestyle changes, for at least two years.

- The bariatric center where the surgery will be performed has been approved by Centers for Medicare and Medicaid Services/American Society for Bariatric Surgery (ASBS) guidelines as a Center of Excellence and meet one of the following requirements:
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ATTACHMENT 2

Covered Bariatric Surgery Procedures

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
43770**	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771**	revision of adjustable gastric restrictive device component only
43772**	removal of adjustable gastric restrictive device component only
43773**	removal and placement of adjustable gastric restrictive device component only
43774**	removal of adjustable gastric restrictive device and subcutaneous port components
43775	longitudinal gastrectomy (ie, sleeve gastrectomy)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; 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, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)

* CPT = *Current Procedural Terminology*.

** The member must have a body mass index less than or equal to 50 to receive prior authorization for procedure codes 43770-43774.