

**Affected Programs:** BadgerCare Plus, Medicaid

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

## Revised Prior Authorization and Coverage Policy for Bariatric Surgery

Effective for dates of service on and after December 1, 2016, prior authorization (PA) requirements will be revised for bariatric surgery and revision or repeat bariatric surgery. This *ForwardHealth Update* outlines the new PA requirements and coverage policy for bariatric surgery and revision or repeat bariatric surgery.

### Coverage of Bariatric Surgery

Bariatric surgery is currently covered by ForwardHealth with prior authorization (PA). Effective for dates of service (DOS) on and after December 1, 2016, ForwardHealth will determine coverage of bariatric surgery and revision or repeat bariatric surgery based on the revised PA approval criteria, detailed in this *ForwardHealth Update*.

### Prior Authorization

#### **Approval Criteria for Bariatric Surgery**

Effective for DOS on and after December 1, 2016, PA requests for bariatric surgery may be approved if **one** of the following criteria is met:

- The member has a body mass index (BMI) greater than or equal to 35 kg/m<sup>2</sup> and inadequately controlled Type 2 diabetes mellitus despite appropriate therapy with at least two medications of different drug classes, either oral or injectable.
- The member has a BMI greater than or equal to 40 kg/m<sup>2</sup> and **one** of the following:
  - ✓ Moderate to severe obstructive sleep apnea
  - ✓ Type 2 diabetes mellitus

- ✓ Medically refractory hypertension (blood pressure consistently greater than 140/90 mmHg despite the concurrent use of three anti-hypertensive agents of different drug classes)
- ✓ Obesity-related cardiomyopathy
- ✓ Pickwickian syndrome (obesity hypoventilation syndrome)
- The member has a BMI greater than or equal to 50 kg/m<sup>2</sup> and mechanical arthropathy with functional impairment documented by a licensed physical therapist.

In addition to one of the above criteria, the member is required to meet **all** of the following criteria:

- The member is 18 years of age or older.
- The member has been obese for at least five years. Adequate prior attempts to lose weight or maintain weight loss have failed, **or** for members whose prior attempts at weight loss have been deemed absent or inadequate, a six-month medically supervised weight loss program has been undertaken.

*Note:* An acceptable medically supervised weight loss program is weight loss guidance that is provided in a clinical setting by a licensed healthcare professional on repeated occasions over at least a six-month period.

These required weight loss attempts by the member are prior to and separate from the bariatric assessment and

six-month multi-disciplinary surgical preparatory regimen described below.

- The member has been determined to be an appropriate surgical candidate based on an evaluation by the primary care provider or other appropriate provider (i.e., the member does not have cardiopulmonary disease that would make surgical risk prohibitive or other identifiable contraindication to elective surgery).
- The member has abstained from alcohol abuse and other substance abuse for at least six months.
- The member has undergone a multidisciplinary bariatric team assessment within 12 months of the proposed surgery and has been found by consensus to be an appropriate surgical candidate, and there is documentation that supports that the member understands the risks, benefits, expected outcomes, alternatives, and required lifestyle changes. The bariatric assessment, at a minimum, must include the following:
  - ✓ The member's medical history, physical exam results, and proposed plan by the bariatric surgeon
  - ✓ A psychological or psychiatric evaluation to determine readiness for surgery and identify any mental health barriers to the success of the proposed surgery. If a comorbid psychiatric diagnosis exists, an assessment of adequate stability must come from the treating mental health provider.
  - ✓ At least six consecutive months of documented participation and progress in a multi-disciplinary surgical preparatory regimen that includes dietary counselling, supervised exercise, and behavior modification to assess the member's ability to comply with the necessary post-operative lifestyle changes and to signal surgical readiness. Records must document member compliance with this multidisciplinary surgical preparatory regimen. Accordingly, the member must not have a net weight gain during this period greater than what is explainable as a normal fluctuation (up to five pounds) or otherwise attributable to a recognized medical condition (such as edema). If applicable, members should be strongly encouraged to stop smoking preoperatively.

- The member has been evaluated for and does not have a contributing endocrinopathy.

*Note:* Like Medicare, ForwardHealth is removing the stipulation that coverage for bariatric surgery is only allowable at an American Society for Metabolic and Bariatric Surgery-certified Center of Excellence or Level 1 Bariatric Surgery Center. However, ForwardHealth still requires that bariatric surgery should be performed in high-volume centers with multidisciplinary teams that understand and are experienced in the management of metabolic surgery and obesity-related comorbidities such as diabetes.

### ***Approval Criteria for Revision of Bariatric Surgery***

Effective for DOS on and after December 1, 2016, PA requests for revision of bariatric surgery may be approved if **one** of the following criteria is met:

- Removal of a gastric band is considered medically necessary and is recommended by the member's physician.
- Surgery to correct complications of a prior bariatric surgery is considered medically necessary for such issues as obstruction, stricture, erosion, band slippage, or port or tubing malfunction.

Revision of a primary bariatric surgery procedure that has failed (i.e., surgery was initially successful at inducing weight loss, then the member regained weight) due to dilation of the gastric pouch, a dilated gastrojejunal stoma, or dilatation of the gastrojejunostomy anastomosis is not covered if, as in most cases of dilation, the primary cause for these remote post-surgical changes is noncompliance (i.e., overeating).

### ***Approval Criteria for Repeat Bariatric Surgery***

Effective for DOS on and after December 1, 2016, PA requests for repeat bariatric surgery may be approved for members whose initial bariatric surgery was considered medically necessary and who meet **one** of the following medical necessity criteria:

- Replacement of an adjustable band is considered medically necessary because there are complications

(e.g., port leakage or slippage) that cannot be corrected with band manipulation or adjustments.

- Conversion from an adjustable band to a sleeve gastrectomy, Roux-en-Y gastric bypass, or biliopancreatic diversion with duodenal switch is considered medically necessary for a member who has been compliant with a prescribed nutrition and exercise program following the band procedure but who has complications that cannot be corrected with band manipulation, adjustments, or replacement.

### **Prior Authorization Documentation**

Providers are required to submit **all** of the following information with PA requests for bariatric surgery:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12)
- Documentation that fully supports the approval criteria in this *Update*

### **Prior Authorization Submission Methods**

Prior authorization requests may be submitted using any of the following methods:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
313 Blettner Blvd  
Madison WI 53784

- **278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

### **Allowable Procedure Codes**

Providers are required to include an allowable *Current Procedural Terminology* (CPT) procedure code when submitting PA requests or claims for bariatric surgery or repeat or revision bariatric surgery. Refer to the Attachment of this *Update* for a table that lists allowable procedure codes.

Providers are required to use the most current maximum allowable fee schedule in conjunction with the most current CPT and Healthcare Common Procedure Coding System references to determine coverage of services. The fee schedules are available on the Portal by clicking the Fee Schedules link in the Providers box on the Portal home page.

### **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.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 10/19/2016 and information contained in this *Update* was incorporated into the Online Handbook on 12/01/2016.

# ATTACHMENT

## Allowable Bariatric Surgery Procedure Codes

The following table contains a list of *Current Procedural Terminology* (CPT) procedure codes that are allowable by ForwardHealth with approved prior authorization (PA). All bariatric surgery procedures require PA.

*Note:* The information included in the table is subject to change. For the most current information on allowable codes, providers are encouraged to refer to the maximum allowable fee schedules on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page. For the most current code descriptions, providers are encouraged to refer to the most recent edition of the CPT and Healthcare Common Procedure Coding System codebooks.

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 replacement 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
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)
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)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	removal of subcutaneous port component only
43888	removal and replacement of subcutaneous port component only