

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202240 MAY 26, 2022

IHCP revises bariatric surgery PA criteria

Effective June 26, 2022, the Indiana Health Coverage Programs (IHCP) will revise prior authorization (PA) criteria for bariatric surgery. Bariatric surgery is recognized as medically necessary when used for the treatment of morbid obesity.

Providers must report ICD-10 diagnosis code E66.01 – *Morbid obesity* with the most specific procedure code available that represents the procedure performed.

This PA revision applies to the majority of IHCP plans, including Hoosier Care Connect, Hoosier Healthwise, Traditional Medicaid (fee-for-service [FFS]) and specified Healthy Indiana Plan (HIP) plans.



Only HIP State Plan members have access to this revised bariatric PA criteria. This policy revision will not affect members receiving Indiana Medicaid under HIP Basic and HIP Plus alternative benefit packages.

Prior authorization general criteria for bariatric surgery

As described in *Indiana Administrative Code 405 IAC 5-3-13*, PA is required for all bariatric surgeries. The request for PA for bariatric surgery must be accompanied by **all** the following documentation:

- A signed statement from the member acknowledging an understanding of preoperative and postoperative expectations
- Documentation showing the member failed to maintain weight loss or achieve a body mass index (BMI) below 35 or 30 (as indicated in the PA criteria in this bulletin), despite a committed attempt at conservative medical therapy including participation in a nonsurgical weight loss program
- Documentation that reflects a psychiatric evaluation for possible behavioral health conditions that are contraindications to the surgery performed by any of the following providers:
 - Licensed psychiatrist
 - Licensed health service provider in psychology (HSPP)
 - Licensed advanced practiced registered nurse (APRN)
 - Licensed clinical social worker (LCSW)
 - Licensed clinical addiction counselor (LCAC)
 - Licensed mental health counselor (LMHC)
 - Licensed marriage and family therapist (LMFT)
- Consultation reports from other practitioners (anesthesiologist, pulmonologist, cardiologist and so on) who have seen the member for evaluation, if applicable
- Correctable cause for obesity not identified (for example, hypothyroidism or Cushing syndrome)
- No history of substance or alcohol use disorders, or in remission for one year or more

- Not currently pregnant and no planned pregnancy within 18 months of surgery
- No history of tobacco use, or tobacco free for six weeks or more prior to surgery
- For members younger than 21 years of age, documentation by two physicians who have determined bariatric surgery is necessary to save the life of the member or restore the member's ability to maintain a major life activity

The physician requesting PA is responsible for referral of the member to a licensed psychiatrist, HSPP, APRN, LCSW, LCAC, LMHC or LMFT at any time before or during the nonsurgical treatment. The consultation would include an assessment for any psychosocial needs with recommendation for treatment, if necessary. Documentation must be maintained in the member's medical record.

Bariatric surgery prior authorization criteria

The IHCP member must meet **all** the following criteria for bariatric surgery to be considered medically necessary:

- Member is morbidly obese as defined by **either** of the following:
 - BMI of at least 30 with a diagnosis of type 2 diabetes mellitus with inadequately controlled hyperglycemia despite optimal medical treatment (such as oral medication or insulin)
 - BMI of at least 35 with comorbidity or coexisting medical conditions, such as hypertension, cardiopulmonary conditions, sleep apnea or diabetes
 - BMI of at least 40 without comorbidity



- Failed weight-loss therapy; the scope and duration of failed weight-loss therapy must meet the one of the following:
 - Unsuccessful weight-loss therapy as shown with both of the following:
 - ◆ Morbid obesity has persisted for at least five years
 - ◆ Physician-supervised nonsurgical weight-loss program has been unsuccessful for at least six consecutive months

Note: Successful weight-loss therapy is defined as the ability to reduce body weight by approximately 10% from baseline in a period of eight months.
 - Unsuccessful weight-loss maintenance:
 - ◆ Member successfully achieved weight loss after participating in a physician-supervised nonsurgical weight-loss program but has been unsuccessful at maintaining weight loss for two years (greater than 3-kilogram [6.6-pound] weight gain).

Note: Unsuccessful weight-loss maintenance is defined as a weight regain of more than 3 kilograms (6.6 pounds) in two years and the inability to maintain a sustained reduction in waist circumference of at least 4 centimeters.

In addition to the general criteria for bariatric surgery, members under 18 years of age must also meet **all** the following criteria:

- The member has reached sexual maturity and has reached a Tanner Scale stage IV or V plus 95% of predicted adult stature based on bone age.
- The member meets **one** of the following BMI/comorbidity requirements:
 - BMI greater than 35 with **at least one** of the following severe comorbidities that has significant short-term effects on health and that is uncontrolled with lifestyle or pharmacotherapy management:
 - ◆ Type 2 diabetes mellitus
 - ◆ Moderate to severe sleep apnea (apnea-hypopnea index [AHI] of 15 or greater)
 - ◆ Severe nonalcoholic steatohepatitis
 - ◆ Pseudotumor cerebri
 - ◆ Nonalcoholic fatty liver disease
 - ◆ Gastroesophageal reflux disease (GERD)
 - ◆ Idiopathic intracranial hypertension
 - ◆ Blount's disease (tibia vara)
 - ◆ Slipped capital femoral epiphysis
 - BMI of 40 or greater with **at least one** of the following comorbidities that is uncontrolled with lifestyle or pharmacotherapy management:
 - ◆ Hypertension
 - ◆ Insulin resistance
 - ◆ Glucose intolerance
 - ◆ Substantially impaired quality of life or activities of daily living
 - ◆ Dyslipidemia
 - ◆ Sleep apnea with AHI of 5 or greater



Noncovered services for bariatric surgeries

The IHCP will not cover procedures that are considered investigational or do not meet safety or efficacy standards.

The following bariatric procedures will remain noncovered by the IHCP (this list is not exhaustive):

- Fobi-Pouch (limiting proximal gastric pouch)
- Gastroplasty (stomach stapling)
- Intestinal bypass (jejunioileal bypass)
- Intra-gastric balloon
- Loop gastric bypass
- Mini-gastric bypass
- Natural orifice transluminal endoscopic surgery (NOTES), such as StomphyX
- Panniculectomy following gastric bypass procedures performed for cosmetic reasons, even if performed incidentally to a ventral herniorrhaphy
- Laparoscopic adjustable gastric banding (LAGB) for children under the age of 18

Surgical revisions for bariatric surgery

Members may require subsequent surgery because of a complication during the perioperative period or a revision to correct a technical failure. PA is required for reoperation to repair a complication or to correct a technical failure. PA for revision or conversion to Roux-en-Y includes a medical review of documentation. Documentation of medical necessity must include the reason for the failure and the date of the original surgery.

PA for revision of bariatric surgery due to the noncompliant behavior of the member requires six months of documentation in the medical record, to include **all** the following:

- Member participation in all preoperative and postoperative evaluations and sessions included in the treatment plan
- Member participation in the preoperative and postoperative sessions with a dietician experienced in caring for members following bariatric procedures
- An evaluation by a licensed psychiatrist, HSPP, APRN, LCAC, LSCW, LMHC, or LMFT that reflects the absence of behavioral health contraindications to a successful outcome to revision of the bariatric surgery
- Member had prior alternative bariatric procedure (such as laparoscopic sleeve gastrectomy) with need for revision as indicated by **all** the following:
 - Revision procedure appropriate, as indicated by **one or more** of the following:
 - ◆ One year or more since primary bariatric or metabolic surgery
 - ◆ Less than 50% of excess weight lost one year or longer after prior bariatric procedure
 - ◆ Regain of more than 25% of excess weight lost
 - BMI greater than 35 and persistence of a clinically serious condition related to obesity (such as type 2 diabetes, obesity hypoventilation, obstructive sleep apnea, nonalcoholic steatohepatitis, pseudotumor cerebri, severe osteoarthritis and difficulty in controlling hypertension) one year or longer after prior bariatric procedure



PA is not required for Healthcare Common Procedure Coding System (HCPCS) procedure code S2083 – Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline. This procedure is considered a routine, frequently performed, office procedure. It is not a surgical procedure. However, the IHCP does not provide reimbursement for HCPCS code S2083 during the 90-day global period for procedure codes 43770, 43771, 43773, 43886 and 43888, because adjustment is already included in the 90-day global period reimbursement for these services.

For more information

Questions about PA for all FFS IHCP enrolled members should be directed to Gainwell Technologies at 800-457-4584, option 7. Questions about managed care billing and PA for procedures should be directed to the managed care entity (MCE) with which the member is enrolled.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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