

Bariatric surgery 2

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable codes: *43644, *43645, *43659, *43770, *43771, *43772, *43773, *43774, *43775, *43842, *43843, *43845, *43846, *43847, *43848, *43886, *43887, *43888, *44130

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See below for the questions you'll encounter in the e-referral system.

<p>Q Is the patient's BMI greater than 40 kg/m2?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Is the patient's BMI between 35 kg/m2 and 40 kg/m2 AND the patient has at least ONE of the following (A-G)? A. Hypothyroidism B. Hypertension C. Cushing's disease D. Hypothalamic lesions E. Cardiovascular diseases F. Respiratory diseases G. Type 2 diabetes</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Is the patient's BMI at least 50?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

Q If the patient is older than 65, is it documented in the medical record that the benefits of the surgery outweigh the risks given the patient's age and other medical conditions?

A Possible answers: Yes No N/A

Q Is the surgery being performed at a Medicare approved facility?

A Possible answers: Yes No N/A

Q Does the patient's medical record include documentation of failure of nonsurgical management including a structured, PROFESSIONALLY SUPERVISED weight loss program for a minimum of 180 days in the two years before the recommendation for bariatric surgery?

A Possible answers: Yes No N/A

Q Are one of the following procedures being requested (A-F)? A. Open adjustable gastric banding B. Open sleeve gastrectomy C. Open and laparoscopic vertical banded gastroplasty D. Intestinal bypass surgery E. Gastric balloon for treatment of obesity F. Endoscopic/endoluminal procedures (for example StomaphyX* device), to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches (*StomaphyX is a registered trademark.)

A Possible answers: Yes No N/A