

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.

Q Is the patient's BMI at least 35 kg/m²?

A

Possible answers: Yes No N/A

Q Does the patient have at least one obesity related comorbidity such as diabetes, high blood pressure, hypothyroidism, Cushing's disease, hypothalamic lesions and cardiac or respiratory diseases?

A

Possible answers: Yes No N/A

Q Has the patient failed nonsurgical management to treat obesity including a SUPERVISED weight loss program for a minimum of 180 days?

A

Possible answers: Yes No N/A

Q Are one of the following procedures being requested (A-E)? A) Open adjustable gastric banding. B) Open sleeve gastrectomy. C) Open or laparoscopic vertical banded gastroplasty. D) Intestinal bypass surgery. E) Gastric balloon for treatment of obesity.

A

Possible answers: Yes No N/A