

**Bariatric surgery 1**

We provide coverage for this procedure for adult and adolescent 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 procedure codes: \*43644, \*43645, \*43770, \*43771, \*43772, \*43773, \*43774, \*43775, \*43842, \*43843, \*43845, \*43846, \*43847, \*43848, \*43886, \*43887, \*43888, \*44130

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2019 American Medical Association. All rights reserved.

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

**Q** Is the patient's BMI at least 50 kg/m<sup>2</sup>?

**A**

Possible answers:  Yes  No  N/A

**Q** Is the patient's BMI at least 40 kg/m<sup>2</sup> but less than 50 kg/m<sup>2</sup>?

**A**

Possible answers:  Yes  No  N/A



**Blue Care  
Network**  
of Michigan

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## Preview questionnaire: Bariatric surgery 1

For BCN HMO<sup>SM</sup> (commercial) members

Effective July 1, 2020

**Q** Is the patient's BMI between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> AND the patient has at least ONE of the following (A-G)? A. Degenerative joint disease (including degenerative disc disease) B. Hypertension C. Hyperlipidemia, coronary artery disease D. Atherosclerotic disease E. Type II diabetes F. Sleep apnea G. Congestive heart failure

**A**

Possible answers:  Yes  No  N/A

**Q** If the patient is less than 18 years old, were the risks of surgery on future growth; the patient's maturity level; the patient's ability to understand the procedure and comply with postoperative instructions; and the adequacy of family support addressed with the patient AND documented in the medical record?

**A**

Possible answers:  Yes  No  N/A

**Q** If the patient is older than 60, 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** Does the patient's medical record include documentation of failure of nonsurgical management including a structured, PROFESSIONALLY SUPERVISED weight loss program during a MINIMUM OF FIVE visits over a minimum of six full, consecutive months (180 days) within the last two years prior to the recommendation for bariatric surgery? (Online and telephonic programs do not meet this criterion.)

**A**

Possible answers:  Yes  No  N/A



**Q** Does the patient's medical record include documentation of an assessment and therapeutic plan for EACH of the following elements during the PROFESSIONALLY SUPERVISED weight loss program (must meet ALL A-D)? A. Diet (prescribed caloric restriction, review of dietary intake and recommendations) B. Physical activity (physical exercise program appropriate for the member's age and physical condition, including expectations for compliance and recommendations) C. Behavioral interventions (specific strategies and tools for overcoming barriers and improving dietary compliance review – for example, logbooks, support groups, stress management, problem solving, social support, stimulus control) D. Pharmacotherapy (must be FDA-approved weight loss drugs)

**A**

Possible answers:  Yes  No  N/A

**Q** Is there documentation in the patient's medical record that the physician and patient have a good understanding of the risks involved?

**A**

Possible answers:  Yes  No  N/A

**Q** Is there documentation in the patient's medical record that the patient will be compliant with all postsurgical requirements?

**A**

Possible answers:  Yes  No  N/A

**Q** Did the patient have a psychological evaluation performed by a contracted mental health professional to establish the patient's emotional stability, ability to comprehend the risk of surgery and to give informed consent, and ability to cope with expectable postsurgical lifestyle changes and limitations?

**A**

Possible answers:  Yes  No  N/A



**Q** Are ONE of the following procedures being requested (A-K)? A. Gastric bypass using a Billroth II type of anastomosis, also known as mini gastric bypass B. Biliopancreatic bypass without duodenal switch C. Long-limb gastric bypass procedure (for example, >150 cm) D. Stomach stapling E. Endoscopic/endoluminal procedures (including but not limited to insertion of the StomaphyX\* device, insertion of a gastric balloon, endoscopic gastroplasty, or use of an endoscopically placed duodenojejunal sleeve) as a primary bariatric procedure or as a revision procedure, (for example, to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches) F. Laparoscopic gastric plication G. Vagus nerve blocking H. Single anastomosis duodenoileal bypass with sleeve gastrectomy (SADI-S) I. Stomach intestine pylorus sparing surgery (SIPS) J. Intra-gastric balloons K. Aspiration therapy device (\*StomaphyX is a registered trademark.)

**A**

Possible answers:  Yes  No  N/A

**Q** Is the request for a revision of the original procedure because of failure due to anatomic or technical reasons (for example, obstruction, staple dehiscence, etc.), or excessive weight loss of 20 percent or more below ideal body weight and NOT due to patient nonadherence?

**A**

Possible answers:  Yes  No  N/A

**Q** For revision surgeries, please include in the free text section provided all of the following (A-C): A. Date of previous surgery B. Type of previous procedure C. Factors that precipitated the failure and/or the nature of the complications from the previous procedure that necessitated the takedown

**A**