

## **INSURANCE REFERENCE SHEET for BARIATRIC SURGERY**

### **Important Note:**

**The information below is based on our past experience. It is your responsibility to verify your coverage and criteria with your individual insurance plan.**

### ***This handout is for reference purposes only!***

**Aetna:** for most policies, NIH criteria

- 2 year documented history of obesity, consecutive 3 month multi-disciplinary program to include Consultation with a dietician or nutritionist; **and** Reduced-calorie diet program supervised by dietician or nutritionist; **and** Exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery, supervised by exercise therapist or other qualified professional; **and** Behavior modification program supervised by qualified professional; **and** Documentation in the medical record of the member's participation in the multidisciplinary surgical preparatory regimen at each visit. (A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation should include medical records of the physician's initial assessment of the member, and the physician's assessment of the member's progress at the completion of the multidisciplinary surgical preparatory regimen.)

OR

- 2 year documented history of obesity, 6 consecutive months supervised diet history to include height, weight, vitals and a note regarding weight management i.e.: reduced calorie intake diet, food journal, increased physical activity, any prescribed pharmacology or OTC treatments of the same within the past 2 years, evaluation by registered dietician and Psychiatrist/psychologist. **Please make sure that your employer group does not have their own policy as well in addition to the Aetna policy.** [http://www.aetna.com/cpb/cpb\\_menu.html](http://www.aetna.com/cpb/cpb_menu.html)

**Blue Cross Federal:** NIH criteria, evaluation by registered dietician and Psychiatrist/psychologist.

**Blue Cross National or State accounts:** For example BCBS of MN, AL, AK etc. In our experience, these payors have requirements of their own. If you carry an out of state BC plan you will need to get their medical policy, or ask if they follow the local blue policies.

**BCBS of PA:** NIH criteria, documentation that the patient has received non-surgical treatment (e.g., dietitian/nutritionist consultation, low calorie diet, exercise program, and behavior modification) and attempts at weight loss have failed.

- The patient must participate in and meet the criteria of a structured nutrition and exercise program. This includes dietitian/nutritionist consultation, low calorie diet, increased physical activity, behavioral modification, and/or pharmacologic therapy, documented in the medical record.

This structured nutrition and exercise program must meet **all** of the following criteria:

- a. The nutrition and exercise program must be supervised and monitored by a physician working in cooperation with dietitians and/or nutritionists; and
- b. The nutrition and exercise program(s) must be for a cumulative total of 6 months or longer in duration; and
- c. The nutritional and exercise program must occur within two years prior to the surgery; and
- d. The patient's participation in a structured nutrition and exercise program must be documented in the medical record by an attending physician who supervised the patient's progress. **A physician's summary letter is not sufficient documentation.**

Documentation should include medical records of the physician's on-going assessments of the patient's progress throughout the course of the nutrition and exercise program. For patients who participate in a structured nutrition and exercise program, medical records documenting the patient's participation and progress must be available for review.

<https://secure.highmark.com/ldap/medicalpolicy/wpa-highmark/G-24-023.html>

**Carefirst/ Blue Cross Blue Shield of Maryland:** NIH criteria, consecutive 6 months supervised diet history to include height, weight, vitals and a note regarding weight management i.e.: reduced calorie intake diet, food journal, increased physical activity, any prescribed pharmacology or OTC treatments of the same, two structured, non-concurrent, diet programs for 3 consecutive months. (Can include commonly available diet programs such as Weight Watchers® or Jenny Craig®) within the past 2 years.

<http://notesnet.carefirst.com/ecommerce/medicalpolicy.nsf/vwwebtablex?OpenView&Start=1&Count=200&Expand=8#8>

**Cigna:** NIH criteria, Active participation within the last two years in one physician-supervised (primary care physician) weight-management program for a minimum of six months without significant gaps.

The weight-management program must include monthly documentation of **ALL** of the following components:

- weight
- current dietary program
- physical activity (e.g., exercise program)

Programs such as Weight Watchers®, Jenny Craig® and Optifast® are acceptable alternatives if done in conjunction with physician supervision and detailed documentation of participation is available for review. For individuals with long-standing, morbid obesity, participation in a program within the last five years is sufficient if reasonable attendance in the weight-management program over an extended period of time of at least six months can be demonstrated. However, physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement.

[http://www.cigna.com/customer\\_care/healthcare\\_professional/coverage\\_positions/medical/mm\\_0051\\_coveragepositioncriteria\\_bariatric\\_surgery.pdf](http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0051_coveragepositioncriteria_bariatric_surgery.pdf)

**Empire BCBS:** [http://www.empireblue.com/provider/noapplication/f2/s5/t9/pw\\_ad080419.pdf](http://www.empireblue.com/provider/noapplication/f2/s5/t9/pw_ad080419.pdf)

**EHP/PRIORITY PARTNERS/USFHP:**

Insurance requirements for authorization include all of the following:

- 6 months consecutive diet/ nutrition history
- Psychiatric evaluation
- Nutrition evaluation
- Bariatric Medical Evaluation (BME)
- Chest X-ray
- EKG report and strip
- Lab work- TSH, lipid panel, Urinalysis, CMP, CBC, and liver profile

*EHP patients depending on their group # may also be responsible to pay a deductible of \$1,000.00 prior to surgery.*

**Geisinger:** <http://www.geisingerbariatrics.com/> Patients must complete their program.

**MAMSI/MDIPA/OPTIMUM CHOICE: NIH criteria,** NIH criteria, 5 yr documented history of obesity, consecutive 6 months supervised diet history to include height, weight, vitals and a note regarding weight management i.e.: reduced calorie intake diet, food journal, increased physical activity, any prescribed pharmacology or OTC treatments of the same within the past 2 years, evaluation by registered dietician and Psychiatrist/psychologist.

**Medicare:** [http://www.cms.hhs.gov/manuals/downloads/ncd103c1\\_Part2.pdf](http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part2.pdf)

**Tricare:**

The following conditions must be met:

The patient is 100 pounds over the ideal weight for height and bone structure and has one of the following associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders and severe arthritis of the weight-bearing joints;

*or*

The patient is 200 percent or more of the ideal weight for height and bone structure, regardless of associated medical conditions;

*and*

the following the evaluations must be completed: 6 consecutive months of a supervised diet program, nutritional evaluation, psychiatric evaluation, peptic ulcer risk evaluation (H Pylori), thyroid disorders evaluation (TSH), EKG, chest X-ray and a drug screening (urinalysis)

**Authorization Requirements**

TRICARE Prime beneficiaries require prior-authorization for all non-emergency inpatient procedures.

**The following services are excluded (this list is not exhaustive):**

- Office visits solely for the treatment of obesity
- Non-surgical procedures for treatment of obesity
- Biliopancreatic bypass (jejunoileal bypass, Scopinaro procedure) (CPT codes 43645, 43845, 43847 or 43633).
- Gastric bubble or balloon
- Gastric wrapping/open gastric banding (CPT code 43843)
- Unlisted CPT codes 43659 (laparoscopy procedure, stomach); 43999 (open procedure, stomach); and 49329 (laparoscopy procedure, abdomen, peritoneum and omentum).

**United Healthcare:** NIH criteria, 5 yr documented history of obesity, consecutive 6 months supervised diet history to include height, weight vitals and note regarding weight management i.e.: reduced calorie intake diet, food journal, increased physical activity, any prescribed pharmacology or OTC treatments of the same within the past 2 years, evaluation by registered dietician and Psychiatrist/psychologist.

<https://www.unitedhealthcareonline.com/b2c/cmaIndexResult.do?channelId=016228193392b010>

[VgnVCM100000c520720a\\_\\_\\_&htmlFilePath=/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesHtml/MedicalPolicies/Bariatric\\_Surgery.htm](http://VgnVCM100000c520720a___&htmlFilePath=/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesHtml/MedicalPolicies/Bariatric_Surgery.htm)

**NOTE:**

All patients are **required** to contact their insurance company to make sure that they have the benefit for bariatric surgery and to make sure that they are aware of their insurance policy's requirements. We suggest that you call your insurance company and/or research your insurance policy online.

Questions to ask the insurance company include:

1. Do I have the benefit for bariatric surgery?  
*Laparoscopic Gastric Bypass code 43644*  
*Laparoscopic Sleeve Gastrectomy 43775*  
*Laparoscopic Banding 43770*  
*Open Gastric Bypass 43846*
2. What are the requirements that must be completed to be approved for surgery?
3. Can you send me a copy of the requirements?
4. Is there a deductible required prior to surgery?
5. Is there a deductible required after surgery?

*Unfortunately there will be insurance plans that will not cover bariatrics.*

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