

	<p align="center">Bariatric Surgery Guidelines</p>	
<p align="center">Guideline # 6174</p>	<p align="center">Categories Clinical <input type="checkbox"/> Care Coordination, Care Coordination – Utilization management , TCHP Guidelines</p>	<p align="center">This Guideline Applies To: Texas Children's Health Plan</p> <hr/> <p align="center">Document Owner Lisa Fuller</p>

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all bariatric surgery.

DEFINITIONS:

Bariatric Surgery: surgical weight loss procedures that modify the anatomy of the digestive system indicated to treat medical conditions caused or significantly worsened by obesity and comorbid conditions that cannot be adequately treated by standard measures unless significant weight loss occurs.

PRIOR AUTHORIZATION GUIDELINES

1. Gastric procedures for weight loss are excluded from the benefit for CHIP and CHIP Perinate.
2. All requests for prior authorization for bariatric surgery are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
3. Inpatient services needed following bariatric surgery, other than the observation level of care, must be requested separately.
4. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the bariatric surgery as an eligible service.
5. The requesting physician must provide documentation of **ALL** of the following:
 - 5.1. Unsuccessful medical treatment for obesity **AND**
 - 5.2. Psychiatric profile indicating the candidate is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements; **AND**
 - 5.3. The candidate's post-operative expectations have been addressed; **AND**

- 5.4. Completed preoperative mental health assessment by a mental health professional deeming member an acceptable candidate if they have a history of psychiatric or psychological disorders, are under the care of a mental health professional or they are on psychotropic medications; **AND**
- 5.5. Thorough explanation of the risks, benefits, and uncertainties of the procedure; **AND**
- 5.6. Treatment plan that includes pre- and post-operative dietary evaluations and nutritional counseling; **AND**
- 5.7. Treatment plan includes counseling regarding exercise, psychological issues and the availability of supportive resources when needed **AND**
- 5.8. Referral to the bariatric surgeon was completed by the practitioner who is treating the comorbid condition(s) **AND**
- 5.9. Facility where the services will be provided and attestation that it is a facility in Texas that is one of the following:
 - 5.9.1. Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
 - 5.9.2. A children's hospital that has a bariatric surgery program and provides access to an experienced surgeon who employs a team that is capable of long-term follow up of the metabolic and psychosocial needs of the member and family
- 5.10. That **NONE** of the following additional contraindications exist:
 - 5.10.1. Endocrine cause for obesity, inflammatory bowel disease, chronic pancreatitis, cirrhosis, portal hypertension, or abnormalities of the gastrointestinal tract
 - 5.10.2. Chronic, long-term steroid treatment
 - 5.10.3. Pregnant, or plans to become pregnant within 18 months
 - 5.10.4. Noncompliance with medical treatment
 - 5.10.5. Significant psychological disorders that would be exacerbated or interfere with the long-term management of the member after the operation
 - 5.10.6. Active malignancy
6. InterQual criteria will be used to establish medical necessity for bariatric surgery.
7. Repeat bariatric surgery may be considered medically necessary when either:
 - 7.1. To correct complications from prior bariatric surgery such as band malfunction, obstruction, or stricture
 - 7.2. To convert to a Roux-en-Y gastroenterostomy or to correct pouch failure in an otherwise compliant member when the initial bariatric surgery met medical necessity criteria

- 7.3. Conversion to a Roux-en-Y gastroenterostomy may be considered medically necessary for members who have not had adequate success (defined as a loss of more than 50 percent of excess body weight) two years following the primary bariatric surgery procedure, and the member has been compliant with a prescribed nutrition and exercise program following the procedure
8. Bariatric surgery is not medically necessary when the primary purpose of the surgery is any of the following:
 - 8.1. For weight loss for its own sake
 - 8.2. For cosmetic purposes
 - 8.3. For reasons of psychological dissatisfaction with personal body image
 - 8.4. For the member's or provider's convenience or preference
9. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy may be followed.
10. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:**

Uniform Managed Care Contract v2.28 Attachment B-2.1 – Medicaid and CHIP Managed Care Services RFP, CHIP Covered Services

Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook Accessed December 14, 2024.

<https://www.tmhp.com/resources/provider-manuals/tmpm>

2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery, published October 2022, [https://www.soard.org/article/S1550-7289\(22\)00641-4/fulltext](https://www.soard.org/article/S1550-7289(22)00641-4/fulltext).

GUIDELINE

Armstrong Sarah C., Bolling Christopher F., Michalsky Marc P., Reichard Kirk W. and section on obesity, section on surgery Pediatric Metabolic and Bariatric Surgery: Evidence, Barriers, and Best Practices Pediatrics December 2019, 144 (6) e20193223;

Carlsson LM, Peltonen M, Ahlin S, et al. Bariatric surgery and prevention of type 2 diabetes in Swedish obese subjects. N Engl J Med. 2012; 367(8):695-704.

Mingrone G, Panunzi S, De Gaetano A, et al. Bariatric surgery versus conventional medical therapy for type 2 diabetes. N Engl J Med. 2012; 366(17):1577-1585.

Romy S, Donadini A, Giusti V, Suter M. Roux-en-Y gastric bypass vs. gastric banding for morbid obesity: a case matched study of 442 patients. Arch Surg. 2012; 147(5):460-466.

Sjöström L, Peltonen M, Jacobson P, et al. Bariatric surgery and long-term cardiovascular events. JAMA. 2012; 307(1):56-65.

Sjöström L, Peltonen M, Jacobson P, et al. Association of bariatric surgery with long-term remission of type 2 diabetes and with microvascular and macrovascular complications. Clinical trials No. NCT01479452. JAMA. 2014; 311(22):2297-2304.

Status	Date	Action
Approved	12/31/2024	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 01/04/21	Effective/Publication Date: 01/23/2023
--	--------------------------------------	--

