

**BARIATRIC SURGERY CRITERIA
FOR THE
MONTANA UNIFIED SCHOOL TRUST**

Bariatric Surgery Benefit effective July 1, 2008, for the Montana Unified School Trust (the Plan) is amended within the “MEDICAL BENEFITS” section, “BARIATRIC SURGERY BENEFIT” is added following the “Morbid Obesity Exclusions” in the MUST Summary Plan Description (SPD) as follows:

Bariatric Surgery-Bariatric surgery for the treatment of Morbid Obesity is covered up to the lifetime maximum benefit specified in the current Schedule of Medical Benefits.

The definition of “Morbid Obesity” for surgical intervention for the MUST Plans means a condition of persistent and uncontrollable weight gain and is defined as a body mass index (BMI) of 35 to 39 with at least two co-morbid conditions (conditions listed under Selection Criteria) or a BMI of 40 with or without accompanying co-morbid conditions. BMI is calculated by dividing a person’s weight (in kilograms) by his/her height squared (in meters).

Treatment must be Prior Authorized as Medically Necessary by APS Healthcare. If Prior Authorization is not obtained or charges are found not to be Medically Necessary, charges in connection with or related to bariatric surgery will not be covered.

Specialized case management by a registered nurse will be mandatory for Covered Persons who are considering bariatric surgery to assist them with prior-authorization of services. For Covered Person’s who meet medical necessity for bariatric surgery, the case manager will continue to work with the Covered Person and their provider(s) in the pre-operative and post-operative phase.

APS Healthcare Case Management phone number: 1-866-598-3974, option #3

There are a variety of surgeries intended to treat morbid obesity. All of the surgeries are based on one of two premises: alteration in the volume of food eaten (restrictive procedure); or alteration of food absorption (malabsorptive procedure). MUST allows coverage only for the following two bariatric surgeries:

- Laparoscopic Gastric Banding (Lap Banding Procedure)
- Gastric Bypass (Roux-en-Y)

Adjustment to the Lap Band is considered medically necessary. The adjustment is usually performed in the physician’s office. Performance of the procedure in an outpatient surgery setting requires documentation of medical necessity as well as X-rays, including a before and after barium swallow.

Covered services for bariatric surgery for Morbid Obesity as well as any complications that might result from approved bariatric surgery are considered medically necessary only when all of the selection criteria are met.

Selection criteria:

1. Presence of morbid obesity that has persisted for at least 3 years is defined as the following:

Body mass index (BMI) of 35 to 39 with at least two co-morbid conditions as listed or a BMI of 40 with or without accompanying co-morbid conditions which must be documented by a Physician. Co-morbid conditions include;

- i. Clinically significant obstructive sleep apnea
- ii. Obesity Hypoventilation Syndrome
- iii. Obesity related Cardiomyopathy
- iv. Insulin dependent or oral medication dependent diabetes
- v. Mechanical Arthropathy
- vi. Gastroesophageal reflux disorder (GERD)
- vii. Hypertension
- viii. Medically refractory hypertension (blood pressure greater than 140 mmHg. Systolic and/or 90 mmHg diastolic despite optimal medical management):
- ix. Coronary artery disease
- x. Dyslipidemia

2. Covered Person has completed growth (18 years of age or documentation of completion of bone growth);

3. Covered Person attempted weight loss in the past without successful long-term weight reduction, which must be documented;

4. Covered Person must meet *either* the physician-supervised nutrition and exercise program *or* the multidisciplinary surgical preparatory regimen described below:

a. Physician-supervised nutrition and exercise program: Documentation* that the Covered Person has participated in a physician-supervised nutrition and exercise program including dietician/nutritionist consultation, low calorie diet, increased physical activity, behavioral modification and this is documented in the medical record. A physician supervised multidisciplinary program for the purpose of meeting this standard must meet **all** of the following criteria:

- i. The program must be supervised and monitored by the physician;
- ii. The nutrition and exercise program(s) must be for a cumulative total of 6 months or longer in duration and occur within 1 year prior to surgery, with participation in one program for at least 6 consecutive months.
(Prior authorization may be made prior to completion of nutrition and exercise program as long as a consecutive six (6) months participation in a multidisciplinary program(s) will be completed prior to the date of surgery).
- iii. Covered Person's participation in a physician-supervised nutrition and exercise program must be documented in the medical records by an attending physician who supervised the Covered Person's participation. The nutrition and exercise program may be administered as part of the surgical preparative regimen, and participation in the nutrition and exercise program may be supervised by the surgeon who will perform the surgery or by some other physician. The Covered Person must lose 10% of their starting body weight prior to surgery.

**Note: A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation should include medical records of the physician's contemporaneous assessment of the patient's progress throughout the course of the nutrition and exercise program. For Covered Persons who participate in a medically supervised nutrition and exercise program (e.g., Medifast, Optifast), records documenting the Covered Person's participation and progress may substitute for physician medical records;*

b. Multidisciplinary surgical preparatory regimen: Immediately prior to the time of surgery, the prescribing physician must document** that the Covered Person participated in an organized multidisciplinary surgical preparatory regimen of at least 3 consecutive months meeting **all** of the criteria below. The regimen is necessary in order to improve surgical outcomes, reduce the potential for surgical complications, and to establish the Covered Person's ability to comply with post-operative medical care and dietary restrictions. Multidisciplinary surgical preparatory regimen must include;

- i. Consultation with a licensed dietician or nutritionist.
- ii. Participation in a reduced-calorie diet program supervised by a licensed dietician or nutritionist;
- iii. Loss of 10% of their starting body weight prior to surgery
- iv. A physical activity assessment prior to surgery, supervised by a licensed exercise therapist or other licensed qualified professional
- v. Participation in a behavior modification program supervised by a licensed qualified professional
- vi. Attendance at all of the pre-surgery and postoperative surgery appointments and support group meetings

Documentation is required in the medical record of the Covered Person's attendance and participation in the multidisciplinary surgical preparatory regimen and post-operative support group meetings; *and*

*** A physician's summary letter, without evidence of contemporaneous oversight, is not sufficient documentation. Documentation must include medical records of the physician's initial assessment of the Covered Person and the physician's assessment of the Covered Person's progress at the completion of the multidisciplinary surgical preparatory regimen.*

5. For both criterion a and b, the Covered Person must have a documented psychological evaluation by a licensed mental health professional that addresses the following:

- a) Absence of problems related to alcohol or substance abuse (other than nicotine/caffeine) for at least one year
- b) Absence of major psychotic or severe psychiatric disturbances (schizophrenia, borderline personality disorder, suicidal ideation, severe depression)
- c) Absence of compulsive or obsessive-compulsive disorder
- d) Absence of an active binge eating disorder
- e) Absence of severe mental retardation
- f) Absence of unrealistic expectations for weight loss and lack of knowledge about surgery; *and*
- g) An assessment of the patient's likelihood to comply with long-term post-operative requirements.

Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.

Exclusions

The following charges incurred for weight reduction, weight loss, the treatment of obesity, and the treatment of Morbid Obesity are excluded:

- a. Vitamins, food supplementation, commercial or franchise diet programs, exercise and educational programs (See Morbid Obesity Eligible Expenses Section for medical coverage guidelines for morbid obesity).

b. Any incurred expenses for which all of the conditions of the bariatric surgery benefit of this Plan have not been met.

c. Revision of bariatric surgery is not medically necessary for a stretched stomach pouch (formed by a previous gastric restrictive procedure) due to the patient overeating.

d. A second bariatric surgical procedure, whether or not the first procedure was performed while covered under this Plan.

e. Surgical procedures except for Roux-en-Y Gastric Bypass Surgery and the Lap-Banding surgical procedure.

f. Complications resulting from any type of bariatric surgery that was performed while the Covered Person was covered under another plan.

Prophylactic cholecystectomy is considered inclusive of the bariatric surgery.