

18. Morbid Obesity. Surgery related to treating *morbid obesity* is eligible only for a diagnosis of *morbid obesity* when all of the corresponding criteria apply:

a. Non-surgical methods of weight loss have been supervised by a Physician within two years prior to the proposed *surgery* without success, as documented by a Physician who does not perform bariatric *surgery*; History of failed non-surgical attempts at weight loss must include active participation in a structured and supervised weight loss program for a minimum of six months within the last two years. At least three of those months must be consecutive without gaps. There must be documentation in the medical records verifying this or verification by the provider of the weight loss program. This documentation must include weight data as well as documentation that diet, exercise and behavior modification information was addressed.

b. There is evidence of medical complications due to obesity;

c. There are no serious contraindications for *surgery* (*participant* is determined to be a good surgical candidate);

d. Body Mass Index (BMI) as defined as weight in kilograms, divided by height in meters squared of greater than 40 (>40). ~~for a minimum of two years~~ BMI >40 must have documentation of being present over at least a 2 year time frame (does not mean the BMI has to have been >40 for this whole time frame). ~~or~~ BMI greater than 35 for a minimum of two years if one ~~of~~ more significant co-morbid conditions exist requiring ongoing medical management and which are likely to be improved or eliminated by obesity surgical treatment.

e. Age greater than 18

f. No evidence for untreated/uncontrolled mental health/AODA disease.

g. If approved, coverage is limited to one surgery per member's lifetime, regardless of payer. However, surgical revisions will be covered on a case by case basis as determined by the Plan Supervisor's Medical Management. Examples of revisional procedures for complications include but are not limited to: gastrogastic fistulas (may manifest as weight regain); refractory or recurrent marginal ulcers; J-J intussusception; Roux-limb stasis and SMA syndrome. Revisions will not be covered for weigh regain or failed weight loss.

h. Documentation of willingness to comply with the preoperative and postoperative treatment plans.

d.i.

All of the above criteria must be satisfied before benefits will be available. Prior written approval is recommended for *Morbid Obesity surgery*.

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