

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	12/23/2014
<b>Policy No:</b>	MM145	<b>Last Approval:</b>	02/06/2026
<b>Policy Title:</b>	Bariatric Surgery Clinical Coverage Criteria		
<b>Approved By:</b>	UM Criteria Subcommittee		
<b>Applicable Line(s) of Business:</b>	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Apple Health Expansion <input type="checkbox"/> Medicare Advantage/Special Needs Plan <input type="checkbox"/> Medicare Advantage Only <input checked="" type="checkbox"/> Cascade Select		

### Required Clinical Documentation for Review

1. History and physical examination notes
2. Problem list
3. Medication list
4. List of diets and weight loss interventions that the patient has previously tried and the results
5. Detailed records demonstrating compliance with Stage 2 program
6. Details of any specific needs related to risk/trauma/cultural etc., specifically to address health equity concerns.
7. Additional documentation depending on diagnosis:
  - a. If the patient has diabetes
    - i. blood sugars and Hemoglobin A1C that lead to diagnosis of diabetes
    - ii. recent HbA1C
  - b. If the patient has end stage joint disease of the knee or hip:
    - i. Notes from orthopedic surgery detailing that the patient needs a joint replacement of knee or hip when the weight loss is achieved
    - ii. Imaging reports of the affected joint.
  - c. If the diagnosis is pseudotumor cerebri or other rare condition helped by weight loss surgery:
    - i. Specific notes related to that disease are required
    - ii. Other treatments that have been tried and the patient's response to those treatments

### Scope

Community Health Plan of Washington (CHPW) will use this policy to address surgical and other treatments for clinically severe obesity.

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## **Background**

The CDC and NIH define a person as obese if he or she has a BMI greater than 30 kg/m<sup>2</sup>. More than one third of American adults are obese. Individuals with obesity are more likely to suffer from heart disease, stroke, diabetes, and some types of cancer. Those with a BMI > 30 have double the risk of premature death compared to individuals with a BMI between 20-25. The estimated medical cost of obesity in the US was \$147 billion in 2008. (CDC Report on Obesity).

Lifestyle changes, including diet, exercise, and behavior modification, are generally considered first-line therapy for overweight and obesity. Pharmacotherapy can be used as an adjunctive therapy when lifestyle changes alone are ineffective. Medical management of obesity has been found to be less effective with individuals who are morbidly obese (BMI > 35) than for those with lower BMI, particularly in terms of sustained weight loss. The NIH has stated that bariatric surgery is an option for patients with a BMI > 40 or a BMI > 35 with comorbid conditions, who have failed medical treatment (Fisher and Schauer, 2002; NIH, 1998).

Bariatric surgical procedures affect weight loss through two fundamental mechanisms: malabsorption and restriction. Some procedures have both a restrictive and malabsorptive component. Restrictive procedures mechanically reduce the size of the stomach. This limits the amount of food a patient can consume at a single meal and causes early satiety. Substantial dietary compliance is required, because individuals are still able to consume high-calorie liquids or soft foods. Malabsorption procedures involve bypassing a portion of the intestines which decreases the proportion of nutrients that are absorbed from food. Some types of surgeries use elements of both strategies (Fisher and Schauer, 2002; Southern California-RAND EBPC 2004).

The most commonly performed procedure for weight loss is the Roux-en-Y gastric bypass (RYGB). RYGB involves creating a small, proximal gastric pouch which is anastomosed to a limb of small bowel. The small pouch and narrow anastomotic outlet restrict caloric intake, while the anastomosis more distally in the small intestine results in malabsorption.

Sleeve gastrectomy (SG) is a procedure whereby the majority of the greater curvature of the stomach is removed and a tubular structure is created. The altered shape and size of the stomach reduce both its capacity, as well as motility. This procedure, as well as the RYGB procedure, can be done laparoscopically.

Laparoscopic adjustable gastric banding (AGB) is a restrictive procedure alone. Its use has declined significantly since 2011, mainly due to the high rate of complications, as well as weight recidivism.

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## **Equity Considerations:**

Obesity and severe obesity disproportionately affect racial and ethnic minority populations, individuals with lower socioeconomic status, and rural communities in the United States. These groups have higher obesity prevalence, yet they undergo bariatric surgery at lower rates. Patients living in rural or underserved urban areas often have limited access to accredited bariatric centers, multidisciplinary teams, and postoperative follow-up care. Urban patients are significantly more likely to undergo surgery than rural patients, even when eligible. Transportation challenges, time off work, caregiver responsibilities, poor health, and lack of local specialists further compound inequities. Allowing for telehealth or phone visits can help reduce barriers.

## **Definitions**

**Diabetes diagnosis:** requires that the patient is not pregnant, has not recently been on corticosteroids AND the medical records show one of the following:

1. The patient has been in longstanding chronic disease management for diabetes and is prescribed medications for diabetes.
2. Plasma glucose of 200 or more with symptoms of diabetes (polydipsia, peripheral neuropathy, unexplained weight loss), or
3. Two separate labs showing either fasting plasma glucose levels at least 126 and/or HbA1C at least 6.5.

**End Stage Joint Disease of Major Weight-Bearing Joint(s):** requires all the following criteria:

1. Severe osteoarthritis\_of the knees or hips
2. Records from orthopedic surgeon show that the patient will qualify for arthroplasty as soon as the BMI is less than 40
3. Radiographic imaging shows Kellgren-Lawrence grade 3 or 4

## **Indications/Criteria**

### **Individual & Family (Cascade Select) Members:**

**Bariatric surgery is not a covered benefit for Cascade Select Members.**

Some behavioral interventions are covered for weight loss for Cascade Select. Please see explanation of benefits for further details.

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**For Cascade Select: direct or indirect complications of non-covered services are also not covered.**

**AH Members:**

CHPW's Bariatric Surgery Program is a 3 Stage Program. Prior Authorization for and successful completion of each stage is required prior to advancement to the subsequent stage. Every participant in the CHPW Bariatric Surgery Program will be enrolled in a CHPW care management program for care coordination and support. The policy for Apple Health Members is based on [WAC 182-531-1600](#).

**Stage 1**

Stage 1 is the initial assessment of the primary care provider of the member requesting bariatric surgery. This stage is mentioned in recognition of the importance of addressing treatment of obesity related medical conditions. This is the usual clinic-based care and does not require a referral or authorization.

**Stage 2**

Stage 2 is the evaluation for bariatric surgery and successful completion of the preoperative program. The facility to perform the bariatric surgery should be from an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Prior authorization (from the Primary Care Provider) must be obtained from CHPW before participating in Stage 2.

**Clinical Coverage Criteria for Stage 2 Evaluation for bariatric Surgery:**

1. Age between 21-59 years of age (Age 18-20 only laparoscopic adjust gastric banding, LAGB, (although other surgeries can be considered for EPSDT members under age 21 if supported by evidence-based medicine and the records provided show that there is no equally effective more conservative treatment option to the requested surgery)
2. Body Mass Index (BMI) must be equal to or greater than 35
3. Medical conditions/Co-morbidities: must have at least ONE of the following documented in the medical record:
  - a. Diabetes Mellitus: The member has been in chronic disease management for diabetes including prescription medications for treatment of diabetes.
  - b. Severe degenerative Joint Disease of a major weight-bearing joint(s) (such as knees or hips) AND is currently a candidate for joint replacement surgery as soon as weight loss is achieved. Copies of current radiographic studies (plain films) may be requested in addition to the radiologist's reports

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- i. \*Medical records, including an orthopedic surgery consult documenting the need for joint replacement (knee or hip), and radiology reports are required. Actual current plain films (X-ray images) may be required
  - c. Other rare co-morbid conditions (such as pseudo tumor cerebri) in which there is medical evidence that bariatric surgery is medically necessary, and the benefits of bariatric surgery outweigh the risk of surgical mortality
4. Members referred to an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) will be evaluated for clinical eligibility for Bariatric Surgery.
5. The member's CHPW care manager will assist with care coordination.

**EXCLUSIONS:** Enrollees with diagnosis of multiple sclerosis, pregnancy, refractory depression or active substance abuse.

**Summary of Activities Expected in Stage 2:** During the six-month enrollment in Stage 2, the following activities are expected in Stage 2 and will be assessed prior to authorization for Stage 3 (see criteria for Stage 3 below):

1. Participation in a Stage 2 program under the supervision of a licensed medical provider at an accredited facility by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). The visits can be via telehealth.
2. Meet with a health care provider once monthly to review progress. Provider must document the member's adherence in keeping scheduled appointments and participation in the Stage 2 program. For diabetic enrollees, the provider must document efforts in diabetic control or stabilization
3. Meet with a Registered Dietician (R.D.) for counseling twice monthly for at least 6 months. The R.D. must document the member's adherence in keeping scheduled appointments
4. The R.D. must assess and certify the member's ability to comply with postoperative requirements such as lifelong required dietary changes and regular follow-up
5. Keep a journal of active participation in the Stage 2 program
6. The member must undergo a comprehensive psychosocial evaluation performed by a psychiatrist, psychologist, licensed psychiatric ARNP, or licensed independent social

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worker with a minimum of two years post-masters' experience in a mental health setting. The evaluation must include:

- a. Evaluation for presence of substance abuse problems or psychiatric illness which would preclude the member from participating in pre-surgical dietary requirements or postsurgical lifestyle changes, and
  - b. Documentation that if the member has a history of mental illness, the member has been stable for at least 6 months, and
  - c. Documentation that if there is a history of substance use disorder, the member has been in remission for at least one year
7. The member must undergo an internal medicine evaluation performed by an internist to assess the member's peri-operative condition and mortality risk and provide CHPW with a copy of the results
  8. Undergo a surgical evaluation by the surgeon who will be performing the bariatric surgery and provide CHPW with a copy of the results
  9. CHPW care managers will assist with care coordination.

### **Clinical Coverage Criteria for a second approval for Stage 2**

A second enrollment in Stage 2 may be considered if all the following criteria are met:

1. The member has met and continues to meet all the initial criteria for Stage 2
2. The member had extenuating circumstances for not being able to complete the initial Stage 2 program
3. The member has not had more than one previous enrollment at Stage 2. (Two is the maximum number of enrollments possible for Stage 2)

### **STAGE 3**

Members who successfully completed the Summary of Activities Expected in Stage 2 and wish to proceed with Bariatric Surgery must obtain prior authorization from CHPW prior to proceeding.

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**Clinical Coverage Criteria for Stage 3:**

BMI criteria for Bariatric surgery are determined by the member's weight at the start of Stage 2. If the member loses weight during Stage 2, this does not impact the eligibility for surgery.

1. Ongoing adherence with pre-surgery care plan
2. Surgery must be at a hospital accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
3. Surgeon must have a valid medical license in the State of Washington
4. Surgical procedure must have conclusive evidence which supports its use
5. The member must undergo an internal medicine evaluation performed by an internist to assess the member's peri-operative condition and mortality risk and provide CHPW with a copy of the results
6. Undergo a surgical evaluation by the surgeon who will be performing the bariatric surgery and provide CHPW with a copy of the results
7. Documentation of the member fulfilling of all requirements during the first six months of the most recent enrollment in Stage 2 must be submitted for CHPW Prior Authorization (PA) review including all the following:
  - a. Participate in a six-month Stage 2 program under the supervision of a licensed medical provider with monthly visits to the medical provider, counseling twice a month with a registered dietician referred to by the treating provider or surgeon and show adherence in keeping scheduled appointments and participation in Stage 2 documented by both medical provider and registered dietician. The R.D. must assess and certify the member's ability to comply with postoperative requirements such as lifelong required dietary changes and regular follow-up. For diabetic enrollees, the provider must document efforts in diabetic control or stabilization.
  - b. Keep a journal of active participation in the medically structured weight loss regimen
  - c. Undergo a comprehensive psychosocial evaluation performed by a psychiatrist, licensed psychiatric ARNP, or licensed independent social worker with a minimum of two years post-masters' experience in a mental health setting. The evaluation must include:

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- i. Evaluation for presence of substance use disorder or mental illness which would preclude the member from participating in pre-surgical dietary requirements or postsurgical lifestyle changes, and
- ii. Documentation that, if the member has a history of mental illness, the member has been stable for at least 6 months, and
- iii. Documentation that if there is a history of substance use disorder, the member has been in remission for at least one year
- iv. An assessment and certification of the member's ability to comply with the postoperative requirements such as lifelong required dietary changes and regular follow-up.

**Clinical Coverage Criteria for Revision Stage 3 Bariatric Surgery:**

Revision surgery does not require repeat of Stage 2.

Criteria for revision bariatric surgery require that both the following must be met:

1. The patient has complications from initial bariatric surgery procedure, as indicated by at least one of the following:
  - a. Gastroesophageal reflux disease that has failed medical treatment and lifestyle changes (elevation of head of bed, dietary changes)
  - b. Band or sleeve slippage, obstruction, dehiscence, erosion, stricture, or dilation
  - c. Anastomotic leak, stricture, or ulcer
  - d. Gastric pouch dilation or stricture or gastric fistula
  - e. Dumping syndrome (post-prandial rapid stomach emptying with cramping and diarrhea) uncontrolled by dietary changes
  - f. Excessive weight loss or metabolic derangements unresponsive to dietary changes (such as, severe malnutrition, vitamin deficiency, refractory hypoglycemia or hypocalcemia)
  - g. Other complication of bariatric surgery that requires surgical revision and is not amenable to or has failed appropriate medical treatments
2. The patient remains a candidate for bariatric surgery and meets all the following criteria:
  - a. Medical and Surgical clearance
  - b. Not pregnant or planning pregnancy within 18 months of surgery
  - c. Patient will be able to adhere to postoperative care requirements and instructions
  - d. No serious untreated or uncontrolled medical, psychiatric, psychosocial, or cognitive disorder, or current untreated eating disorder, or current substance abuse that would interfere with adherence to postoperative instructions, and self-care

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- e. Patient is engaged in multidisciplinary program experienced in bariatric surgery (including medical, behavioral health, dietary, and social supports)

List of MBSAQIP accredited Bariatric Surgery Centers in WA State and within approved bordering cities

Updated and complete list can be found: <https://www.facs.org/search/bariatric-surgery-centers?page=1&n=25&state=WA> and

<https://www.facs.org/search/bariatric-surgery-centers?page=1&n=25&state=OR&city=portland>

<b>Bariatric Centers within WA State</b>	<b>Address</b>
Capital Medical Center	3900 Capital Mall Dr. SW, Olympia, WA 98502
Evergreen Hospital	12040 NE 128th Street, Mail Stop 43, Kirkland, WA 98034-3098
Eviva - Shoreline Medical Center dba Edmonds	19930 Ballinger Way NE, Seattle, WA 98155
Madigan Army Medical Center	9040 Jackson Ave MCHJ-SV, Tacoma, WA 98431
MultiCare Allenmore Hospital	2202 S. Cedar St, #300, Tacoma, WA 98405
MultiCare Deaconess Hospital	800 West Fifth Ave., Spokane, WA 99204
Northwest Weight & Wellness Center	125 130th St. SE, Everett, WA 98208
Overlake Hospital Medical Center	1035 116th Ave. NE, Bellevue, WA 98004
PeaceHealth Southwest	400 Northeast Mother Joseph Place, P.O. Box 1600, Vancouver, WA 98664
Providence Regional Medical Center Everett - Colby Campus	1321 Colby Avenue, Everett, WA 98201
St. Francis Hospital-Franciscan Health System	34515 9th Ave. South, MS 21-03, Federal Way, WA 98003

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Swedish Medical Center - First Hill Campus	747 Broadway, Seattle, WA 98122
University of Washington Medical Center	1959 NE Pacific Street P.O. Box 356151, Seattle, WA 98195
Virginia Mason Medical Center	1100 Ninth Avenue, Mail Stop A-SO, Seattle, WA 98101

<b>Bariatric Centers within Bordering Cities</b>	<b>Address</b>
Legacy Good Samaritan Hospital and Medical Center	1040 NW 22nd Ave., Suite 520, Portland, OR 97210
Oregon Health & Science University	3181 SW Sam Jackson Park Rd, Portland, OR 97239
Wilshire Surgery Center	9775 SW Wilshire St. Suite 250, Portland, OR 97225

### Special Considerations

CHPW care managers will assist with care coordination.

### Limitations/Exclusions

Please see link to member coverage documents below:

<b>Line of Business</b>	<b>Link to Member Coverage Documents</b>
Medicare Advantage Plans (Including D-SNP)	
Apple Health Integrated Managed Care	<a href="https://www.chpw.org/for-members/benefits-and-coverage-imc/">https://www.chpw.org/for-members/benefits-and-coverage-imc/</a>
Cascade Select	<a href="https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/">https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/</a>

### List of Appendices

None.

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## Citations & References

<b>CFR</b>		
<b>WAC</b>	<a href="#">182-531-1600</a> ; <a href="#">284-43-2050</a> ; <a href="#">182-550-2301</a> ; <a href="#">284-43-5642</a>	
<b>RCW</b>		
<b>LOB &amp; Contract Citation</b>	<input checked="" type="checkbox"/> <b>WAHIMC</b> <input type="checkbox"/> <b>BHSO</b> <input type="checkbox"/> <b>Wraparound</b> <input type="checkbox"/> <b>SMAC</b> <input type="checkbox"/> <b>HH</b>	IMC Section 1.200: Medically Necessary; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination; IMC Section 17.1.39: Bariatric surgery consistent with WAC 182-531-1600 and WAC 182-550-2301
	<input checked="" type="checkbox"/> <b>AHE</b>	AHE Section 1.151: Medically Necessary Services; AHE Section 11.1: Utilization Management General Requirements; AHE Section 11.3: Medical Necessity Determination; AHE Section 17.1.32: Bariatric surgery consistent with WAC 182-531-1600 and WAC 182-550-2301
	<input type="checkbox"/> <b>MA/DSNP</b>	
	<input checked="" type="checkbox"/> <b>CS</b>	P&P supports all LOB requirements
<b>Other Requirements</b>		
<b>NCQA Elements</b>	UM2, UM5	
<b>References</b>	<a href="#">MacVicar et al, The Role of Preoperative Weight Loss Interventions on Long-Term Bariatric Surgery Outcomes: A Systematic Review. J Clin Med; 5/1/2025,</a> <a href="#">ASMBS Updated Position Statement on Insurance Mandated Preoperative Supervised Weight Loss Requirements - American Society for Metabolic and Bariatric Surgery</a>	

## Revision History

Revision Date	Revision Description	Revision Made By
12/17/2014	Original	Kate Brostoff; Emily Brandenfels
12/23/2014	Approval	MMLT

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04/20/2016	Updated with new HTAP final decisions on criteria: Upper age limit deleted; Expanded definition of eligible comorbidities; Lower BMI limits for eligibility; 18- and 19-year-olds now included in adult coverage criteria; Links to coverage documents updated.	Kate Brostoff MD
04/21/2016	Approval	MMLT
06/02/2016	Approval	MMLT
08/12/2016	Removed criteria Body Mass Index (BMI) ≥ 40	Cyndi Stilson, RN
08/12/2016	Reviewed – Updated links – removed references to HTA for Bariatric Surgery and replaced with the applicable WAC – added CMS NCD criteria	Jane Daughenbaugh, RN
08/15/2016	Approval	MMLT
08/03/2017	Updated medical conditions statements and removed reference to UWMC as the only COE	Melissa Shilipetar
09/12/2017	Approval	MMLT
03/27/2018	Changed from UM022 to MM145	Cindy Bush
04/06/2018	Transferred to new template	Cindy Bush
06/20/2018	Moved criteria for stage 2 and stage 3 to the correct stages. Clarified that Stage 1 does not require prior authorization. Listed required documentation. Removed reference to COE.	LuAnn Chen, MD
06/22/2018	Approved	UM Committee
09/06/2018	At the request of the HCA, added psychologist as provider who can do the psychosocial evaluation.	LuAnn Chen, MD
09/20/2018	Approved	UM Medical Subcommittee
09/26/2018	Approved	UM Committee
07/30/2019	Updated links, clarified that hospital must be accredited. Removed: “must have a core provider agreement with CHPW”	LuAnn Chen, MD
07/31/2019	Added the list of accredited MBSAQIP centers within WA state and approved bordering cities	Yves Houghton, RN, BSN
08/09/2019	Approval	UM Medical Subcommittee
08/13/2019	Listed criteria for repeat authorization of Stage 2.	LuAnn Chen, MD
08/13/2019	Approval	UM Medical Subcommittee
02/12/2020	WAH-IMC and MA Contract and WAC Citations updated	LuAnn Chen, MD

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06/11/2020	Approval	UM Medical Subcommittee
08/26/2020	Clarified that bariatric surgery is not a covered benefit for Cascade Select.	LuAnn Chen, MD
09/10/2020	Approval	UM Medical Subcommittee
03/08/2021	Corrected Medicare criteria to be the Noridian Article and summarized. Definitions of diabetes and end stage joint disease added.	LuAnn Chen, MD
03/11/2021	Approval	UM Medical Subcommittee
01/14/2022	Corrected link to Local Coverage Article A53028. Removed reference to the HTA since the contract requires alignment with the WAC. Updated list of accredited programs. Updated citations. Minor edits.	LuAnn Chen, MD
01/28/2022	Approval	UM Medical Subcommittee
06/21/2022	Minor edits, links corrected.	LuAnn Chen, MD
06/28/2022	Approval	UM Medical Subcommittee
05/16/2023	Clarified that surgeries other than lap bands can be considered for EPSDT AH members under age 21. Minor edits. Updated citations.	LuAnn Chen, MD
05/22/2023	Approval	UM Medical Subcommittee
01/16/2024	Corrected link for LCA A53028.	LuAnn Chen, MD
03/01/2024	Minor edits. Updated citations.	LuAnn Chen, MD
03/13/2024	Approval	UM Criteria Committee
08/27/2024	Removed references to Medicare and CMS criteria.	LuAnn Chen, MD
09/11/2024	Approval	UM Criteria Subcommittee
12/09/2024	Criteria added for revision bariatric surgery	LuAnn Chen, MD
12/11/2024	Approval	UM Criteria Subcommittee
10/14/2025	Minor edits. Updated citations.	LuAnn Chen, MD
10/17/2025	Approval	UM Criteria Subcommittee
01/26/2026	Removed weight loss requirement in Stage 2. Clarified that if the member does lose weight in Stage	LuAnn Chen, MD

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	2, this does not affect their eligibility for Stage 3. Added Equity Considerations. Updated Citations.	
02/06/2026	Approval	UM Criteria Subcommittee

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