Prior Authorization Requirements for Bariatric Services

Effective Jan. 1, 2015, physicians must get prior authorization from UnitedHealthcare Community Plan for stage 2 and stage 3 bariatric services for patients who are UnitedHealthcare Community Plan members. The Washington State Department of Social and Health Services (DSHS) no longer handles the authorization of the bariatric surgery program. Please reference the following information outlining requirements for these services.

Stage 1 – Identification
The referring physician must document, during an office visit, that the patient:

- Is age 18 to 59
- Has a BMI of 35 or higher
- Has one of the following medical conditions/comorbidities:
  - Diabetes mellitus
  - Degenerative joint disease (DJD) of a major weight-bearing joint, such as knees or hips, requiring joint replacement surgery as soon as weight loss is achieved
  - Other rare co-morbid conditions (such as pseudotumor 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
- Does not have multiple sclerosis (MS), which increases the risk of mortality

Stage 2 – Pre-Surgery (lasts six to 12 months)
The referring physician must submit documentation showing the patient meets stage 1 criteria, such as:

- For diabetes, A1C of 6.5 or greater, random glucose of greater than 200mg/Dl or 2-hour oral glucose tolerance test, plus a list of medications the patient uses to manage diabetes
- For DJD, diagnostic imaging report documenting severe DJD and orthopedic consultation recommending joint replacement as soon as weight loss is achieved
- For rare comorbid condition, information detailing the nature of the condition, proof the patient has the condition and how bariatric surgery is medically necessary
- Description of weight loss and diet recommendations, support they have provided member, and why they think it has not been successful
- List of previous formal weight loss programs and approximate dates of participation
- Determination that the patient has the ability to maintain the post-operative dietary changes required for success

Stage 2 documentation must include these records:

- Diabetes-related labs, if diabetic
- Diagnostic imaging reports and orthopedic consult, if member requires joint replacement
- Detailed history and physical
- Other lab work
• Other supporting and relevant documentation they would like us to review

Required labs include:
- A1C from past three months (if not diabetic, from within past year)
- TSH or thyroid studies within past year
- Recent liver function tests: AST, ALT, Bilirubin, Alk Phos
- Recent kidney function tests: BUN, Creatinine, eGFR

In addition, during the first six months of stage 2, the patient is required to:
- Meet with a health care provider once a month to review progress.
- Meet with a dietician for counseling twice a month for at least six months. The primary care physician will need to give the member a referral, and these visits will require prior authorization.
- Lose at least five percent body weight based on a documented weight at a recent medical appointment in a six-month period. The patient must maintain weight loss until the time of surgery. The weight loss program must be supervised by a licensed medical provider and be seen by this provider every month.
- Keep a journal of active participation in the medically structured weight loss regimen.
- Visit a bariatric surgeon to be evaluated for surgical risks.
- Have a psychosocial evaluation to:
  - Assess mental status, and
  - Assess ability to comply with the pre-surgery requirements and post-surgery lifestyle and dietary changes needed for a successful surgery.
- Visit an internist to be assessed for their ability to have and survive surgery.

Please note: UnitedHealthcare Community Plan network providers do not require a prior authorization for these services, except for the dietician/nutritional counseling visits.

Stage 3 – Authorization for Surgery
- All information from stage 2 is submitted for final review, with the required documentation noted above.

Prior authorization forms for Stage 2 bariatric services and Stage 3 bariatric surgery can be found in the provider forms section of the provider portal.

If you have any questions, please call 866-604-3267. Thank you.