

	<h2>Bariatric Surgery Guidelines</h2>	
<p><b>Guideline #</b> 6174</p>	<p><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
		<p><b>Document Owner</b> Andrea Canady</p>

**GUIDELINE STATEMENT:**

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

**DEFINITIONS:**

## PRIOR AUTHORIZATION GUIDELINES

1. Gastric procedures for weight loss (Bariatric surgery) are excluded from coverage for members covered by CHIP.
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. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the bariatric surgery as an eligible service.
4. The physician requesting authorization for the surgery must provide documentation of ALL of the following:
  - 4.1. Documentation of unsuccessful medical treatment for obesity
  - 4.2. The individual's psychiatric profile is such that the candidate is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements; and
  - 4.3. The candidate's post-operative expectations have been addressed; and
  - 4.4. The individual has undergone a preoperative mental health assessment by a mental health professional and is felt to be 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
  - 4.5. The individual has received a thorough explanation of the risks, benefits, and uncertainties of the procedure; and

- 4.6. The candidate's treatment plan includes pre- and post-operative dietary evaluations and nutritional counseling; and
- 4.7. The candidate's treatment plan includes counseling regarding exercise, psychological issues and the availability of supportive resources when needed.
- 4.8. Referral for bariatric surgery to the bariatric surgeon was completed by the practitioner who is treating the comorbid condition(s).
- 4.9. Identification of the facility where the services will be provided and attestation that it is a facility in Texas that is one of the following:
  - 4.9.1. Accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP).
  - 4.9.2. 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. Utilization Management professionals will reference the most recent available version of InterQual criteria to establish medical necessity for the bariatric surgery.
6. Bariatric surgery is not medically necessary when the primary purpose of the surgery is any of the following:
  - 6.1. For weight loss for its own sake
  - 6.2. For cosmetic purposes
  - 6.3. For reasons of psychological dissatisfaction with personal body image
  - 6.4. For the member's or provider's convenience or preference
  - 6.5. Revision of a stretched stomach pouch formed by a previous gastric bypass/restrictive surgery, due to overeating.
7. 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.
8. 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.

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**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 Accessed June 8, 2019  
[http://www.tmhp.com/TMHP\\_File\\_Library/Provider\\_Manuals/TMPPM/2019/Jun\\_2019%20TMPPM.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2019/Jun_2019%20TMPPM.pdf)
- American Society for Metabolic and Bariatric Surgery Pediatric Metabolic and Bariatric Surgery Guidelines published August 2018  
<https://asmbs.org/resources/asmbs-pediatric-metabolic-and-bariatric-surgery-guidelines>

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