

Physician-Supervised Weight Loss Program Procedure

Goal: To identify Premera Blue Cross HMO Plan members who may meet the criteria for a bariatric surgery referral. This procedure will describe the documentation that is required by Premera Blue Cross in order to proceed with the medical determination about whether the initial referral will be approved.

Medical criteria

1. **Age range:** 18 to 65 years of age. Requests for bariatric surgery for patients under 18 years of age should include documentation that the primary care physician has addressed the risk of surgery on future growth, and on the patient's maturity level, ability to understand the procedure and comply with postoperative instructions, and adequacy of family support. Patients over 65 years of age may be considered if it is documented in the medical record that the patient's physiologic age and comorbid conditions result in a positive risk/benefit ratio.
2. **BMI** greater than 40 or a BMI greater than 35 with one or more comorbid conditions (such as degenerative joint disease, hypertension, hyperlipidemia, and coronary artery disease, presence of atherosclerotic diseases, diabetes mellitus, sleep apnea, or congestive heart failure).
3. **Clinical evaluation by M.D./D.O.:** Physician has documented failure of nonsurgical management, including structured, professionally supervised (physician or non-physician) weight loss program for a minimum of six consecutive months within the last two years prior to the recommendation for bariatric surgery.

NOTE: The six month criterion is waived for individuals with a BMI greater than or equal to 50.

The medical record must demonstrate assessment and a therapeutic plan for each of the following elements and include any reports from a treating medical specialist including a dietitian or physical therapist. A minimum of three physician office visits is required in the first 90 days. A minimum of two visits is required in the subsequent three months; the final visit must occur at the end of the six-month period or within 30 days after its end. All of the elements listed below must be documented for a minimum of **five** visits over **six** months. More frequent documentation should occur if clinical circumstances dictate. Documented communication is required if there is unsuccessful weight loss.

- a. **Diet** – It must demonstrate that appropriate caloric restriction was prescribed and explained and that dietary intake was reviewed since the previous visit with documentation of caloric intake. (The aim is to create a deficit of 500 to 1,000 calories, resulting in a weight loss of 1 to 2 lbs. /week.)
- b. **Physical activity** – Prescription should be consistent with Premera Blue Cross and National Institutes of Health (NIH) guidelines. A generally recommended regimen is 60 to 90 minutes of moderate-intensity physical activity five to seven days per week.
- c. **Behavioral interventions** – Specific strategies to provide tools for overcoming barriers and improving dietary compliance should be reviewed at each patient office visit. Issue must be

addressed and documented. For assistance, refer to the Premera Blue Cross Behavioral Health Services contact information below.

- d. **Pharmacotherapy** – FDA-approved weight loss drugs in selected patients may be appropriate.

NOTE: Programs that do not involve direct professional supervision, including but not limited to online and telephonic weight loss programs, do not meet the criteria for a six-month structured medical weight loss program. Weight loss programs that are not provided by the member’s primary care physician or medical specialist but that **do** include direct professional supervision can be considered provided they meet the following requirements:

- A complete description of the program is available that addresses the frequency of consultations for diet, of consultations with physical therapists or exercise specialists, of exercise classes (if the program includes them) and of behavioral health counseling (if the program includes this).
- Evidence indicates a minimum of 80 percent participation in the program components (diet/exercise consultation, exercise classes, and behavioral health counseling, as applicable) on the part of the member but no less frequently than monthly for programs that provide these components on a monthly basis. For example, for programs that require weekly participation to review/modify dietary goals, the member must complete at least 21 of 26 visits. For programs that require monthly participation, the member must complete all visits.

Medical criteria *(continued)*

4. Documentation that the primary care physician and patient have a good understanding of the risks involved and reasonable expectations that the patient will be compliant with all postsurgical requirements. (Indicate on *Bariatric Surgery Assessment Form: Patient Referral Information*.)
5. Psychological evaluation must be performed as a pre surgical assessment. Providers should contact Premera Blue Cross Care Management at 885-339-8127 to request a referral for the psychological evaluation.
6. Physicians need to be aware of the long-term complications of gastric surgery and follow up with these individuals.
7. If the original surgical procedure is revised, documentation is required for the date and type of the previous procedure; the factors that precipitated the failure; and the complications from the previous procedure that necessitate the take-down. If the indication for the revision is the failure of the member to lose a desired amount of weight, the member must meet all of the preoperative criteria for the original procedure.
8. For members who had a sleeve gastrectomy as part of a staged bariatric surgery, the member must at the time of the request for the subsequent bariatric surgery meet all the criteria listed in this document (that is, the BMI and obesity-related comorbid conditions, the psychological evaluation, etc.), except the member need not have participated in a professionally supervised weight loss program. For members who did not participate in a professionally supervised weight loss program, however, there must be documentation in the physician’s record that indicates the member has complied with the diet guidelines that were required after the sleeve gastrectomy.

Premera Blue Cross Behavioral Health contact information (for behavioral health interventions):

- Providers should use a phone number shown on the *Provider Inquiry Contact Information document*.
- Members should use the phone number on the back of their ID card.

Questions? Providers can contact Premera Blue Cross Medicare Advantage Care Management at 885-339-8127 for assistance.