

Marketplace National Regional Benefit Interpretation Document

Benefit Name	BARIATRICSURGERY- WEIGHT GAIN OR WEIGHT LOSS PROGRAMS
Applicable State	California, Illinois, Michigan, New Mexico
Not Applicable State	Florida, Idaho, Kentucky, Mississippi, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses weight gain and weight loss programs and prescription drugs to treat obesity.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>ALL STATES:</p>

Services Related to a Non-Covered Service When a service is not covered, all services related to the non-Covered Service are not covered. This exclusion does not apply to services Molina and Passport (for KY) would otherwise cover to treat complications of the non-Covered Service. Molina and Passport cover all Medically Necessary basic health services for complications for a non-Covered Service. If a Member later suffers a life-threatening complication such as a serious infection, this exclusion will not apply. Molina and Passport would cover any services that Molina or Passport (KY) would otherwise cover to treat that complication.

BARIATRIC SURGERY

Pediatric Bariatric Surgery is considered not medically necessary and may not be authorized in persons who are under the age of 18 or in those who have not attained an adult level of physical development and maturation

CALIFORNIA:

Bariatric Surgery: Molina covers hospital inpatient care related to bariatric surgical procedures. This includes room and board, imaging, laboratory, special procedures, and Participating Provider physician services. Included services are those performed to treat morbid obesity. Treatment means changing the gastrointestinal tract to reduce nutrient intake and absorption. All of the following requirements must be met to receive these services:

- Member must complete the medical-group-approved pre-surgical educational preparatory program regarding lifestyle changes. These changes are necessary for long-term bariatric surgery success.
- A Participating Provider physician who is a specialist physician in bariatric care determines that the surgery is Medically Necessary.

For Covered Services related to bariatric surgical procedures, the Member will pay the same Cost Sharing that would apply if the Covered Services were not related to a bariatric surgical procedure. For example, for hospital inpatient care, the Member would pay the Cost Sharing listed under “Inpatient Hospital Services” in the Schedule of Benefits.

ILLINOIS:

Surgery (Inpatient and Outpatient): Molina covers the inpatient and outpatient surgical services including Bariatric Surgery when provided at a Participating Provider facility. Prior Authorization is required.

MICHIGAN:

Bariatric Surgery: Molina covers Hospital inpatient care related to bariatric surgical procedures (including room and board, imaging, laboratory, special

procedures, and Participating Provider services) when performed to treat obesity by modification of the gastrointestinal tract to reduce nutrient intake and absorption, if all of the following requirements are met:

- The Member completes the medical group-approved pre-surgical educational preparatory program regarding lifestyle changes necessary for long-term bariatric surgery success
- A Participating Provider who is a Specialist physician in bariatric care determines that the surgery is Medically Necessary

Surgical treatment of obesity is limited to once per lifetime unless Medically Necessary. A second obesity surgery is not covered, even if the initial obesity surgery occurred prior to Coverage under this Plan.

Weight Loss Services: Molina covers physician-supervised weight loss programs that Molina has reviewed and approved or as outlined in Molina medical policies.

NEW MEXICO:

Bariatric Surgery (limitation to one per lifetime): Molina covers hospital care related to bariatric surgical procedures. This includes room and board, imaging, laboratory, special procedures, and Participating Provider physician services. Included services are those performed to treat morbid obesity. Treatment means changing the gastrointestinal tract to reduce nutrient intake and absorption, and all of the following requirements must be met to receive these services:

- Body Mass Index (BMI) of 35 kg/m² or greater who are at high risk for increased morbidity due to specific obesity related co-morbid medical conditions
- Complete the medical group–approved pre-surgical educational preparatory program regarding lifestyle changes. These changes are necessary for long-term bariatric surgery success.
- Under the accepted standards of the profession of the health care provider rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.

For Covered Services related to bariatric surgical procedures, the Member will pay the Cost Sharing the Member would pay if the Covered Services were not related to a bariatric surgical procedure. For example, for hospital inpatient care, the Member would pay the Cost Sharing listed under “Inpatient Hospital Services” in the Molina Healthcare of New Mexico, Inc. SBC. Please refer to Benefit Interpretation Policy titled [Inpatient and Outpatient Hospital Services](#)

Molina will cover dietary evaluations and counseling for the medical management of morbid obesity and obesity. Prescription drugs medically necessary for the treatment of obesity and morbid obesity are also covered.

MORE INFORMATION

Please refer to the Benefit Interpretation Policy titled **Preventive Care Services** for additional information on Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

BARIATRIC SURGERY

FLORIDA:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this product or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement

IDAHO:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this Plan or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement

KENTUCKY:

Passport does not cover Bariatric Surgery for weight loss

MISSISSIPPI:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered.

This exclusion applies when the bariatric surgery was not a Covered Service under this product or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement

NEW MEXICO:

Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgical procedures that reduce stomach capacity and divert partially digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), Gastroplasty (surgical procedures that decrease the size of the stomach) and Gastric banding procedures. RPM confirmed to keep for 2022

OHIO:

Bariatric Surgery: Bariatric surgery for weight loss is not covered.

SOUTH CAROLINA:

Bariatric Surgery: Bariatric surgery for weight loss is not covered.

This exclusion does not apply to services Molina would otherwise cover to treat complications of the non-Covered Service. Molina covers all Medically Necessary basic health services for complications for a non-Covered Service. For example, if a Member has a non-covered bariatric surgery or cosmetic surgery, Molina will not cover services the Member receives in preparation for the surgery or for follow-up care. If the Member later suffers a complication such as a serious infection, this exclusion will not apply, and Molina would cover any services that would otherwise be covered as Medically Necessary to treat that complication.

TEXAS:

Bariatric Surgery: Bariatric surgery is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this product or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement.

UTAH:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service

under this product or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement.

WASHINGTON:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this Plan or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement.

WISCONSIN:

Bariatric Surgery: Bariatric surgery for weight loss is not covered. Complications that occur as a direct result of the bariatric procedure and would not have taken place in the absence of the bariatric procedure that result in an inpatient stay or an extended inpatient stay, as determined by Molina, are not covered. This exclusion applies when the bariatric surgery was not a Covered Service under this product or any previous Molina Plan. This exclusion also applies if the surgery was performed while the Member was covered by a previous insurer or self-funded product prior to coverage under this Agreement.

ORAL NUTRITION

CALIFORNIA, ILLINOIS, KENTUCKY, MICHIGAN:

Oral Nutrition: Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, supplements, herbal supplements, weight loss aids, and food.

FLORIDA, IDAHO, MISSISSIPPI, OHIO, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Oral Nutrition: Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, specialized formulas, supplements, herbal supplements, weight loss aids, formulas, and food.

Oral Nutrition: Outpatient oral nutrition is not covered, such as dietary or nutritional supplements, specialized formulas, supplements, herbal supplements, weight loss aids, formulas, and food.

CALIFORNIA, IDAHO, NEW MEXICO, TEXAS, UTAH, WASHINGTON:

Please consult the Phenylketonuria (PKU) and other Inborn Errors of Metabolism section of the Parenteral, Enteral and Oral Nutrition Benefit Policy.

	<p>WEIGHT LOSS PROGRAMS</p> <p>IDAHO: Weight Loss Programs: Weight loss programs are not covered</p> <p>E. DEFINITIONS</p> <p>See Glossary</p> <p>F. POLICY HISTORY/REVISION INFORMATION</p> <table border="1" data-bbox="467 676 1360 823"> <thead> <tr> <th data-bbox="467 676 911 716">Date</th> <th data-bbox="911 676 1360 716">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 716 911 823"></td> <td data-bbox="911 716 1360 823"></td> </tr> </tbody> </table>	Date	Action/Description						
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Procedure Codes (Internal Use Only)	<p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>								
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>								
Approval	<table border="1" data-bbox="467 1623 1421 1734"> <thead> <tr> <th data-bbox="467 1623 686 1696">Departments</th> <th data-bbox="686 1623 930 1696">Product</th> <th data-bbox="930 1623 1166 1696">CIM</th> <th data-bbox="1166 1623 1421 1696">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1696 686 1734">Date</td> <td data-bbox="686 1696 930 1734">10/21/2021</td> <td data-bbox="930 1696 1166 1734"></td> <td data-bbox="1166 1696 1421 1734">10/20/2021</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	10/21/2021		10/20/2021
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