

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	BARIATRIC SURGERY- 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 data-bbox="467 1050 1237 1087" style="border: 1px solid black; padding: 2px;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p>None</p> <div data-bbox="467 1302 1237 1339" style="border: 1px solid black; padding: 2px;"> <p><b>B. STATE MARKET PLAN ENHANCEMENTS</b></p> </div> <p>None</p> <div data-bbox="467 1444 1237 1482" style="border: 1px solid black; padding: 2px;"> <p><b>C. COVERED BENEFITS</b></p> </div> <p><b>IMPORTANT NOTE:</b> 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><b>ALL STATES:</b></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 (limited 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/m<sup>2</sup> 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.

**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.

**WEIGHT LOSS PROGRAMS**

**IDAHO:**

**Weight Loss Programs:** Weight loss programs are not covered

**WEIGHT LOSS DRUGS**

	<p><b>CALIFORNIA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, SOUTH CAROLINA, WASHINGTON:</b>  <b>Non-Covered Drugs:</b> Molina does not cover certain drugs, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Weight loss drugs</li> </ul> <p><b>FLORIDA, MISSISSIPPI, NEW MEXICO, OHIO, TEXAS UTAH, WISCONSIN:</b>  Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Weight loss drugs</li> </ul> <p><b>E. DEFINITIONS</b></p> <p><a href="#">See Glossary</a></p> <p><b>F. POLICY HISTORY/REVISION INFORMATION</b></p> <table border="1" data-bbox="467 884 1360 1031"> <thead> <tr> <th data-bbox="467 884 914 919">Date</th> <th data-bbox="914 884 1360 919">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 919 914 1031"></td> <td data-bbox="914 919 1360 1031"></td> </tr> </tbody> </table>	Date	Action/Description		
Date	Action/Description				
<b>Procedure Codes (Internal Use Only)</b>	<p>Bariatric Surgery codes are intermingled with the rest of the surgery codes in the Facility OP benefits and the general professional benefits, IP, OP and OV. Please refer to the Inpatient and Outpatient Hospital Services Benefit Interpretation Policies</p> <p><b>Coding Disclaimer:</b> 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<sup>®</sup>), 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>				
<b>Prior Authorization</b>	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> <li>Covered and No PA Required</li> <li>Not Covered</li> </ol>				

	<p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	10/21/2021	2/24/2022	10/20/2021
	Revised (for 1/1/2023)	10/20/2022		10/20/2022