CARESOURCE, MOLINA, other Medicaid HMO'S

(such as UHC Community Plan, Paramount Advantage, Buckeye Health)

Insurance Information for Prior Authorization for Bariatric Surgery

PLEASE WORK WITH YOUR PRIMARY CARE PHYSICIAN TO COMPLETE YOUR REQUIRED WEIGHT MANAGEMENT PROGRAM PRIOR TO SCHEDULING EVALUATIONS.

Your medical plan has specific requirements in determining medical necessity for weight loss surgery. The medical history and drug list submitted do not supply enough information for us to determine whether you meet these conditions for coverage. The following criteria are used to review candidates for weight loss surgery:

- A BMI of 35 or above in conjunction with at least two of the following co-morbidities secondary to morbid obesity:
 - Immediate, life-threatening hypertension, or other cardiovascular disease, not controlled by medications, objectively documented by the cardiologist / vascular / internal medicine physician.
 - Immediate, life-threatening diabetes mellitus poorly or not controlled by medications, objectively documented by lab results / consultation reports by the internist / endocrinologist.
 - o Pseudotumor cerebri, objectively documented by X-rays, CT, MRI, etc., and a letter from the diagnosing neurologist.
- Recommended back or lower extremity surgery refused by the surgeon because of obesity, objectively documented by X-rays, CT, MRIs, etc., and a letter from the dissenting surgeon.
- Sleep apnea, ONLY if sleep studies document severe obstructive type with O₂ saturations <80%, and objective documentation that patient compliance with CPAP/BiPAP use has failed.

As well as:

- Documentation of a 9 month weight management program is required for all CareSource Insurance
- Documentation of a 6 month weight management program is required for all other Medicaid HMO'S Insurances

The above items are considered collectively and on a case-by-case basis, and do not guarantee coverage.

CareSource, Molina and other Medicaid HMO'S cannot consider you for weight loss surgery until / unless you can provide documentation of the above criteria.



WEXNER MEDICAL CENTER