

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Lisa DiLernia

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Initial

Public Comment

Final

**Brief description of policy:**

This bulletin updates Medicaid coverage criteria for weight loss surgical procedures based on professional standards of practice.

**Reason for policy (problem being addressed):**

This bulletin aligns coverage requirements for weight loss surgical procedures with professional standards of practice by removing the requirement for preoperative weight reduction efforts and for a preoperative psychiatric evaluation, increasing Medicaid beneficiary access to such services.

**Budget implication:**

budget neutral

will cost MDHHS \$ , and (select one) budgeted in current appropriation

will save MDHHS \$

**Is this policy change mandated per federal requirements?**

No.

**Does policy have operational implications on other parts of MDHHS?**

Program Review Division, Office of Medical Affairs.

**Does policy have operational implications on other departments?**

No.

**Summary of input:**

controversial

acceptable to most/all groups

limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval	Date:

<b>DRAFT FOR PUBLIC COMMENT</b>		
<b>Michigan Department of Health and Human Services</b>	<b>Project Number:</b> 2319-Practitioner	<b>Date:</b> May 22, 2023

**Comments Due:** June 26, 2023  
**Proposed Effective Date:** August 1, 2023  
**Direct Comments To:** Lisa DiLernia, Policy Specialist  
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**E-Mail Address:** [dilernial@michigan.gov](mailto:dilernial@michigan.gov)  
**Phone:** 517-284-1203 **Fax:**

<p><b>Policy Subject:</b> Weight Loss Surgical Procedures</p> <p><b>Affected Programs:</b> Medicaid, Healthy Michigan Plan</p> <p><b>Distribution:</b> Practitioners, Hospitals</p> <p><b>Summary:</b> This bulletin updates Medicaid coverage criteria for weight loss surgical procedures.</p> <p><b>Purpose:</b> The purpose of this bulletin is to update coverage requirements for weight loss surgical procedures to more closely align with professional standards of practice.</p> <p><b>Cost Implications:</b> Budget neutral.</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> None anticipated.</p>
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<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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<b>Tribal Notification:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
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<b>THIS SECTION COMPLETED BY RECEIVER</b>
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<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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<b>Signature Printed:</b>
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<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Practitioners, Hospitals

**Issued:** July 1, 2023 (Proposed)

**Subject:** Weight Loss Surgical Procedures

**Effective:** August 1, 2023 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, Integrated Care Organizations

Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Fee For-Service (FFS) Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the plan for applicable requirements.

The purpose of this bulletin is to update the Medicaid program coverage parameters for weight loss surgical procedures effective for dates of service on and after August 1, 2023. Medicaid covers a broad array of health services for the treatment of obesity. These services include, but are not limited to, physician office visits, pharmacotherapy, laboratory, behavioral health, and surgical interventions.

Gastric bypass, metabolic, and bariatric surgeries, collectively referred to as weight loss surgeries, involve modifications to the digestive system that promote weight loss. Weight loss surgery is an evidence-based treatment for obesity resulting in significant weight loss and the improvement, prevention, or resolution of many associated comorbidities including type 2 diabetes, heart disease and hypertension.

## **Coverage of Weight Loss Surgery**

Weight loss surgery is a covered service for the treatment of obesity when medically indicated and when the procedure performed is within professional standards of medical practice. Covered surgical procedures may include, but are not limited to, gastric bypass, gastric band, sleeve gastrectomy, removal, revision, and/or replacement of adjustable gastric restrictive devices, and subcutaneous port components and repeat procedures. Procedures considered investigational/experimental are not covered services. Mandatory participation in a preoperative weight loss regimen prior to weight loss surgery is not required.

## Criteria

### Body Mass Index

Medically indicated weight loss surgery will be covered for the treatment of obesity in beneficiaries meeting one or more of the following criteria:

- A body mass index (BMI)  $> 40 \text{ kg/m}^2$  regardless of the presence or absence of co-morbidities; or
- BMI  $> 35 \text{ kg/m}^2$  and  $< 40 \text{ kg/m}^2$  with at least one co-morbid condition. Common co-morbid conditions include but are not limited to:
  - Coronary artery disease;
  - Type-2 diabetes;
  - Obstructive sleep apnea;
  - Hypertension; or
  - Impaired glucose tolerance (diabetes).
- BMI  $=$  or  $< 35 \text{ kg/m}^2$  when documentation supports medical necessity including those beneficiaries who may require weight loss surgery to reduce their BMI in preparation for other medical procedures.

Beneficiaries are encouraged to have a health behavior/psychosocial assessment by a licensed mental health provider to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors that may impact the beneficiary's ability to successfully achieve the necessary post-operative treatment and healthcare requirements.

Coverage of associated medically necessary reconstructive procedures directly attributable to weight loss surgery, such as panniculectomy procedures, will be considered through the prior authorization (PA) process. Providers must obtain a separate PA for these services.

### Prior Authorization

PA is required for weight loss surgeries. Requests must include a completed, signed, and dated MSA-6544-B – Practitioner Special Services Prior-Approval – Request/Authorization form. If submitting electronically via direct data entry in the Community Health Automated Medicaid Processing System (CHAMPS), this PA request form is not required. PA requests must include the medical history, past and current treatment and results, complications encountered, results of the psychosocial assessment (when indicated), and expected benefits or prognosis for the method requested.

Refer to the General Information for Providers Chapter and the Directory Appendix of the [MDHHS Medicaid Provider Manual](#) for additional language and webpage location of Fee-for-Service Medicaid Prior Authorization Criteria.