



CLINICAL CRITERIA FOR UM DECISIONS Tallahassee Memorial Hospital Bariatric Center

Capital Health Plan will provide coverage of evaluation, counseling, education, and follow-up with a contracted physician at the TMH Bariatric Center for treatment of severely obese high-risk patients **ONLY** when weight control services are included in the benefit package, the care is prior-authorized, and **at least one** of the following clinical findings and conditions are documented in the medical record:

INITIAL REQUEST:

Authorization will be given for 12 visits within a 12 month period of time if:

1. As part of weight loss efforts desired by the patient and/or recommended by the primary care provider (PCP) or specialist, with supporting documentation and under the following conditions:
 - a) Body mass index (BMI) of 40 and above; or
 - b) BMI greater than 35 in conjunction with severe co-morbidities such as cardiopulmonary complications or severe diabetes. *

2. The patient is seeking coverage of gastric bypass surgery (and has the benefit for bariatric surgery), and **either** of the following are documented:
 - a) BMI of 40 or above; or
 - b) BMI greater than 35 in conjunction with severe co-morbidities such as cardiopulmonary complications or severe diabetes. *

3. The patient is seeking coverage of knee or hip replacement surgery, and desires to work on weight loss with this provider in order to meet the clinical criteria for these surgeries, and has a documented BMI of > 35.

CONTINUATION AFTER INITIAL 12 MONTHS:

Requests for treatment exceeding the 12 month period of time must include a documented weight loss of 10% or greater of your initial weight **during the prior 12 month period** of time in order to be approved for continuation of services.

*Severe co-morbid medical conditions include, but are not limited to, the following:

- a) Obstructive sleep apnea requiring CPAP use, with evidence of compliance for at least 6 months
- b) Asthma with a history of respiratory failure or chronic hypoxia

- c) Congestive heart failure that is uncontrolled with appropriate evidence based medications. (ex.: increasing SOB, increasing edema, or increasing fatigue or NYHA Class of at least 2)
- d) Left ventricular dysfunction confirmed by echocardiogram or other diagnostic modality
- e) Atherosclerotic heart disease
- f) Coronary artery disease requiring drugs/stents/bypass
- g) Thromboembolic disease
- h) Pulmonary hypertension

Medical Necessity Approvals to be made by:

- Medical Director
- Physician Reviewer
- Utilization Management Nurse
- Nurse Reviewer
- Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:

- Commercial

Approved by QIMT: 9/29/11, 10/11/12, 10/24/13, 11/7/13; reinstated/approved: 2/12/15

Approved by UMWG: 6/26/15, 8/30/18

Approved by G&A: 11/3/16, 6/15/17

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.