



Weight Loss Surgery

Clinical Coverage Criteria

Overview

Fallon Health utilizes InterQual® Clinical Criteria for this policy as of 01/01/2014. This criteria can be accessed via McKesson. Fallon Health may require additional criteria to be met above and beyond InterQual® Clinical Criteria.

Additional Coverage Criteria

Fallon Health requires a history of trial of at least one or more of the following non-surgical measures, supervised, over a least a 6 month consecutive period within the last 2 years prior to the date of surgery:

- Diet / nutrition regimens
- Behavioral modification
- Exercise

While the trial ultimately may not be successful it demonstrates the ability to comply with post-surgical life-style modifications.

Additionally there must be documentation regarding the following:

- The member's medical and mental health has been assessed showing they are an acceptable candidate for the procedure and able to comply with all post-procedural follow up care and nutrition.
- The member has been made aware of the potential risks and benefits of the procedure.
- The member has been made aware of pre and post-surgical dietary expectations.

Policy History

Origination date: 07/01/2014
Approval(s): Technology Assessment Committee: 06/25/2014 (new modified policy to include Interqual and Fallon Health Criteria) 07/22/2015 (annual review no changes) 10/28/2015 (modifications to additional criteria) 10/26/2016 (annual review), 2/28/2018 (annual review), 02/27/2019 (annual review)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.

For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.