

Georgia State Health Benefit Plan

Bariatric Surgery Requirement Check List

Coverage of Bariatric Surgery is available for **eligible State Health Benefit Plan members** with **Primary SHBP coverage under the HRA and HDHP plan options only** and is **limited to ONE bariatric surgical procedure and course of treatment per lifetime**. This lifetime limit also applies to any member who has undergone bariatric surgery in the past while covered under a previously offered SHBP option. Please refer to the applicable HRA or HDHP benefit plan document to determine the terms and conditions of coverage.

Bariatric surgery is covered when ALL of the following medical necessity criteria and requirements are met:

Check List	Requirement	Instruction
	1. Call CIGNA HealthCare. Advise the Customer Service Associate that you are requesting information on Bariatric Surgery requirements and may want to pursue authorization for this service once all requirements are met.	Call the number on your ID card and follow the Medical prompt and then Authorization prompt. Advise the Customer Service Associate that you are requesting information on Bariatric Surgery requirements and may want to pursue authorization for this service once all requirements are met. The Customer Service Associate will take your information and open a Case Management Request. A Case Manager will be assigned and will call you to review requirements in detail and direct you accordingly.
	2. The bariatric surgery is to be performed at one of CIGNA HealthCare Bariatric Surgery Centers of Excellence.	Please contact CIGNA customer service at the number on the back of your ID card to verify approved Bariatric Centers of Excellence.
	3. The individual is ≥ 18 years of age or has reached full expected skeletal growth AND has evidence of EITHER of the following: a. BMI (Body Mass Index) ≥ 40 . b. BMI (Body Mass Index) 35 – 39.9 with at least one clinically significant comorbidity, including but not limited to, cardiovascular disease, Type 2 diabetes, hypertension, coronary artery disease, or pulmonary hypertension	Your Physician must submit all pertinent clinical information to CIGNA HealthCare Medical Management Health Facilitation Center by either fax or mail. Fax Information: 866.552.1124 Attention: CIGNA Medical Management HFC Mail Information: CIGNA 1111 Market Street Chattanooga, TN 37402 Attention: CIGNA Medical Management HFC
	4. The individual has completed a Health Assessment (HA) including Biometric Screening. A Biometric Screening includes: <ul style="list-style-type: none"> • height • weight • blood pressure • blood sugar level (blood glucose) • total cholesterol. 	Instructions for completion of CIGNA HealthCare’s Health Assessment and Biometric Screening are available at http://www.cigna.com/sites/stateofga/rewardprogram.html



Check List	Requirement	Instruction
	<p>5. The individual has engaged with CIGNA HealthCare’s Lifestyle Management Program Personal Health Coach and/or Health Advisor upon completion of the HA. Engagement is further defined as having accepted and actively completed the Personal Health Coach and/or Health Advisor intake assessment process (completion of ONE telephone call with the Personal Health Coach or Health Advisor). Member participation to complete the 12 week telephonic Lifestyle Management Program for Healthy Steps to Weight Loss is encouraged and is optional <u>but is NOT required</u>).</p>	<p>Complete the Health Assessment <u>and</u> submit the Biometric Screening attestation as instructed above. Call the number on your ID card and follow the Medical and then Nurse Advisor prompts to schedule a Lifestyle Management Program Assessment Call or Health Advisor First Coaching Session.</p>
	<p>6. Failure of medical management including evidence of active participation within the last two years in a weight-management program that is supervised either by a physician or a registered dietician for a minimum of six months without significant gaps. The weight-management program must include monthly documentation of ALL of the following components:</p> <ul style="list-style-type: none"> • weight • current dietary program • physical activity (e.g., exercise program) <p>Programs such as Weight Watchers®, Jenny Craig® and Optifast® are acceptable alternatives if done in conjunction with supervision of a physician or registered dietician and detailed documentation of participation is available for review. For individuals with long-standing morbid obesity, participation in a program within the last 5 years is sufficient if reasonable attendance in the weight-management program over an extended period of time of at least 6 months can be demonstrated. <i>However, physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement.</i></p> <p>Participation in a bariatric surgery support group for a minimum of one visit per month for 6 consecutive months prior to authorization of surgery. Participation must be at an approved location, which may include, but is not limited to, a Bariatric Centers of Excellence or other network setting approved by CIGNA. (Requirement added 3/18/09 and applies to all requests for surgery received on or after 3/19/2009.)</p> <p>A thorough multidisciplinary evaluation within the previous 12 months, which includes the following:</p> <ul style="list-style-type: none"> • an evaluation by a bariatric surgeon recommending surgical treatment including a description of the proposed procedure(s) and all of the associated current CPT codes. • a separate medical evaluation from a physician other than the surgeon recommending surgery that includes a medical clearance for bariatric surgery. • unequivocal clearance for surgery by a mental health provider indicating the individual has no underlying untreated psychological/behavioral changes required as a result of the bariatric surgery. <ul style="list-style-type: none"> – If mental health evaluation identifies potential psychological/behavioral issues that are untreated, the individual must participate in ongoing psychological/behavioral health counseling treatment to address those untreated issues. There must be documentation from the individual’s mental health provider indicating that such untreated psychological/behavioral issues have either resolved or have been adequately treated so that they no longer pose a risk to a successful bariatric surgery outcome and clearing the individual for bariatric surgery. <ul style="list-style-type: none"> • Participation in post-operative mental health counseling is also strongly recommended in those individuals who are identified as having underlying untreated psychological/behavioral issues. • a nutritional evaluation by a physician or registered dietician. 	<p>Your Physician must submit all pertinent clinical information to CIGNA HealthCare Medical Management Health Facilitation Center by either fax or mail.</p> <p>Fax Information: 866.552.1124 Attention: CIGNA Medical Management HFC</p> <p>Mail Information: CIGNA 1111 Market Street Chattanooga, TN 37402 Attention: CIGNA Medical Management HFC</p>

Check List	Requirement	Instruction
	<p>7. Bariatric Surgery Procedures: When the specific medical necessity criteria noted above for bariatric surgery have been met, coverage is limited to ONE bariatric surgery per lifetime for ANY of the following open or laparoscopic bariatric surgical procedures:</p> <ul style="list-style-type: none"> • Roux-en-Y gastric bypass • vertical banded gastroplasty • adjustable silicone gastric banding (e.g., LAP-BAND®, REALIZE™) • biliopancreatic diversion with duodenal switch (BPD/DS) for individuals with a BMI (Body Mass Index) > 50 • sleeve gastrectomy (SG)/vertical sleeve gastrectomy (VSG) <p>Coverage is also available for the adjustment of a silicone gastric banding as medically necessary to control the rate of weight loss and/or treat symptoms secondary to gastric restriction following a medically necessary adjustable silicone gastric banding procedure.</p> <p>Exclusions: The following bariatric surgery procedures are considered experimental, investigational or unproven and are not covered (this list may not be all-inclusive):</p> <ul style="list-style-type: none"> • Roux-en-Y gastric bypass combined with simultaneous gastric banding • biliopancreatic diversion (BPD) without duodenal switch (DS) • Fobi-Pouch (limiting proximal gastric pouch) • gastric electrical stimulation (GES) or gastric pacing (e.g., Enterra™ Therapy) • gastroplasty (stomach stapling) • intestinal bypass (jejunoileal bypass) • intragastric balloon • loop gastric bypass • mini-gastric bypass • Natural Orifice Transluminal Endoscopic Surgery™ (NOTES™) (e.g., StomaphyX™)/endoscopic oral-assisted bariatric surgery procedures • vagus nerve blocking • vagus nerve stimulation 	<p>Your Physician must submit all pertinent clinical information to CIGNA HealthCare Medical Management Health Facilitation Center by either fax or mail.</p> <p>Fax Information: 866.552.1124 Attention: CIGNA Medical Management HFC</p> <p>Mail Information: CIGNA 1111 Market Street Chattanooga, TN 37402 Attention: CIGNA Medical Management HFC</p>
	<p>8. Re-operation and Repeat Bariatric Surgery: Coverage for the surgical reversal (i.e., takedown) and/or revision of bariatric surgery is available as medically necessary when the individual develops complications from the original surgery such as stricture or obstruction.</p> <p>CIGNA covers revision of a previous bariatric surgical procedure or conversion to another medically necessary procedure due to inadequate weight loss as medically necessary when ALL of the following are met:</p> <ul style="list-style-type: none"> • Coverage for bariatric surgery is available under the individual's current health benefit plan. • There is evidence of full compliance with the previously prescribed postoperative dietary and exercise program. • Due to a technical failure of the original bariatric surgical procedure (e.g., pouch dilatation) documented on either upper gastrointestinal (UGI) series or esophagogastroduodenoscopy (EGD), the individual has failed to achieve adequate weight loss, which is defined as failure to lose at least 50% of excess body weight or failure to achieve body weight to within 30% of ideal body weight at least two years following the original surgery. • The requested procedure is a regularly covered bariatric surgery (see above for specific procedures). 	

Check List	Requirement	Instruction
	<p>Note: Inadequate weight loss due to individual noncompliance with postoperative nutrition and exercise recommendations is not a medically necessary indication for revision or conversion surgery and is not covered by CIGNA.</p> <p>Exclusions: Benefits are not available for the revision of a previous bariatric surgical procedure or conversion to another bariatric surgery procedure due to inadequate weight loss for any reason, including individual noncompliance with post-operative nutrition and exercise recommendations.</p> <p>Cholecystectomy and Liver Biopsy, Upper Endoscopy, or Prophylactic Vena Cava Filter Placement:</p> <p>CIGNA covers prophylactic vena cava filter placement at the time of bariatric surgery as medically necessary for individuals who are considered to be high risk for venous thromboembolism (VTE) due to a history of ANY of the following conditions:</p> <ul style="list-style-type: none"> • deep vein thrombosis (DVT) • hypercoagulable state • increased right-sided heart pressures • pulmonary embolus (PE) <p>CIGNA does not cover ANY of the following performed in conjunction with a bariatric surgery because each is considered not medically necessary:</p> <ul style="list-style-type: none"> • cholecystectomy in the absence of signs or symptoms of gallbladder disease liver biopsy in the absence of signs or symptoms of liver disease , elevated liver enzymes, enlarged liver) • routine vena cava filter placement for individuals not at high risk for venous thromboembolism (VTE) <p>CIGNA considers upper gastrointestinal endoscopy performed in conjunction with a bariatric surgery procedure to confirm a surgical anastomosis or to establish anatomical landmarks to be an integral part of the more comprehensive surgical procedure and not separately reimbursable.</p>	

SHBP Bariatric Support Group Participation Tracker

Member Name: _____ Member ID: _____

Support Group Information

Group Name: _____ Group Facilitator/Leader Name: _____

Facility Name: _____ Leader Phone Number: _____

Meeting Address: _____ Leader Alternate Phone Number: _____

Meeting Dates:

Meeting 1: _____ Meeting 2: _____ Meeting 3: _____

Meeting 4: _____ Meeting 5: _____ Meeting 6: _____

Leader Signature: _____ Member has completed the required support group participation.
(member must attend a minimum of one meeting per month for six months)

Date: _____ Submit form to your Bariatric Surgeon or CIGNA Case Manager as instructed above.

"CIGNA," "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

828917 c 04/11 © 2011 CIGNA

