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The Department of Vermont Health Access Supplement to InterQual® Criteria

Note: The Department of Vermont Health Access (DVHA) covers the below service(s) in alignment with InterQual® criteria AND must also ensure accordance with applicable <u>Vermont Health Care Rules</u> when making coverage determinations (e.g., when considering medical necessity, the DVHA must ensure that the service is the least costly, appropriate health service that is available). Therefore, information as outlined below may be requested in addition to that included in InterQual® criteria.

To access InterQual® criteria, please log into your account at the <u>Vermont Medicaid Portal</u>, go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Bariatric Surgery **Last Review:** June 26,2024

Past Revisions: n/a

<u>Description of Service or Procedure</u>

Per the American Society for Metabolic and Bariatric Surgery (ASMB), "weight loss surgery is along known as bariatric and metabolic surgery. These terms are used to reflect the impact of these operations on patients' weight and the health of their metabolism (breakdown of food into energy). In addition to their ability to treat obesity, these operations are very effective in treating diabetes, high blood pressure, sleep apnea and high cholesterol, among many other diseases. These operations also have the ability to prevent future health problems. The benefits allow patients with obesity to choose to undergo treatment to enjoy a better quality of life and a longer lifespan."

InterQual® provides criteria for the following bariatric surgeries: Adjustment of Gastric Band Diameter, Biliopancreatic Diversion with Duodenal Switch, Laparoscopic Adjustable Gastric Band, Laparoscopic Adjustable Gastric Band (repair, revision), Laparoscopic Adjustable Gastric Band Removal, Revisional Procedure, Roux-en-Y Gastric Bypass (RYGB), and Sleeve Gastrectomy.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.



Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Coverage Position

Bariatric surgery may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding bariatric surgery, and who provides medical care to the member AND
- When the clinical criteria below are met.

Criteria Supplemental to InterQual®

Bariatric surgery may be covered for members who:

- Are ≥ 18 years and older who meet criteria AND
- Complete a nutrition assessment, counseling, and education in preparation for surgery.
 Nutrition assessment, counseling and education are integral parts of the bariatric surgery process. According to the American Society for Metabolic and Bariatric Surgery (2008):

A comprehensive assessment should be conducted preoperatively by a registered dietician, physician and/or well informed, qualified multidisciplinary team to identify the patient's nutritional and educational needs. It is essential to determine pre-existing nutritional deficiencies, develop appropriate dietary interventions for correction, and create a plan for postoperative dietary intake that will enhance the likelihood of success.

At a minimum, the preoperative visits should include assessment of height, weight, body mass index, medical co-morbidities, physical activity history, general nutrition and food knowledge, a review of food logs, history of eating disorders, readiness to change, and motivation and confidence related to postoperative self-care behaviors and lifestyle changes.

The Department of Vermont Health Access recommends members participate in a combination of monthly individual and/or support group visits with a dietician over a period of 3-6 months. Individual visits with a dietician should be tailored to meet the nutrition education needs of the member. Optimally, visits will occur consecutively, but this may not always be possible.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically

^{*} Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Coding guidelines

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

References

- Centers for Medicare and Medicaid Services. (2017). Early and Periodic Screening, Diagnostic, and Treatment | Medicaid. Medicaid.gov. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html
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