



# Provider Notice

October 17, 2023

## **Change in criteria used for Bariatric Surgery Approval**

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. After review of the latest clinical literature and trends for bariatric surgery outcomes, CountyCare has created a medical policy that provides the revised medical criteria that will be used for prior authorization of bariatric surgery. This change will be effective **12/17/23**. The new medical policy is **PA.040.CC Bariatric Surgery** and can be found [here](#), and applies to both adults and adolescents.

### **Summary**

This policy addresses bariatric surgery and procedures for the treatment of morbid obesity. Any of the following open and laparoscopic bariatric surgical procedures are considered medically appropriate for the treatment of morbid obesity and eligible for payment when the following medical necessity criteria listed below are met:

- Vertical banded gastroplasty
- Open and Laparoscopic Roux-en-Y (RYGP) (Gastric bypass (includes robotic-assisted gastric bypass)
- Open and Laparoscopic Biliopancreatic Diversion with Duodenal switch (BPD)
- Laparoscopic Adjustable Gastric Banding (LASGB)
- Laparoscopic Sleeve Gastrectomy as a first stage procedure or as a primary procedure Obesity continues to be a major public health problem in the United States, with more than one-third of adults considered obese, as defined by body mass index (BMI). There are approximately 15 million people in the United States with a BMI greater than or equal to 40.

For full list of criteria and requirements in advance of surgery, See the policy- PA.040.CC Bariatric Surgery [here](#).

**This policy is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.**

### **Contact us**

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact your assigned Provider Relations Representative or if you do not know your assigned Representative, please contact [CountyCareProviderServices@cookcountyhhs.org](mailto:CountyCareProviderServices@cookcountyhhs.org).

Reminder - there are multiple ways to request Prior Authorization:

- In-network providers may submit requests via the [CountyCare Health Plan Portal](#) for a quicker response. Visit CountyCare Provider Portal for details on how to sign up.
- Submit via phone by calling 312-864-8200, option 5, or 1-855-444-1661, option 5.
- Submit via fax by visiting [www.countycare.com](http://www.countycare.com) for fax numbers and detail.