
CHAPTER 5: PROFESSIONAL SERVICES

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Bariatric Surgery

Louisiana Medicaid covers bariatric or weight loss surgery as an option only after a comprehensive and sustained program of diet and exercise with or without pharmacologic measures has been unsuccessful over time.

Bariatric surgery may consist of open or laparoscopic procedures that revise the gastro-intestinal anatomy to restrict the size of the stomach and/or reduce absorption of nutrients.

Prior Authorization

Surgeons who perform bariatric surgery must obtain prior authorization through the fiscal intermediary's Prior Authorization (PA) Unit. The PA request shall include a thorough multidisciplinary evaluation within the previous 12 months.

NOTE: A physician letter documenting recipient qualifications and medical necessity must accompany the PA request and must include confirmatory evidence of co-morbid condition(s). Photographs must be submitted with the request for consideration of bariatric surgery.

Eligibility Criteria

All of the following criteria must be met by candidates for bariatric surgery:

- Be a minimum of 16 years of age,
- Have a documented weight in the morbidly obese range as defined by a body mass index greater than 40,
- Have at least three failed efforts at medical therapy and is experiencing the complications of extreme obesity,
- Have current obesity-related medical conditions which are classified as being very high risk for morbidity and mortality,
- Not have a major psychiatric diagnosis as the cause of the obesity or which will act as a deterrent to successful treatment as evidenced by the results of a psycho-social evaluation,
- Not be currently abusing alcohol or other substances, and

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- Be capable of complying with the modified food intake regimen and follow-up program which will come after surgery.

Exceptions will not be authorized for recipients who fail to meet all of the above criteria.

Lipectomy or Panniculectomy Subsequent to Bariatric Surgery

A surgical lipectomy will be considered for approval if:

- It is determined to be medically necessary,
- Is being performed to correct an illness which was caused or aggravated by the pannus,
- Documentation supports that the recipient has at least one of the following indications:
 - Intertriginous infections with documented evidence of serious problems with infection control,
 - The apron of the panniculus interferes with ambulation, or
 - The panniculus is causing prolapsed of a ventral hernia.