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Bariatric Surgery

Louisiana Medicaid covers bariatric surgery, consisting of open or laparoscopic procedures that revise the gastrointestinal anatomy to restrict the size of the stomach, reduce absorption of nutrients, or both.

Eligibility Criteria

To be eligible for bariatric surgery, beneficiaries must meet the following criteria:

1. Received a preoperative evaluation within the previous 12 months that is conducted by a multidisciplinary team including, at a minimum: a physician, nutritionist or dietician and a licensed qualified mental health professional. For beneficiaries under the age of 18, the multidisciplinary team must have pediatric expertise. For all beneficiaries, the preoperative evaluation must document all of the following:
 - a. A determination that previous attempt(s) at weight loss have been unsuccessful and that future attempts, other than bariatric surgery, are not likely to be successful;
 - b. A determination that the beneficiary is capable of adhering to the post-surgery diet and follow-up care; and
 - c. For individuals capable of becoming pregnant, counseling to avoid pregnancy preoperatively and for at least 12 months postoperatively and until weight has stabilized.
2. Beneficiaries age 18 and older must meet the following criteria:
 - a. A body mass index equal to or greater than 40 kg/m², or more than 100 pounds overweight; or
 - b. A body mass index of greater or equal to 35 kg/m² with one or more of the following comorbidities related to obesity:
 - i. Type 2 diabetes mellitus;
 - ii. Cardiovascular disease (e.g., stroke, myocardial infarction, poorly controlled hypertension, systemic blood pressure greater than 140 mm Hg or diastolic blood pressure 90 mm Hg or greater, despite pharmacotherapy);

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- iii. History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty;
 - iv. History of cardiomyopathy;
 - v. Obstructive sleep apnea confirmed on polysomnography with an AHI or RDI of ≥ 30 ; or
 - vi. Any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss.
- c. A body mass index of 30 to 34.9 kg/m² with type 2 diabetes mellitus if hyperglycemia is inadequately controlled despite optimal medical control by oral or injectable medications.
3. Beneficiaries age 13 through 17 years old must have:
- a. A body mass index equal to or greater than 40 kg/m² or 140% of the 95th percentile for age and sex, whichever is lower; or
 - b. A body mass index of 35 to 39.9 kg/m² or 120% of the 95th percentile for age and sex, whichever is lower, with one or more comorbidities related to obesity:
 - i. Obstructive sleep apnea confirmed on polysomnography with an AHI > 5 ;
 - ii. Type 2 diabetes mellitus;
 - iii. Idiopathic intracranial hypertension;
 - iv. Nonalcoholic steatohepatitis;
 - v. Blount's disease;
 - vi. Slipped capital femoral epiphysis;
 - vii. Gastroesophageal reflux disease;
 - viii. Hypertension; or

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- ix. Any other comorbidity related to obesity that is determined by the preoperative evaluation to be improved by weight loss.
- 4. Requests for beneficiaries under the age of 13 will be reviewed for medical necessity on a case-by-case basis.

Prior Authorization

Coverage of bariatric surgery requires prior authorization.

Panniculectomy Subsequent to Bariatric Surgery

Panniculectomy after bariatric surgery is considered medically necessary when all of the following criteria are met:

- 1. The beneficiary had bariatric surgery at least 18 months prior and the beneficiary's weight has been stable for at least 6 months; and
- 2. The pannus is at or below the level of the pubic symphysis; and
- 3. The pannus causes significant consequences, as indicated by at least one of the following:
 - a. Cellulitis, other infections, skin ulcerations, or persistent dermatitis that has failed to respond to at least 3 months of non-surgical treatment; or
 - b. Functional impairment such as interference with ambulation.