

Proposed Bariatric Surgery Policy

- a. Definitions.
 - 1. “Bariatric surgery” means a surgical procedure performed to induce weight loss and includes:
 - (A) Gastric bypass surgery;
 - (B) Adjustable gastric banding surgery;
 - (C) Sleeve gastrectomy surgery; and
 - (D) Duodenal switch biliopancreatic diversion.
 - 2. “Body mass index” means body weight in kilograms divided by height in meters squared;
 - 3. “Morbid obesity” means a weight that is at least two (2) times the ideal weight for frame, age, height, and sex of an individual as determined by an examining physician as measured a body mass index:
 - (A) Equal to or greater than thirty-five kilograms per meter squared (35 kg/m²) with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or
 - (B) Greater than forty kilograms per meter squared (40 kg/m²).
 - 4. “Member” means a participant in the Plan;
 - 5. “Plan” means the State and Public School Life and Health Insurance Program, created at § 21-5-401 et. seq., and any Plan vendor utilized to manage the bariatric surgery benefits.
 - 6. “Prior authorization” means the process by which a utilization review entity determines the medical necessity of an otherwise covered healthcare service before the healthcare service is rendered, including without limitation preadmission review, pretreatment review, utilization review, case management, and fail first protocol.
 - 7. “Revision surgery” means a bariatric surgery that is performed to repair or change a previously performed bariatric surgery.
- b. The Plan will cover bariatric surgery as a treatment for morbid obesity for a member who:
 - 1. Is diagnosed with morbid obesity;
 - 2. Is an active or retired state or public-school employee;
 - 3. Is age 20 to 65 years old;
 - 4. Has at least five (5) years continuous employment as a state or public-school employee;
 - 5. Has not undergone previous bariatric surgery procedures; and
 - 6. Has received a prior authorization for the surgery from the Plan.
- c. A member who qualifies under section (b) of this rule is eligible to receive one (1) bariatric surgery per lifetime.

- d. Approved bariatric surgeries will be subject to deductibles, co-insurance, and any other cost-sharing required by the Summary of Plan Benefits.

Bariatric Surgery coverage shall be limited to Active Employees and Retirees under the age of 65 participating in the Arkansas State Employee Health Benefit Plan or the Arkansas Public School Health Benefit Plan who have been employed for five (continuous) years or more.

Coverage will be limited to surgeries performed at bariatric surgery centers which are accredited through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as determined by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery. Bariatric Surgery coverage shall be limited to one bariatric surgery per lifetime and one revision surgery in the case of surgical complications resulting directly from the bariatric surgery. If an Active Employee or Retiree under the age of 65 has previously had bariatric surgery on a different health insurance plan, they shall not be eligible for the Bariatric Surgery Benefit.

Eligible Program participants shall be subject to prior authorization through their surgeon or facility.

Coverage of bariatric surgeries will require approval of a prior authorization request.