

Criteria for Bariatric Surgery

ALL of the following criteria must be met by all patients who are screened by the surgeon and it is determined an obesity procedure is medically indicated. Medicaid/DHS will not cover this procedure for any patient 18 years old or younger. As of 01/01/08, gastric banding procedures are now covered by North Dakota Medicaid.

This information must be provided in writing, a **minimum of 4 weeks** prior to the scheduled procedures.

- **Diagnosis of clinically severe obesity measured by body mass index (BMI) must be a value of $> 40 \text{ kg/m}^2$ for the past 5 years.** (A BMI of $> 40 \text{ kg/m}^2$ corresponds to the patient being > 100 pounds or 100% over their ideal weight.) Patients with a BMI of 35- 40 kg/m^2 **may** be considered if there are severe comorbid conditions that have failed medical therapy and for which the obesity procedure is expected to result in an improvement.
- Failure of obesity management programs (including behavioral modification programs and medical nutrition therapy) to achieve weight loss over the past 5 years. **The weight loss program should be documented monthly and supervised by a physician or professional (nutritionist, dietary specialist, etc.)** (Documentation of the weight/year for the last 5 years is required.) Chart notes for the last 3 years from a primary care provider (**this documentation may come from another physician or professional**) plus documentation of participation in a supervised program need to be submitted.
- Presence of **severe** disease condition(s) due to obesity (e.g., high blood pressure, arteriosclerosis, diabetes mellitus, coronary artery disease, cardiopulmonary disease, significant degenerative disease of the weight bearing joint), that are not adequately controlled with current medical treatment. ****The list is not inclusive of all medical conditions.**
- Active participation in their medical management – i.e., the patient is compliant in managing the existing condition (taking prescribed medication, participates in exercise, follows diet, etc.).
- Formal psychiatric evaluation must demonstrate emotional stability over the past year **and be performed by a specialist in this area (psychiatrist or psychologist)**. Patients should not have current problems with eating disorders, active psychosis, impulsivity, hypochondriasis, active alcoholism, or drug abuse.
- Documentation by the surgeon that the patient is able to tolerate the procedure and is willing to comply **postoperatively both physically and psychologically.**

These criteria reflect the fact that this surgery should be treated seriously and be a last resort to prevent the patient from suffering long term effects of their obesity after all other efforts have failed.