Severe Obesity Program
Program Criteria for Potential Options

Exhibit III: Narrow Center of Excellence (COE) Network with surgery & Limited to BMI >40

1) Must be 18 years or older

2) Pre-Surgery Eligibility Requirements Completed in the Last 6 Months

a) Medical and Psychological Evaluation
b) A modest weight loss of 5% over 6 months
c) Dietary Counseling and Evaluation
d) Documented participation in one of the following programs:

- Minimum of 6 month participation in OEBB Weight Watchers Program or a recognized commercial behavioral weight management program. The treatment program must include hypocaloric diet changes, nutrition education, and physical activity and behavior change strategies.
- Minimum 6 month participation in a Physician, Nurse Practitioner, Physician Assistant, Registered Dietician or Licensed Behavioral Therapist supervised weight loss program, with or without obesity pharmacotherapy.
- Three or more primary care visits over a minimum of 6 months with a weight management treatment plan in the medical record.
- Participation and completion of a 12 week health education weight management program.

e) Medical record documentation that none of the previous weight loss efforts have been sustained and sufficient to address the co-existing medical condition(s) and/or co-morbidity conditions applicable to the patient.

3) Surgery Requirements

a) Surgeries must be performed at a Centers of Excellence
b) Patient must meet the following requirements:

1. **BMI is > 40 Kg/m2 with one or more of the above co-morbid conditions and/or have symptomatic degenerative (deteriorating) joint disease of hip, knee or ankle with abnormal x-rays**
   - Sleep apnea uncontrolled on Continuous Positive Airway Pressure (CPAP) or inability to use CPAP with an Apnea/Hypopnea Index (AHI) > 15 on sleep study or inability to use CPAP with an AHI > 5 and documentation of excessive daytime sleepiness, impaired cognition

(ability to think clearly), mood disorders or insomnia, hypertension, ischemic heart disease, or history of stroke
- Congestive heart failure (CHF) or cardiomyopathy with a participating cardiologist recommendation for bariatric surgery
- Obesity hypoventilation and PC02 >= 45 and a participating pulmonologist recommendation for bariatric surgery
- Diabetes mellitus uncontrolled with conventional medical therapy that includes high dose insulin (at least 2 units/kilogram/day) together with an insulin sensitizing oral agent i.e. Metformin or Pioglitazone (or documented intolerance to insulin sensitizing oral agents) and HbA1c persistently above 7.5
- Severe hypertriglyceridemia (> 1000 mg/dl) uncontrolled with conventional medical therapy that includes trial of at least two fibrate drugs and therapeutic doses of omega-3 fatty acid (6 grams daily), as well as alcohol avoidance.
- Hypertension (high blood pressure) with blood pressure > 140/90 (130/80 in the presence of diabetes or renal (kidney) disease) documented on two consecutive visits despite use of three antihypertensive medications including a diuretic (increases urination), unless contraindicated
- Refractory extremity edema with ulceration documented by a participating primary care provider
- End-stage renal disease with difficulty dialyzing documented by a participating nephrologist (kidney specialist)
- Gastroesophageal reflux not controlled with medical management documented by a participating gastroenterologist or general surgeon or presence of Barrett's Esophagus
- Stress incontinence related to obesity and a participating urologist recommendation for bariatric surgery
- Pseudotumor cerebri documented by a participating neurologist

2. **BMI > 50 Kg/m2 (no co-morbid condition required)**

3. **BMI>60**
   - BMI>60 and/or members 60 years of age or higher surgical risks decisions regarding the appropriateness of surgery will be made individually based on rehabilitation potential and the physician and surgeon's judgment regarding surgical risk and likelihood of benefit.
   - For members with a body mass index between 60 and 70, decisions regarding surgical timing will be made individually based on rehabilitation potential and the physician and surgeon's judgment regarding surgical risk and benefit.
   - Surgery is not felt to be appropriate for extreme levels of obesity (BMI >70) and non-surgical strategies for weight loss will be recommended.