



Washington Molina Medicaid Bariatric Surgery Criteria — Pre-Surgical Assessment

(Requirements to Proceed to Stage II)

****Please complete this form in full (all boxes) to avoid delay.****

Fax this completed form and required documentation to (800) 767-7188

Section 1: General information

Provider information

Name of Licensed PCP who will supervise weight loss if member is approved for Stage II

Provider NPI	Phone	Fax
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Member information

Member Name	DOB	
Member Phone	Molina Member ID (Required to Process Authorization)	
Current Weight (Within Last Month)	Height	BMI
Pounds:	Date Weighed:	

Section 2: Qualifying questions

Please answer all questions.

Is the member \geq 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member's BMI \geq 35?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member's BMI \geq 30 with a diagnosis of diabetes mellitus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the member of Asian descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the member have multiple sclerosis (MS) or any other medical condition that would increase the member's risk of surgical mortality or morbidity from bariatric surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the member is approved for Stage II of the Bariatric Surgery Program, I agree to partner with the member to meet the requirements of the program and understand that they have 180 days from the date of approval to meet the 5% weight loss requirement:

Yes No

Provider Signature _____

Please submit supporting documentation and recent progress note with this form. If you have questions regarding any of the information requested in this form, please call (425) 330-7467.

Bariatric surgery program overview

For Molina Healthcare adult members
Apple Health (Medicaid)



Program eligibility criteria

Based on Washington Administrative Codes (WAC) 182-531-1600 and HTCC Guidelines 20240517B

- **Must** be enrolled in Molina Medicaid
- **Must** be minimum age of 18
- **Must** meet one of the following two criteria:
 1. Must have a body mass index (BMI) of ≥ 35
 2. Must have a minimum body mass index (BMI) of ≥ 30 with a diagnosis of diabetes mellitus.
- **Cannot have** other medical conditions such as multiple sclerosis that would increase the member's risk of surgical mortality or morbidity from bariatric surgery.

Program requirements – three stages

Stage I: PCP must complete the “Molina Medicaid Bariatric Surgery Criteria Pre-Surgical Assessment Form” and fax it to the Molina Utilization Department (UM) at (800) 767-7188. This form can be found on Molina’s provider website under *Frequently Used Forms*. Once approved, the PCP must place a referral to a registered dietician (RD).

Stage II: Once approved the member **MUST** complete **ALL** of the following:

- Lose 5% of his or her initial body weight within 180 days of the Bariatric Surgery Program authorization and maintain the required weight loss until the time of surgery
- Complete 12 RD visits (two visits per month, per WAC Guidelines). These visits must last at least 6 months and are to be attended routinely without excessive cancellations or no-shows
- Keep a food journal
- Attend monthly PCP visits with PCP or clinic RN for weight monitoring and food journal review
- Complete (and pass) a psychosocial assessment with a psychiatrist, psychiatric ARNP, LICSW, Ph.D. in psychology or Psy.D.

Once the above requirements are met, the PCP must send the following information to a designated bariatric surgical center*:

- PCP summary of monthly visits indicating the goal weight has been met and member has been compliant with guidance provided
- RD summary and notes of 12 visits including service dates that indicate the member was consistent with food journal entries and was compliant with guidance provided

- A copy of the Bariatric Stage II Letter
- Referral for bariatric surgery

When the bariatric surgical center receives all the required information, the surgical center will call the member to schedule the following:

- Bariatric seminar
- Consultation with a bariatric surgeon**

*Please email Molina to find the surgical center that is closest to your patient at MHW_Bariatric_Program@MolinaHealthcare.com.

**NOTE: The bariatric surgeon may require additional testing prior to submitting a request for bariatric surgery (Stage III). For example, it is not uncommon for members to be asked to complete a cardiac stress test, lab work, sleep study, and/or lose additional weight.

Stage III: After all the above requirements have been completed and the bariatric surgeon has cleared the member for surgery, the bariatric surgical center will submit all required documents to Molina's UM Department for review.

Additional information

- 1) Prior to completing the Molina "Medicaid Bariatric Surgery Criteria Pre-Surgical Assessment Form" for enrollment in the Bariatric Program (Stage I), the PCP should review all program requirements with their patient to ensure he or she wants bariatric surgery and fully understands what's involved.
- 2) The PCP should NOT send any additional clinic notes to the surgical center other than what is outlined in Stage II.
- 3) The PCP should NOT submit a request for bariatric surgery (Stage III) directly to Molina, as the bariatric surgical center will do this.

If providers have questions, please contact (425) 330-7467 or email

MHW_Bariatric_Program@MolinaHealthcare.com.