IEHP UM Subcommittee Approved Authorization Guidelines
Bariatric Surgery for Morbid Obesity among Medicare Beneficiaries

Policy:
On February 1, 2007, the IEHP Utilization Management Subcommittee, discussed CMS Decision on Bariatric Surgery for Morbid Obesity among Medicare beneficiaries. Based on this review, the IEHP UM Subcommittee adopted CMS Decision on Bariatric Surgery for Morbid Obesity as reasonable and necessary for Medicare beneficiaries.

Medicare:
CMS determined that open and laparoscopic Roux-en-Y gastric bypass, laparoscopic adjustable gastric banding, and open and laparoscopic biliopancreatic diversion with duodenal switch are reasonable and necessary for Medicare beneficiaries who have a BMI > 36, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

CMS also determined that these covered procedures may only be performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center; or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.

As of June 27, 2012, Medicare determines coverage for stand-alone laparoscopic sleeve gastrectomy (LSG) to be a covered benefit for Medicare beneficiaries only when the following criteria is met:

A. The beneficiary has a body-mass index (BMI) 3.5 kg/m2;
B. The beneficiary has at least one co-morbidity related to obesity; and
C. The beneficiary has been previously unsuccessful with medical treatment for obesity.

Note: Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS), and laparoscopic adjustable gastric banding (LAGB) are covered for Members who have a BMI of ≥ 36 and stand alone laparoscopic sleeve gastrectomy (LSG) are covered for Members who have a BMI of 35.
The evidence is not adequate to conclude that the following bariatric surgery procedures are reasonable and necessary; therefore, the following are non-covered for all Medicare beneficiaries:

A. Open vertical banded gastroplasty;
B. Laparoscopic vertical banded gastroplasty;
C. Open sleeve gastrectomy;
D. Open adjustable gastric banding;
E. Gastric Balloon; and
F. Intestinal Bypass.

Effective Date: February 1, 2007
Reviewed Annually: November 12, 2014

Revised:
February 13, 2013
May 8, 2013
September 4, 2013

Bibliography:
2. National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Morbid Obesity (100.1) 2012 June.

42. CMS Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R)

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