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

Policy:
CMS determined that open and laparoscopic Roux-en-Y gastric bypass, laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy and open and laparoscopic biliopancreatic diversion with duodenal switch or gastric reduction duodenal switch are reasonable and necessary for Medicare beneficiaries who have a BMI greater than or equal to 35, have at least one co-morbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity.

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 all of the following criteria are met:

A. The beneficiary has a body-mass index (BMI) greater than or equal to 35 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.

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 adjustable gastric banding;
B. Open sleeve gastrectomy;
C. Open vertical banded gastroplasty;
D. Laparoscopic vertical banded gastroplasty;
E. Intestinal Bypass; and
F. Gastric Balloon
Effective Date: February 1, 2007           Reviewed Annually: November 11, 2015

Revised:
February 13, 2013
May 8, 2013
September 4, 2013
February 10, 2016

Bibliography:
2. National Coverage Determination (NCD) for Bariatric Surgery for Treatment of Morbid Obesity (100.1) September 2013.
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