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 9, 2016

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.

 Disclaimer
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PRE-OP GASTRIC BYPASS ATTESTATION

INITIALS

I attended a New Patient Education Class.

My doctor explained to me the risks and benefits of Gastric Bypass surgery. I understand these risks and benefits.

My doctor explained to me what can go wrong during the surgery and afterwards. I understand these risks.

I have been counseled how to eat, how to use nutritional supplements after surgery and what my nutritional requirements are.

I have been instructed how to exercise before and after surgery. I understand these instructions and what is expected of me.

I have been instructed how to make lifestyle changes that will help make the surgery more successful. The lifestyle changes that I expect include:

- Relationships
- Social support systems
- Coping with stress
- Relapse prevention
- Positive thinking techniques
- Problem solving techniques

I have received a psychosocial assessment, which included specific evaluation of my clear understanding of the risks and benefits of surgery, an evaluation of my post-surgical expectations, and an evaluation of my ability to follow my post-operative routine.

I understand the lifestyle changes I must make. I understand how I must behave. I will comply fully and take full responsibility for my behaviors and choices.

__________________________________________
Print Patient’s Name

__________________________________________  _______________________
Signature of Patient or Guardian              Date