South Carolina

Medicare Advantage

Policy and Procedure

Subject:	Bariatric Surgery
Policy Number:	106
Department:	5B Medicare Advantage
Provision Effective Date:	
Revision Date:	

PURPOSE

Obesity may be caused by medical conditions such as hypothyroidism, Cushing's disease, and hypothalamic lesions, or it can aggravate a number of cardiac and respiratory diseases as well as diabetes and hypertension. Nonsurgical services in connection with the treatment of obesity are covered when such services are an integral and necessary part of a course of treatment for one of these medical conditions.

Bariatric surgery procedures are performed to treat comorbid conditions associated with morbid obesity. Two types of surgical procedures are employed. Malabsorptive procedures divert food from the stomach to a lower part of the digestive tract, where the normal mixing of digestive fluids and absorption of nutrients cannot occur. Restrictive procedures restrict the size of the stomach and decrease intake. Surgery can combine both types of procedures.

POLICY

Prior authorization is required for bariatric surgery. Member must meet criteria for medical necessity as listed below in the Procedure section.

SCOPE

Members requiring bariatric surgery and providers furnishing bariatric surgery

REFERENCE DOCUMENTS

1. Medicare National Coverage Determination (NCD) 100.1 for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (accessed November 10, 2021).
2. Centers for Medicare & Medicaid Services Medicare Approved Facilities/Trials/Registries https://www.cms.gov/medicare/medicare-general-information/medicareapprovedfacilitie.

DEFINITIONS

Roux-en-Y Gastric Bypass (RYGBP) — The RYGBP achieves weight loss by gastric restriction and malabsorption. Reduction of the stomach to a small gastric pouch (30 cc) results in feelings of satiety following even small meals. This small pouch is connected to a segment of the jejunum, bypassing the duodenum and very proximal small intestine, thereby reducing absorption. RYGBP procedures can be open or laparoscopic.

Biliopancreatic Diversion With Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS) — The BPD achieves weight loss by gastric restriction and malabsorption. The stomach is partially resected, but the remaining capacity is generous compared to that achieved with RYGBP. As such, patients eat relatively normal-sized meals and do not need to restrict intake radically, since the most proximal areas of the small intestine (i.e., the duodenum and jejunum) are bypassed, and substantial malabsorption occurs. The partial BPD/DS or BPD/GRDS is a variant of the BPD procedure. It involves resection of the greater curvature of the stomach, preservation of the pyloric sphincter, and transection of the duodenum above the ampulla of Vater with a duodeno-ileal anastomosis and a lower ileo-ileal anastomosis. BPD/DS or BPD/GRDS procedures can be open or laparoscopic.

Adjustable Gastric Banding (AGB) — The AGB achieves weight loss by gastric restriction only. A band creating a gastric pouch with a capacity of approximately 15 to 30 cc's encircles the uppermost portion of the stomach. The band is an inflatable doughnut-shaped balloon, the diameter of which can be adjusted in the clinic by adding or removing saline via a port that is positioned beneath the skin. The bands are adjustable, allowing the size of the gastric outlet to be modified as needed, depending on the rate of a patient's weight loss. AGB procedures are laparoscopic only.

Sleeve Gastrectomy — Sleeve gastrectomy is a 70 – 80 percent greater curvature gastrectomy (sleeve resection of the stomach) with continuity of the gastric lesser curve being maintained while simultaneously reducing stomach volume. In the past, sleeve gastrectomy was the first step in a two-stage procedure when performing RYGBP, but more recently, it has been offered as a stand-alone surgery. Sleeve gastrectomy procedures can be open or laparoscopic.

Vertical Gastric Banding (VGB) — The VGB achieves weight loss by gastric restriction only. The upper part of the stomach is stapled, creating a narrow gastric inlet or pouch that remains connected with the remainder of the stomach. In addition, a nonadjustable band is placed around this new inlet in an attempt to prevent future enlargement of the stoma (opening). As a result, patients experience a sense of fullness after eating small meals. Weight loss from this procedure results entirely from eating less. VGB procedures are essentially no longer performed.

RESPONSIBILITIES
Medical director, utilization management

PROCEDURE
Indications and limitations of coverage:

Effective for services performed on and after Feb. 21, 2006, open and laparoscopic Roux-en-Y gastric bypass (RYGBP), open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) or gastric reduction duodenal switch (BPD/GRDS), and laparoscopic adjustable gastric banding (LAGB) are covered for Medicare beneficiaries who have:
1. A body mass index ≥ 35.
2. At least one comorbidity related to obesity.
3. Been previously unsuccessful with medical treatment for obesity.
4. Undergone a supervised, six-month period of monthly, physician-supervised diet and exercise (supported by medical notes showing face to face or telehealth visits).
5. Undergone an evaluation by Cardiology and Pulmonology (if the member has any history of hypertension, ischemic heart disease, cardiac arrhythmia or heart failure OR any history of chronic lung disease or sleep disordered breathing) and been cleared for surgery.
6. Undergone an evaluation by a qualified, licensed psychologist and deemed to be fit for the post-operative regimen necessary for successful post-surgical diet and exercise changes.

Effective for dates of service on and after Feb. 21, 2006, these procedures are only covered when performed at facilities that are: (1) certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on Feb. 15, 2006); or (2) certified by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence (program standards and requirements in effect on Feb. 15, 2006).

Effective for dates of service on and after Sept. 24, 2013, facilities are no longer required to be certified. Effective for services performed on and after Feb. 12, 2009, the Centers for Medicare & Medicaid Services (CMS) determines that Type 2 diabetes mellitus is a comorbidity for purposes of this NCD.

A list of approved facilities and their approval dates are listed and maintained on the CMS coverage website at http://www.cms.gov/Medicare/Medicare-General-information/MedicareApprovedFacilitie/Bariatric-Surgery.html and published in the Federal Register for services provided up to and including date of service Sept. 23, 2013.

Nationally Non-Covered Indications:

1. Treatments for obesity alone remain non-covered.
2. Supplemented fasting is not covered under the Medicare program as a general treatment for obesity (see section D below for discretionary local coverage).

The following BARIATRIC surgery procedures are non-covered for all Medicare beneficiaries:
1. Open adjustable gastric banding
2. Open sleeve gastrectomy
3. Laparoscopic sleeve gastrectomy (prior to June 27, 2012)
4. Open and laparoscopic vertical banded gastroplasty
5. Intestinal bypass surgery
6. Gastric balloon for treatment of obesity

Other:

Effective for services performed on and after June 27, 2012, Medicare administrative contractors (MACs) acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of comorbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions 1 – 3 are satisfied.
1. The beneficiary has a body-mass index (BMI) ≥ 35 kg/m2.
2. The beneficiary has at least one comorbidity related to obesity.
3. The beneficiary has been previously unsuccessful with medical treatment for obesity.

Where weight loss is necessary before surgery in order to ameliorate the complications posed by obesity when it coexists with pathological conditions such as cardiac and respiratory diseases, diabetes or hypertension (and other more conservative techniques to achieve this end are not regarded as appropriate), supplemented fasting with adequate monitoring of the patient is eligible for coverage on a case-by-case basis or pursuant to a review of specific clinical circumstances for medical necessity. The risks associated with the achievement of rapid weight loss must be carefully balanced against the risk posed by the condition requiring surgical treatment.

APPROVAL SIGNATURES

Title	Printed Name	Signature	Date

REVISION HISTORY

Implementation Date	Description	Business Owner (Signature Required)	Approval Committee