

Coverage Summary

Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)

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Related Medicare Advantage Policy Guideline: [Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(NCD 100.1\)](#)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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I. COVERAGE

Coverage Statement: Treatment of obesity (surgical and non-surgical) may be covered when Medicare criteria are met.

Guidelines/Notes:

1. **Non-Surgical Services**

- a. Physician prescribed supplemented fasting with monitoring on a case-by-case basis when weight loss is necessary prior to a surgical procedure to minimize any possible

complications and the member's obesity co-exists with a high-risk condition, such as cardiac diseases, respiratory diseases, diabetes or hypertension. See the [NCD for Treatment of Obesity \(40.5\)](#). (Accessed April 3, 2019)

- b. Physician prescribed supplemental fasting with monitoring on a case by case basis when weight loss is part of a medically necessary treatment plan for hypothyroidism, Cushing's disease or hypothalamic disease. See the [NCD for Treatment of Obesity \(NCD 40.5\)](#). (Accessed April 3, 2019)
- c. Intensive Behavioral Therapy for Obesity; see the [Coverage Summary for Preventive Health Services and Procedures](#).

Note: For supplemental fasting, reimbursement for the supplement itself is not covered because food supplements are not considered a drug for Medicare payment purposes.

2. Surgical Treatment - Bariatric Surgery

a. Covered Services and Criteria

Open and laparoscopic Roux-en-Y gastric bypass (RYGBP), laparoscopic adjustable gastric banding (LAGB), open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS) and stand-alone laparoscopic sleeve gastrectomy (LSG) are considered reasonable and necessary when all of the following criteria are met:

- 1) Member has a Body Mass Index (BMI) ≥ 35 .
- 2) Member has at least one co-morbidity related to obesity.

Note: Effective for services performed on or after February 12, 2009, CMS determined that Type 2 diabetes mellitus is a co-morbidity for the purposes of the NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1).

- 3) Member has previously undergone unsuccessful medical treatment of obesity.

Notes:

- The determination of coverage for any bariatric surgery procedures that are not specifically identified in an NCD as covered or noncovered, for MA members who have a body-mass index ≥ 35 , have at least one comorbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity, is left to the local Medicare Administrative Contractor or MA Plan.
- 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 local coverage determination. The risks associated with the achievement of rapid weight loss must be carefully balanced against the risk posed by the condition requiring surgical treatment.

See the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#).

Also see the [NCD for Surgery for Diabetes \(100.14\)](#). (Accessed April 11, 2018)

b. Utilization Guidelines

- The Medicare [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions](#)

[Related to Morbid Obesity \(100.1\)](#) does not provide Utilization Guidelines for Bariatric Surgery.

- Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the [LCD Availability Grid \(Attachment A\)](#).
- For states with no LCDs/LCAs, refer to Novitas [LCD for Bariatric Surgical Management of Morbid Obesity \(L35022\)](#) for coverage guideline. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the [Medicare Coverage Database](#), if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date: April 16, 2019**
- Accessed October 17, 2019

Note: The above guidelines apply to both primary and revision surgery for obesity.

3. Second Bariatric Surgeries

For coverage information regarding second bariatric surgeries. Refer to the [UnitedHealthcare Commercial Medical Policy for Bariatric Surgery](#).

4. Examples of services that are not covered:

- a. Treatment of obesity when criteria are not met
- b. Treatment for obesity alone; see the [NCD for Treatment of Obesity \(NCD 40.5\)](#). (Accessed April 3, 2019)
- c. Supplemented fasting as a general treatment for obesity, except as indicated above. See the [NCD for Treatment of Obesity \(NCD 40.5\)](#). (Accessed April 3, 2019)
- d. Intestinal bypass surgery (e.g., jejunioileal bypass); see the [NCD for Intestinal Bypass Surgery \(100.8\)](#). (Accessed April 3, 2019)
- e. Gastric balloon for the treatment of obesity; see the [NCD for Gastric Balloon for Treatment of Obesity \(100.11\)](#). (Accessed April 3, 2019)
- f. Open and Laparoscopic vertical banded gastroplasty (VGB); see the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019) **Note:** VGB procedures are essentially no longer performed.
- g. Open sleeve gastrectomy; see the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)
- h. Laparoscopic sleeve gastrectomy (prior to June 27, 2012) is not covered by Medicare; See the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

Note: Effective for services performed on and after June 27, 2012, UnitedHealthcare may cover stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare Advantage members only when the conditions specified about in Guidelines 2.a above are met.

- i. Open adjustable gastric banding; see the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

II. DEFINITIONS

Adjustable Gastric Banding: 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. [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS): 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. [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

Body Mass Index (BMI): BMI is a number calculated from a person's weight and height. BMI is calculated as weight in kilograms per height in meters squared (kg/m^2). *Centers for Disease Control and Prevention*; available at <https://www.cdc.gov/healthyweight/assessing/bmi/index.html>. (Accessed April 3, 2019)

Gastric balloon: A medical device developed for use as a temporary adjunct to diet and behavior modification to reduce the weight of patients who fail to lose weight with those measures alone. It is inserted into the stomach to reduce the capacity of the stomach and to affect early satiety. [NCD for Gastric Balloon for Treatment of Obesity \(100.11\)](#). (Accessed April 3, 2019)

Roux-en-Y Gastric Bypass (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. [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

Sleeve Gastrectomy: A 70%-80% 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 has been offered as a stand-alone surgery. Sleeve gastrectomy procedures can be open or laparoscopic. [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

Supplemented Fasting: A type of very low calorie weight reduction regimen used to achieve rapid weight loss. The reduced calorie intake is supplemented by a mixture of protein, carbohydrates, vitamins and minerals. [NCD for Treatment of Obesity \(40.5\)](#). (Accessed April 3, 2019)

Vertical Banded Gastroplasty (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 non-adjustable 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. [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed April 3, 2019)

III. REFERENCES

See above

IV. REVISION HISTORY

04/16/2019 Annual review; no updates.

- 04/01/2019
- Updated policy introduction; added language to clarify:
 - There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
 - In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*)
 - Retitled reference link that directs users to UnitedHealthcare *Commercial* policy

09/18/2018 Updated Local Coverage Determination (LCD) Availability Grid; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

04/17/2018 Annual review; without updates.

03/20/2018 Re-review with the following update:

Guideline 2 (Surgical Treatment - Bariatric Surgery) - deleted the following language, already addressed in the referenced NCD for Bariatric Surgery for Treatment of Morbid Obesity (100.1):

“Effective for dates of service on and after February 21, 2006, bariatric procedures are only covered when performed at facilities that meet one of the following requirements:

- 1. Certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or*
- 2. Certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).*

See the NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1).

Effective for dates of service on and after September 24, 2013, facilities are no longer required to be certified. Refer to the CMS Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity - Facility Certification Requirement (CAG-00250R3).

For services provided up to and including date of service September 23, 2013: The facilities that have met the CMS’ minimum facility standards for bariatric surgery and have been certified by ACS and/or ASBS are listed and maintained at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Bariatric-Surgery.html>.”

- 02/20/2018 Re-review with the following update:
Guideline 2.b (Utilization Guidelines) - deleted the detailed guideline from the Coverage Summary (as link to L35022 already part of guideline).
- 04/18/2017 Annual review with the following update:
Guideline 2 (Surgical Treatment - Bariatric Surgery) - deleted language as same language is already addressed in the NCD reference, i.e., NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1).
- 04/19/2016 Annual review with the following recommended updates:
Guideline 4 - added specific reference links to the applicable Medicare references to each example. Updated all reference links of the applicable LCDs to reflect the condensed link.
- 04/21/2015 Annual review; without updates.
- 03/24/2015 Guideline #2 (Surgical Treatment-Bariatric Surgery)
- Updated with current CMS language
 - Deleted statement “Repeat bariatric surgery is generally not reasonable and necessary ”
- Guideline # 3 (Second Bariatric Surgery) - added new section with reference link to the UnitedHealthcare Medical Policy for Bariatric Surgery.
- 04/15/2014 New Policy; replaced 2 Coverage Summaries: (1) Obesity Nonsurgical Treatment of Obesity; and (2) Bariatric Surgery, with additional updates:
- Guideline #2.a (Covered Services and Criteria) - Added “*or Gastric Reduction Duodenal Switch (BPD/GRDS)*”
 - Guideline #3 (Examples of services that are not covered) - Removed; no CMS reference: Nutritional liquid supplement; Weight reduction medications, including diet pills; and Prescription drugs to treat obesity
 - Definitions - Morbid Obesity (removed; no CMS reference)

V. ATTACHMENT(S)**Attachment A - LCD Availability Grid**
Bariatric Surgical Management of Morbid Obesity

CMS website accessed October 17, 2019

LCD ID	LCD Title	Contractor Type	Contractor	States
L35022 (A56422)	Bariatric Surgical Management of Morbid Obesity	A and B MAC	Novitas Solutions, Inc	AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX
L33411 (A57145)	Surgical Management of Morbid Obesity	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L34576 (A56852)	Laparoscopic Sleeve Gastrectomy for Severe Obesity	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

End of Attachment A