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

Policy Number: MCS066.10
Approval Date: March 1, 2024

Instructions for Use

Table of Contents **Page**

Related Policies
None

Coverage Guidelines

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

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the Medicare Coverage Database to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles).
(Accessed March 4, 2024)

Non-Surgical Services

Intensive Behavioral Therapy

Intensive Behavioral Therapy for Obesity is covered when criteria are met. Refer to the Medicare Preventive Services-MLN Educational Tool at https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html.
(Accessed March 4, 2024)

Surgical Treatment – Bariatric Surgery

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 criteria are met.

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

Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Bariatric Surgical Management of Morbid Obesity.

For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Bariatric Surgery for utilization guidelines for all other procedures not listed as nationally non-covered in the NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1).

When the NCD or LCDs/LCAs is silent on coverage criteria for bariatric procedures (including revisions), refer to the UnitedHealthcare Commercial Medical Policy titled Bariatric Surgery for clinical coverage guidance.

Notes:

- After checking the Bariatric Surgical Management of Morbid Obesity table and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.
- The above guidelines apply to both primary and revision surgery for obesity.

(Accessed March 4, 2024)

Non-Covered Services

Examples of services that are not covered:

- Treatment of obesity when criteria are not met
- Treatment for obesity alone
- Intestinal bypass surgery (e.g., jejunoileal bypass)
- Gastric balloon for the treatment of obesity
- Open and laparoscopic vertical banded gastroplasty (VGB)
  Note: VGB procedures are essentially no longer performed.
- Open sleeve gastrectomy
- Laparoscopic sleeve gastrectomy is not covered by Medicare
  Note: 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 above are met.
- Open adjustable gastric banding
- Supplemented fasting is not covered under the Medicare program as a general treatment for obesity

Refer to the NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) for coverage guidelines. (Accessed March 4, 2024)

Definitions

Body Mass Index (BMI): Body Mass Index (BMI) is a person's weight in kilograms (or pounds) divided by the square of height in meters (or feet). A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual. Centers for Disease Control and Prevention; available at https://www.cdc.gov/healthyweight/assessing/bmi/index.html. (Accessed March 4, 2024)

Supporting Information

Bariatric Surgical Management of Morbid Obesity
Accessed March 4, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35022 (A56422)	Bariatric Surgical Management of Morbid Obesity	Part 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	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L34576 (A56852)	Laparoscopic Sleeve Gastrectomy for Severe Obesity	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

Bariatric Surgical Management of Morbid Obesity Accessed March 4, 2024				
LCD/LCA ID	**LCD/LCA Title**	**Contractor Type**	**Contractor Name**	**Applicable States/Territories**
A52447	Laparoscopic Sleeve Gastrectomy (LSG)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Policy History/Revision Information

Date	Summary of Changes
03/01/2024	**Supporting Information** • Updated list of applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current information; modified reference information for *Bariatric Surgical Management of Morbid Obesity* **Administrative** • Archived previous policy version MCS066.09

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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 are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.