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

Policy Number: MCS066.07
Approval Date: October 11, 2023

Table of Contents

Coverage Guidelines ................................................................. 1
• Non-Surgical Services ............................................................ 1
• Surgical Treatment-Bariatric Surgery .................................... 1
• Non-Covered Services ............................................................ 2
Definitions ...................................................................................... 2
Supporting Information ................................................................. 2
Policy History/Revision Information ............................................. 3
Instructions for Use ....................................................................... 3

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 September 7, 2023)

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 September 7, 2023)

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 guideline.

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 Novitas LCD for Bariatric Surgical Management of Morbid Obesity (L35022) for utilization guidelines.

Note: 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.

Note: The above guidelines apply to both primary and revision surgery for obesity. (Accessed September 7, 2023)

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 September 7, 2023)

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 September 7, 2023)

Supporting Information

<table>
<thead>
<tr>
<th>Bariatric Surgical Management of Morbid Obesity</th>
<th>Accessed September 7, 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD/LCA ID</td>
<td>LCD/LCA Title</td>
</tr>
<tr>
<td>L35022 (A56422)</td>
<td>Bariatric Surgical Management of Morbid Obesity</td>
</tr>
<tr>
<td>L33411 (A57145)</td>
<td>Surgical Management of Morbid Obesity</td>
</tr>
<tr>
<td>L34576 (A56852)</td>
<td>Laparoscopic Sleeve Gastrectomy for Severe Obesity</td>
</tr>
</tbody>
</table>

Obesity: Treatment of Obesity, Non-Surgical, and Surgical (Bariatric Surgery) UnitedHealthcare Medicare Advantage Coverage Summary

Proprietary Information of UnitedHealthcare. Copyright 2023 United HealthCare Services, Inc.
Policy History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/2023</td>
<td><strong>Template Update</strong></td>
</tr>
<tr>
<td></td>
<td>- Updated <em>Instructions for Use</em></td>
</tr>
<tr>
<td></td>
<td><strong>Coverage Guidelines</strong></td>
</tr>
<tr>
<td></td>
<td>- Removed content/language addressing second bariatric surgeries</td>
</tr>
<tr>
<td></td>
<td><strong>Supporting Information</strong></td>
</tr>
<tr>
<td></td>
<td>- Archived previous policy version MCS066.06</td>
</tr>
</tbody>
</table>

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.

CPT® is a registered trademark of the American Medical Association.