

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

Policy Number: MCS066.02
Approval Date: May 18, 2021

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Non-Surgical Services	1
• Surgical Treatment-Bariatric Surgery	1
• Second Bariatric Surgeries	2
• Non-Covered Services	2
Definitions	2
Supporting Information	2
Policy History/Revision Information	3
Instructions for Use	4

Related Medicare Advantage Policy Guideline

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

Coverage Guidelines

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

Non-Surgical Services

Supplemental Fasting

- 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.
- 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.
- Supplemented fasting as a general treatment for obesity is not covered, except as indicated above.
- Reimbursement for the supplement itself is not covered because food supplements are not considered a drug for Medicare payment purposes.

Refer to the [National Coverage Determination \(NCD\) for Treatment of Obesity \(40.5\)](#). (Accessed May 6, 2021)

Intensive Behavioral Therapy

Intensive Behavioral Therapy for Obesity; refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

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 \(100.1\)](#) and [NCD for Surgery for Diabetes \(100.14\)](#), for coverage guideline. (Accessed May 6, 2021)

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 guideline.

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.

Second Bariatric Surgeries

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

Non-Covered Services

Examples of services that are not covered:

- Treatment of obesity when criteria are not met
- Treatment for obesity alone; refer to the [NCD for Treatment of Obesity \(NCD 40.5\)](#). (Accessed May 6, 2021)
- Intestinal bypass surgery (e.g., jejunioileal bypass); refer to the [NCD for Intestinal Bypass Surgery \(100.8\)](#). (Accessed May 6, 2021)
- Gastric balloon for the treatment of obesity; refer to the [NCD for Gastric Balloon for Treatment of Obesity \(100.11\)](#). (Accessed May 6, 2021)
- Open and laparoscopic vertical banded gastroplasty (VGB); refer to the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed May 6, 2021)
Note: VGB procedures are essentially no longer performed.
- Open sleeve gastrectomy; refer to the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed May 6, 2021)
- Laparoscopic sleeve gastrectomy (prior to June 27, 2012) is not covered by Medicare; refer to the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed May 6, 2021)
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 above are met.
- Open adjustable gastric banding; refer to the [NCD for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\)](#). (Accessed May 6, 2021)

Definitions

Body Mass Index (BMI): Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. 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 May 6, 2021)

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Bariatric Surgical Management of Morbid Obesity

Accessed May 6, 2021

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

[Back to Guidelines](#)

Policy History/Revision Information

Date	Summary of Changes
05/18/2021	<p>Coverage Guidelines</p> <ul style="list-style-type: none"> Reorganized content <p>Supplemental Fasting</p> <ul style="list-style-type: none"> Added language (relocated from <i>Non-Covered Services</i> section) to indicate: <ul style="list-style-type: none"> Supplemented fasting as a general treatment for obesity is not covered, except as indicated [in the policy] <p>Covered Services and Criteria</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> 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 For coverage guidelines, refer to the National Coverage Determination (NCD) for: <ul style="list-style-type: none"> <i>Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1)</i> <i>Surgery for Diabetes (100.14)</i> Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable For states with no LCDs/LCAs, refer to the <i>Novitas LCD for Bariatric Surgical Management of Morbid Obesity (L35022)</i> for utilization guidelines <p>Utilization Guidelines</p> <ul style="list-style-type: none"> Removed/relocated content (refer to <i>Covered Services and Criteria</i> section) <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of: <ul style="list-style-type: none"> Adjustable Gastric Banding Biliopancreatic Diversion with Duodenal Switch (BPD/DS) or Gastric Reduction Duodenal Switch (BPD/GRDS) Gastric Balloon Roux-en-Y Gastric Bypass (RYGBP) Sleeve Gastrectomy Supplemented Fasting Vertical Banded Gastroplasty (VGB) Updated definition of “Body Mass Index (BMI)” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links Archived previous policy version MCS066.01

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.

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](#)).

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