

Bariatric Surgery

Also known as	<div><div></div><div><div>1. Gastric bypass</div><div>2. Gastrointestinal surgery for obesity</div><div>3. Gastroplasty</div><div>4. Stomach stapling</div></div></div>								
Description	<p>Bariatric surgery is defined as surgical procedures to bypass sections of the small intestine and/or decrease the size of the stomach to treat obesity. These procedures can either be done through a surgical incision or through a laparoscopic technique.</p>								
See also	<div><p>Similar, related, or easily confused documents.</p><div><div></div><div><div><div>• Abdominoplasty/Panniculectomy - Surgery to remove excess skin and tissue around the abdomen; surgical removal of a layer of fat from the abdomen.</div><div>• Weight Loss Programs - A program to help individuals lose weight.</div></div></div></div></div>								
Table of Contents	<div><p>The following topics are included in this document:</p><div><div></div><div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div><div>• Eligible Procedures</div></div></div></div></div>								
Adjustments and reversals	<div><p>Following weight loss surgery, there may be a need to make LapBand adjustments, remove the LapBand, and/or reverse the surgery itself.</p><div><div></div><div><div><div>• Adjustments within 90 days of the surgery are included in the standard surgical benefit.<div>– Adjustments after that are part of an office visit and are a covered service. They do not require prior authorization.</div></div></div><div>• Excluded: If weight loss surgery is excluded, but it is medically necessary to remove the LapBand and/or reverse the surgery, the provider can request a medical review. If approved, an authorization is entered and covered under surgical benefits.</div></div></div></div>								
Document history	<div><p>The document history for the past 12 months is outlined below.</p><table><tr><th>Date</th><th>Description</th></tr><tr><td>1.17.24</td><td><i>Adjustments and reversals</i> - Fixed formatting error.</td></tr><tr><td>1.17.24</td><td>Updated to new template.</td></tr><tr><td>1.24.23</td><td>Re-review.</td></tr></table></div>	Date	Description	1.17.24	<i>Adjustments and reversals</i> - Fixed formatting error.	1.17.24	Updated to new template.	1.24.23	Re-review.
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Commercial

Introduction

This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360)

A Medical Policy, *Bariatric Surgery and Weight Management Procedures (MP9319)*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- **Requires prior authorization.**
 - **Important:** Check policy for limits or exclusions.
- If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- **Clinic POS:** Also quote office visit benefits when done in the clinic.

Mayo Medical Plan (MMP)

Coverage depends on the servicing provider.

Provider	Coverage
Mayo provider	<ul style="list-style-type: none">• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.<ul style="list-style-type: none">– Note: Services prior to and after surgery, quote corresponding benefit such as office visit or lab benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.
Non-mayo provider	<ul style="list-style-type: none">• A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• Medicare supplement: PA does not apply.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.<ul style="list-style-type: none">– Note: Services prior to and after surgery, quote corresponding benefit such as office visit or lab benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.

Medica (including MHPS)

Follow the steps below.

Step	Action
1	<p>Check the exclusions. Typical exclusion reads: <i>Bariatric surgery, including initial procedures, surgical revisions and subsequent procedures</i>. Is bariatric surgery excluded?</p> <p>If yes: Proceed to next step.</p> <p>If no: Skip to step 3.</p>
2	<p>Bariatric surgery is not covered.</p> <ul style="list-style-type: none">• Office visits: Office visits to discuss the surgery (before or after surgery), are eligible. Quote office visit or outpatient hospital benefits.• LapBand adjustments: Not covered. <p>STOP</p>
3	<p>Is there a <i>Bariatric Surgery or Surgery for Weight Loss</i> section?</p> <p>If yes: Skip to step 5.</p> <p>If no: Proceed to next step.</p>

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Medica
(including
MHPS),
continued

Step	Action
4	<p>A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.</p> <ul style="list-style-type: none">• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.<ul style="list-style-type: none">– Note: Services prior to and after surgery, quote corresponding benefit such as office visit or lab benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Provider: The provider/facility does NOT have to belong to a designated network for coverage. <p>STOP</p>
5	<p>Has the group renewed as of, or after, 1.1.24?</p> <p>If yes: Skip to step 7.</p> <p>If no: Proceed to next step.</p>
6	<p>Is there language that restricts coverage to a <i>designated network physician</i> or a <i>designated network facility</i>?</p> <p>If yes: Skip to step 8.</p> <p>If no: Proceed to next step.</p>
7	<p>A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.</p> <ul style="list-style-type: none">• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote bariatric surgery benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Provider: The provider/facility does NOT have to belong to a designated network for coverage. <p>STOP</p>

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Medica
(including
MHPS),
continued

Step	Action						
8	<p>A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.</p> <ul style="list-style-type: none">• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote bariatric surgery benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Provider: Verification depends on the provider location.<ul style="list-style-type: none">– Important: Requirement to use a Centers of Excellence (COE) removed as groups renew on or after 1.1.24. Verify the group’s renewal date and the surgery date. <table><tr><th>Location</th><th>Details</th></tr><tr><td>Inside MSA</td><td><ul style="list-style-type: none">• See the List of approved facilities for the Medica Centers of Excellence Program for Bariatric Care to verify the facility is listed. Verify surgeon is INN with the member’s plan.• Elect/Essential: PCC referral required.• ACO: Each ACO has at least one COE. The COE provider must be used.• Care Availability: If COE is required, Medica will NOT review for care availability, no matter the distance.</td></tr><tr><td>Outside MSA</td><td><ul style="list-style-type: none">• Verify facility is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) using their search.<ul style="list-style-type: none">– Verify facility and surgeon are INN.– Coverage limited to facilities on the MBSAQIP list AND surgeons and facilities who are INN for the member’s plan.</td></tr></table>	Location	Details	Inside MSA	<ul style="list-style-type: none">• See the List of approved facilities for the Medica Centers of Excellence Program for Bariatric Care to verify the facility is listed. Verify surgeon is INN with the member’s plan.• Elect/Essential: PCC referral required.• ACO: Each ACO has at least one COE. The COE provider must be used.• Care Availability: If COE is required, Medica will NOT review for care availability, no matter the distance.	Outside MSA	<ul style="list-style-type: none">• Verify facility is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) using their search.<ul style="list-style-type: none">– Verify facility and surgeon are INN.– Coverage limited to facilities on the MBSAQIP list AND surgeons and facilities who are INN for the member’s plan.
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Document
history

The document history for the past 12 months is outlined below.

Date	Description
1.17.24	Updated to new template; <i>Medica (including MHPS)</i> - Updated to step action table due to COE ending in 2024 as groups renew; <i>Mayo Medical Plan</i> - Updated benefit language; added COE ended 1.1.24.
7.27.23	<i>Provider information</i> - Updated link and title for COE providers.
1.24.23	Re-review.

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.								
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• See Medicare eligible procedures below.• If eligible, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.								
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>See Medicaid eligible procedures below.</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.								
Cost (Prime)	<p>See Medicare eligible procedures below.</p> <ul style="list-style-type: none">• If eligible, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines and does not require authorization through Medica.								
Med Advantage	<p>A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.• Follows Medicare guidelines.• Medica is the only payer.								
Med Supp (Select, Signature)	<p>See Medicare eligible procedures below.</p> <ul style="list-style-type: none">• If eligible, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.								
Medicaid	<p>A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.								
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1.24.23	Re-review.								

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>A Medical Policy, <i>Bariatric Surgery and Weight Management Procedures (MP9319)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.

Medica Benefits depend on plan.

Plan	Benefit
Arizona plans	<ul style="list-style-type: none">• Bariatric surgery is covered.• A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Note: Bariatric surgery is listed under <i>Exclusions</i> in the plan document. It is covered when PA is approved and members uses a designated provider. If this criteria is not met, not covered.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.
Iowa plans	<ul style="list-style-type: none">• Bariatric surgery is covered.• A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Note: Bariatric surgery is listed under <i>Exclusions</i> in the plan document. It is covered when PA is approved and members uses a designated provider. If this criteria is not met, not covered.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.
Select MN closed block: <ul style="list-style-type: none">• Encore B• Direct Value F• Direct HSA H	<ul style="list-style-type: none">• A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.
North Dakota plans	<ul style="list-style-type: none">• Bariatric surgery is covered.• A Utilization Management Policy, <i>Bariatric Surgery</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: The provider must pick the right form. There are different versions depending on the provider and/or procedure.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Dietician and psychiatry: Requirement depends on program. Member’s provider can address concerns.• Note: Bariatric surgery is listed under <i>Exclusions</i> in the plan document. It is covered when PA is approved and members uses a designated provider. If this criteria is not met, not covered.• Centers of Excellence: Requirement to use a Centers of Excellence (COE) removed as of 1.1.24.

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Individual and Family Business (IFB), Continued

Medica,
continued

Plan	Benefit
All other IFB plans	<ul style="list-style-type: none">• Bariatric surgery is NOT covered. Exclusion language varies by state.<ul style="list-style-type: none">– MN open block, MO, NE, WI: <i>Surgery for morbid obesity (also known as bariatric surgery).</i>– Remaining MN closed block plans (Solo A, MN Value E, MN Symphony for HSA G): <i>Surgery for morbid obesity or Surgery for morbid obesity (also known as bariatric surgery).</i>– KS: <i>Any service or supply associated with the medical management and treatment of obesity, except for those services covered as preventive health care. This includes but is not limited to surgery for morbid obesity (also known as bariatric surgery), office visits, hospitalizations, laboratory or radiology services, prescription drugs, medical weight reduction programs, nutrients and diet counseling.</i>– OK: <i>Treatment of obesity, including morbid obesity, regardless of the patient’s history or diagnosis, including but not limited to weight reduction or dietary control programs; surgical procedures; prescription or non-prescription drugs or medications such as vitamins (whether to be taken orally or by injection), minerals, appetite suppressants, or nutritional supplements; and any complications resulting from weight loss treatments or procedures.</i>

Document
history

The document history for the past 12 months is outlined below.

Date	Description
1.17.24	Updated to new template; Medica updated to indicate COE ended 1.1.24.
7.27.23	Updated COE provider list title and link throughout section; removed 2022 provider note from Closed block.
1.24.23	<i>Benefits</i> - Added Arizona plans; updated throughout per IFB.

Eligible Procedures

Introduction	If a plan covers bariatric surgery, the TYPE of surgery must also be eligible.						
Dean	<p>Check the Medical Policy, <i>Bariatric Surgery and Weight Management Procedures (MP9319)</i> for a list of eligible procedures.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p>						
Medica (Commercial, IFB, Medicaid)	<p>This chart applies to Medica Commercial, IFB, and Medicaid members.</p> <p>Note: Covered eligible procedures apply only to plans that are eligible for this type of coverage.</p> <table><tr><th>Eligibility</th><th>Description</th></tr><tr><td>Covered</td><td><ul style="list-style-type: none">• Open gastric bypass (Roux-en-Y, RNY, RYGBP)• Open vertical banded gastroplasty (VBG)• Open biliopancreatic diversion with duodenal switch (BPD/DS)• Open sleeve gastrectomy• Laparoscopic adjustable silicone gastric banding (LASGB; LAGB; LapBand)• Laparoscopic biliopancreatic diversion with duodenal switch (LBPD/DS)• Laparoscopic gastric bypass (Lap Roux-en-Y, LRNY)• Stand-alone Laparoscopic sleeve gastrectomy (LSG)• Laparoscopic vertical banded gastroplasty (LVBG)</td></tr><tr><td>Not covered</td><td><ul style="list-style-type: none">• Grastroplasty (gastric stapling without banding)• Open loop gastric bypass (“Mini” gastric bypass)• Unmodified biliopancreatic diversion• Combined vertical banded gastroplasty-gastric bypass (VBG with Roux-en-Y)• Magenstrasse and Mill procedure• Transected silastic ring vertical gastric bypass (TSRVGB; Fobi Pouch)• Jejunio-ileal bypass• Endoscopic procedures for obesity including, but not limited to, natural orifice transluminal endoscopic surgery and endoscopic revision following bariatric surgery (all methods including, but not limited to, endoluminal suturing and/or stapling, prosthetic insertion, or endoscopic sclerosant injection)</td></tr></table>	Eligibility	Description	Covered	<ul style="list-style-type: none">• Open gastric bypass (Roux-en-Y, RNY, RYGBP)• Open vertical banded gastroplasty (VBG)• Open biliopancreatic diversion with duodenal switch (BPD/DS)• Open sleeve gastrectomy• Laparoscopic adjustable silicone gastric banding (LASGB; LAGB; LapBand)• Laparoscopic biliopancreatic diversion with duodenal switch (LBPD/DS)• Laparoscopic gastric bypass (Lap Roux-en-Y, LRNY)• Stand-alone Laparoscopic sleeve gastrectomy (LSG)• Laparoscopic vertical banded gastroplasty (LVBG)	Not covered	<ul style="list-style-type: none">• Grastroplasty (gastric stapling without banding)• Open loop gastric bypass (“Mini” gastric bypass)• Unmodified biliopancreatic diversion• Combined vertical banded gastroplasty-gastric bypass (VBG with Roux-en-Y)• Magenstrasse and Mill procedure• Transected silastic ring vertical gastric bypass (TSRVGB; Fobi Pouch)• Jejunio-ileal bypass• Endoscopic procedures for obesity including, but not limited to, natural orifice transluminal endoscopic surgery and endoscopic revision following bariatric surgery (all methods including, but not limited to, endoluminal suturing and/or stapling, prosthetic insertion, or endoscopic sclerosant injection)
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Medica (Medicare)	<p>This chart applies to Medica Medicare and CCP plans that follow Medicare guidelines.</p> <p>NCD: Coverage based on NCD manual section <i>100.1 Bariatric Surgery for the Treatment of Morbid Obesity</i>.</p> <table><tr><th>Eligibility</th><th>Description</th></tr><tr><td>Covered</td><td><ul style="list-style-type: none">• Open gastric bypass (Roux-en-Y, RNY, RYGBP)• Laparoscopic adjustable silicone gastric banding (LASGB; LAGB; LapBand)• Open biliopancreatic diversion with duodenal switch (BPD/DS)• Laparoscopic biliopancreatic diversion with duodenal switch (LBPD/DS)• Stand-alone Laparoscopic sleeve gastrectomy (LSG)<p>BMI: Covered for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity, and who have been previously unsuccessful with medical treatment for obesity.</p></td></tr><tr><td>Not covered</td><td><ul style="list-style-type: none">• Open sleeve gastrectomy• Open vertical banded gastroplasty (VBG)• Laparoscopic vertical banded gastroplasty (LVBG)</td></tr></table>	Eligibility	Description	Covered	<ul style="list-style-type: none">• Open gastric bypass (Roux-en-Y, RNY, RYGBP)• Laparoscopic adjustable silicone gastric banding (LASGB; LAGB; LapBand)• Open biliopancreatic diversion with duodenal switch (BPD/DS)• Laparoscopic biliopancreatic diversion with duodenal switch (LBPD/DS)• Stand-alone Laparoscopic sleeve gastrectomy (LSG) <p>BMI: Covered for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity, and who have been previously unsuccessful with medical treatment for obesity.</p>	Not covered	<ul style="list-style-type: none">• Open sleeve gastrectomy• Open vertical banded gastroplasty (VBG)• Laparoscopic vertical banded gastroplasty (LVBG)
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