

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



RELEASED product from the Medicare Learning Network® (MLN):

- "[Transitional Care Management Services](#)," Fact Sheet, ICN 908628, Hard Copy only.



MLN Matters® Number: MM8484 **Revised**

Related Change Request (CR) #: CR 8484

Related CR Release Date: December 23, 2013

Effective Date: September 24, 2013

Related CR Transmittal #: R2841CP and R158NCD

Implementation Date: December 17, 2013

## **Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity**

Note: This article was revised on December 26, 2013, to reflect the revised CR8484 issued on December 23. The CR was revised to add the relevant ICD-10 codes to the revised Section 150.5.1 of the "Medicare Claims Processing Manual" and to make technical corrections to the revised sections of the "Medicare National Coverage Determinations Manual." The revised portions of those manuals are attached to the CR transmittals and the Web addresses for those transmittals are available in the "Additional Information" section of this article.

### **Provider Types Affected**

This MLN Matters® Article is intended for physicians, providers and suppliers submitting claims to Medicare Administrative Contractors (MACs) for bariatric surgery services to Medicare beneficiaries.

### **What You Need to Know**

This article is based on Change Request (CR) 8484, which informs Medicare contractors that:

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

- Effective for dates of service on and after September 24, 2013, facility certification will no longer be required for coverage of covered bariatric surgery procedures;
- The Centers for Medicare & Medicaid Services (CMS) has determined that no changes be made to the bariatric surgery procedures that are deemed covered in Section 100.1 of the "National Coverage Determination (NCD) Manual"; and
- CMS is clarifying in the "NCD Manual" that, under the existing policy, the local MACs have the authority to make coverage decisions for any bariatric surgery procedures not specifically identified as covered or non-covered by an NCD.

Be sure that your billing staffs are aware of these updates.

## Background

---

CR 8484 is due to a reconsideration of Section 100.1 of the "NCD Manual" currently titled, *Bariatric Surgery for Treatment of Morbid Obesity*. On January 24, 2013, CMS initiated a national coverage analysis (NCA) for the reconsideration of the requirement that covered bariatric surgery procedures are only covered when performed in facilities that are certified. CMS also made changes to the NCD which are defined below.

In 2006, CMS established a NCD on Bariatric Surgery for the Treatment of Morbid Obesity ("NCD Manual", Section 100.1). For Medicare beneficiaries who have a Body Mass Index (BMI)  $\geq 35$ , have at least one co-morbidity related to obesity, and who have been previously unsuccessful with medical treatment for obesity, the following procedures were determined to be reasonable and necessary:

- Open and laparoscopic Roux-en-Y gastric bypass (RYGBP);
- Laparoscopic adjustable gastric banding (LAGB); and
- Open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS).

In addition, the NCD stipulates that these bariatric procedures are covered only when performed at facilities that are: (1) Certified by the American College of Surgeons (ACS) as a Level 1 Bariatric Surgery Center, 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). The 2006 NCD specifically non-covered open vertical banded gastroplasty, laparoscopic vertical banded gastroplasty, open sleeve gastrectomy, laparoscopic sleeve gastrectomy, and open adjustable gastric banding because there was a paucity of evidence to support claims of improved health outcomes from those procedures.

This NCA specifically addressed the need for the continuation of the requirement for facility certification by ACS or by the ASBS (currently the American Society for Metabolic and Bariatric Surgeons (ASMBS)).

### CMS Policy and Manual Changes

CMS has determined that the evidence is sufficient to conclude that continuing the requirement for certification for bariatric surgery facilities would not improve health outcomes for Medicare beneficiaries. Therefore, CMS removes this certification requirement, effective with dates of service on or after September 24, 2013.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

CMS has determined that no changes need to be made to the bariatric surgery procedures that are deemed covered in Section 100.1 of the "NCD Manual".

CMS plans to change the title to "Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity", to better reflect the scope of the NCD and to make it clear in the manual that under the existing policy the local MACs have the authority to make coverage decisions for any bariatric surgery procedures not specifically identified as covered or non-covered by an NCD.

In addition, to the proposed decision above, CMS is renumbering and consolidating its manual for Section 100.1. This is an administrative change only to make it easier for the public to read and understand the "NCD Manual". There is no change in coverage because of the renumbering and consolidation.

The additional NCDs related to bariatric surgery will be consolidated and subsumed into Section 100.1 of the "NCD Manual". These include Sections 40.5, 100.8, 100.11 and 100.14.

## Additional Information

---

The official instruction, CR 8484, was issued to your MAC regarding this change via two transmittals. The first is the claims processing transmittal and it is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2841CP.pdf> on the CMS website. The second transmittal updates the NCD Manual and it is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R158NCD.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash** - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- [HealthMap Vaccine Finder](#) - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.

The CDC website for [Free Resources](#), including [prescription-style tear-pads](#) that allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.