

CMS Clarifies Bariatric Surgery Coverage For Medicare Patients With Diabetes

The Centers for Medicare and Medicaid Services has made it official: Medicare beneficiaries with type 2 diabetes and a body mass index less than 35 kg/m² will not receive coverage for bariatric surgery.

The announcement finalizes a CMS proposal issued last November. "While recent medical reports claimed that bariatric surgery may be helpful for these patients, CMS did not find convincing medical evidence that bariatric surgery improved health outcomes for these nonmorbidly obese individuals," the

agency said in a statement at that time.

In the statement, Dr. Barry Straube, the agency's chief medical officer and director of its Office of Clinical Standards and Quality, said "limiting coverage of bariatric surgery in type 2 diabetic patients who are not considered clinically obese is part of Medicare's ongoing commitment to ensure access to the most effective treatment alternatives with good evidence of benefit, while limiting coverage where the current evidence suggests the risks outweigh the benefits."

In 2006, CMS said that Medicare would cover three procedures—open and laparoscopic Roux-en-Y gastric bypass surgery, open and laparoscopic biliopancreatic diversion with duodenal switch, and laparoscopic adjustable gastric banding—for beneficiaries who have a BMI greater than 35, have at least one comorbidity related to obesity, and have been previously unsuccessful with medical treatment for obesity. The new decision clarifies that diabetes is one of the comorbidities included in the criteria.

—Joyce Frieden

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