

# Obesity Management, Surgical Approaches

## Medical Policy

### Utilization Management

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#### **I. DEFINITION:**

**Roux-en-Y Gastric Bypass** procedure involves cutting the stomach in two to create a pouch out of the smaller proximal (near) portion of the stomach, attaching it to the first portion of the jejunum, bypassing the remaining part of the stomach and the entire duodenum.

**Vertical Banded Gastroplasty** consists of the stomach being partitioned with staples to form a small pouch ranging in size from 15ml to 30ml and fitted with a plastic band to limit the amount of food that the stomach can hold at one time.

**Gastric Banding** is a laparoscopic adjustable gastric banding, (e.g., Lap-Band Adjustable Gastric Banding System), consists of a surgically implanted saline filled silicone ring, or band, that constricts the stomach, dividing it into a small proximal pouch and the distal pouch. The silicone band is connected via tubing to an access port under the skin of the upper abdomen through which saline can be percutaneously added or removed to adjust the size of the stomach.

**Gastric Sleeve Resection** is when the stomach is reduced in size by removing the lateral two thirds and leaving the stomach in the shape of a tube. Sometimes it is offered to patients as part of a two stage bypass operation particularly if they are super obese with a Body Mass Index (BMI) >60. It allows the patient to get down to a safe weight and then a more radical bypass can then be offered.

**II. MEDICARE ADVANTAGE PLANS:**

Prior authorization is required.

Submit prior authorization request through the MyAdvocate Medicare Advantage provider portal: [provider.myadvocatema.com](http://provider.myadvocatema.com).

**Prior Authorization Request form**

MyAdvocate Medicare Advantage follows Medicare guidelines.

Coverage may be available when criteria are met.

CMS NCD: (Medicare NCD Manual Section 100.1)

[NCD - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity \(100.1\) \(cms.gov\)](http://www.cms.gov/Manuals/Downloads/ncd103c1_Part2.pdf)

[http://www.cms.gov/Manuals/Downloads/ncd103c1\\_Part2.pdf](http://www.cms.gov/Manuals/Downloads/ncd103c1_Part2.pdf)

Coverage is not available for Gastric Sleeve Resection, Vertical Banded Gastroplasty & Open Adjustable Gastric Banding.

**III. COMMENTS:**

[Obesity Management, Surgical Approaches Coding and Packaging Guidelines](#) (For MyAdvocate Medicare Advantage internal use only)

**IV. REFERENCES:**

**UptoDate**

[Treatment of gastroparesis](#)

Surgery — Surgery is rarely indicated in patients with gastroparesis. Indications for surgery include placement of an enterostomy tube (eg, gastrostomy, jejunostomy) that cannot be placed endoscopically and completion or subtotal gastrectomy to relieve refractory nausea and vomiting in patients with a partial gastrectomy [50-52].

[Gastric bypass surgery as treatment of recalcitrant gastroparesis.](#)

Papasavas PK, Ng JS, Stone AM, Ajayi OA, Muddasani KP, Tishler DS.

Surg Obes Relat Dis. 2014 Sep-Oct;10(5):795-9. doi: 10.1016/j.soard.2014.01.013. Epub 2014 Jan 29.

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<https://publications.aap.org/pediatrics/article/153/3/e2023063916/196669/Prevalence-of-Adolescents-Meeting-Criteria-for>