Medicare will not cover bariatric surgery for beneficiaries who have type 2 diabetes but do not have a body mass index greater than 35 kg/m², according to a proposed decision memo.

Recent medical reports have claimed that bariatric surgery may be helpful for such patients, but the Centers for Medicare and Medicaid Services “did not find convincing medical evidence that bariatric surgery improved health outcomes for non-morbidly obese individuals,” it said in a statement.

Dr. Barry Straube, the agency’s director of its Office of Clinical Standards and Quality, said, “Limiting coverage of bariatric surgery in type 2 diabetic patients whose BMI is less than 35 is part of Medicare’s ongoing commitment to ensure access to the most effective treatment alternatives with good evidence of benefit, while limiting coverage of those with current evidence suggests the risks outweigh the benefits.”

The proposal also clarifies that type 2 diabetes is one of the comorbidities that would be acceptable criteria for surgery.

In 2006, the CMS issued a national coverage decision for bariatric surgery in morbid obesity. It said 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 with a BMI greater than 35, at least one comorbidity related to obesity, and who had previously been unsuccessful with medical treatment for obesity.

At that time, the agency asked for comments on whether Medicare should cover various gastric and intestinal bypass procedures to improve diabetes status in obese, overweight, and nonoverweight diabetes patients.

The proposed decision memo is an outcome of that query; the CMS accepted comments on the memo until mid-December. The agency had up to 30 days to issue a final decision memo, which is available online at www.cms.hhs.gov/risc/index.asp?list_type=ncaclick on “Surgery for Diabetes.”

Dr. Jeffrey Mechanick, who cochaired a bariatric surgery guidelines committee for the American Association of Clinical Endocrinologists, said that the CMS was responding to a trend in the medical literature and meeting presentations suggesting that bariatric surgery might be helpful for even those diabetes patients who are not overweight. “A lot of surgeons began noticing that after bariatric surgery, patients with diabetes had amelioration of their hyperglycemia.... But they found that a lot of the improvement was independent of weight loss; there was something else,” he said.

There were two hypotheses: proximal changes, such as factors in the proximal small bowel, and distal changes, such as glucagon-like protein-1 and other factors made by the small bowel in the distal ileum, said Dr. Mechanick, who is also director of metabolic support in the division of endocrinology, diabetes, and bone disease at the Mount Sinai School of Medicine, in New York.

He noted that although the CMS does not currently cover the surgery for patients with a BMI under 35 that could change if long-term follow-up data on the procedure becomes available.

Dr. Schauer said he was pleased that the agency reaffirmed its support for surgery for diabetes patients with the standard BMI threshold of 35 kg/m² or above. “Of all insurers private and public, CMS has had the most expansive coverage of surgery so far; a lot of private carriers either don’t cover the surgery at all or put a lot of non-evidence-based hurdles in front of access to care,” he noted.