



Oregon

Theodore R. Kulongoski, Governor

Health Services Commission

1225 Ferry St. SE, 1st floor

Salem, OR 97301

(503) 373-1985

FAX (503) 378-5511

December 10, 2007

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Courtney:

The Health Services Commission of the Department of Human Services' (DHS) Office for Oregon Health Policy and Research respectfully reports to you that the Prioritized List of Health Services included in the Commission's June 2007 Report to the Governor and 74th Oregon Legislative Assembly in accordance with ORS 414.720(5) will supersede the previous list effective January 1, 2008. The Centers for Medicare and Medicaid Services (CMS) have given notice to DHS that they have approved the new methodology emphasizing prevention and chronic disease management services and the legislature's funding through line 503 of the 680 line items on the reprioritized list.

In accordance with ORS 414.720 (6), the Health Services Commission is also reporting that the revised line items documented in Attachments A will supersede the previous definition of these lines on the new list. Additionally, the new guideline appearing in Attachment B and the revised guidelines appearing in Attachment C will be associated with the list to better indicate the appropriate and effective use of State resources in the provision of health care to Oregon Health Plan clients.

The changes appearing in Attachments A through C are being forwarded to DMAP who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, DMAP will determine the effective date for these changes pending approval from CMS, which will be no earlier than the January 1, 2008 date on which the new list will go into effect. In the event the technical changes are determined to impact the funding level of this list as defined by DMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,

Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Bruce Goldberg, MD, Director, Department of Human Services
Jim Edge, Administrator, Division of Medical Assistance Programs

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8

- ADD 96150 Health and behavior assessment, each 15 minutes, initial assessment
- ADD 96151 Health and behavior assessment, each 15 minutes, re-assessment
- ADD 96152 Health and behavior intervention, each 15 minutes, individual
- ADD 96153 Health and behavior intervention, each 15 minutes, 2 or more patients
- ADD 96154 Health and behavior intervention, each 15 minutes, family with patient present
- ADD 97802 Medical nutrition therapy, initial assessment and intervention
- ADD 97803 Health Medical nutrition therapy, re-assessment and evaluation
- ADD 97804 Medical nutrition therapy, group
- ADD 98960 Education and training for patient self-management by a qualified, nonphysician health care professional, each 30 minutes, individual patient
- ADD 98961 Education and training for patient self-management by a qualified, nonphysician health care professional, each 30 minutes, 2-4 patients
- ADD 98962 Education and training for patient self-management by a qualified, nonphysician health care professional, each 30 minutes, 5-8 patients
- DELETE 99217 Observation care discharge day management
- DELETE 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity.
- DELETE 99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
- DELETE 99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
- DELETE 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity.

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
- DELETE 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
- DELETE 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.
- DELETE 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.
- DELETE 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity.
- DELETE 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; medical decision making that is straightforward or of low complexity.
- DELETE 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
- DELETE 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision of high complexity.
- DELETE 99238 Hospital discharge day management; 30 minutes or less
- DELETE 99239 Hospital discharge day management; more than 30 minutes
- DELETE 99251 Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99252 Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.
- DELETE 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.
- DELETE 99254 Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
- DELETE 99255 Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
- DELETE 99281 Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.
- DELETE 99282 Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.
- DELETE 99283 Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.
- DELETE 99284 Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity.
- DELETE 99285 Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
- DELETE 99288 Physician direction of emergency medical systems (EMS) emergency care, advanced life support
- DELETE 99289 Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands on care during transport

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99290 Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes
- DELETE 99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- DELETE 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes
- DELETE 99293 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- DELETE 99294 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- DELETE 99295 Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- DELETE 99296 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
- DELETE 99298 Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
- DELETE 99299 Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
- DELETE 99300 Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
- DELETE 99304 Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightford or of low complexity.
- DELETE 99305 Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
- DELETE 99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making.
- DELETE 99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making.
- DELETE 99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity.
- DELETE 99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity.
- DELETE 99315 Nursing facility discharge day management; 30 minutes or less
- DELETE 99316 Nursing facility discharge day management; more than 30 minutes
- DELETE 99318 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity.
- DELETE 99324 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.
- DELETE 99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.
- DELETE 99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity.
- DELETE 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
- DELETE 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making.
- DELETE 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity.
- DELETE 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity.
- DELETE 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; and medical decision making of moderate to high complexity.
- DELETE 99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities; 15-29 minutes
- DELETE 99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities; 30 minutes or more
- DELETE 99341 Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.
- DELETE 99342 Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.
- DELETE 99343 Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity.
- DELETE 99344 Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

ATTACHMENT A

Interim Modifications to the Prioritized List of Health Services for 2008-09 appearing in the Health Services Commission's June 2007 report to the Governor and 74th Oregon Legislative Assembly; Approved by the Commission on June 28 and August 23, 2007.

Diagnosis: OBESITY

Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS

Line: 8 (CONT'D)

- DELETE 99345 Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.
 - DELETE 99347 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making.
 - DELETE 99348 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity.
 - DELETE 99349 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity.
 - DELETE 99350 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity.
 - DELETE 99358 Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour
 - DELETE 99359 Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes
 - DELETE 99360 Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
 - DELETE 99374 Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician develop
 - DELETE 99375 Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician develop
-

ATTACHMENT B

New Guideline Effective January 1, 2008

GUIDELINE NOTE 1: HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

Line: 1,6,8,10,11,12,13,14,15,16,17,18,20,21,22,25,26,28,29,33,34,35,36,37,39,40,41,42,46,47, 50,52,53,55,56,61,63,65,66,68,70,74,76,78,79,80,82,84,85,87,92,94,96,98,100,101,102, 103,106,109,110,111,112,114,116,120,123,124,125,129,135,136,138,139,141,142,145, 147,148,150,151,152,159,160,165,166,167,168,169,170,174,180,182,183,184,186,191, 192,194,196,197,198,200,202,203,206,208,209,210,211,219,221,222,225,228,229,230, 233,234,236,237,238,244,246,249,250,252,253,254,255,256,265,266,267,268,271,272, 273,274,275,276,277,278,279,284,286,287,289,291,301,303,305,309,310,311,312,313, 317,319,325,330,332,336,337,338,339,340,347,350,352,354,355,359,365,369,370,372, 373,384,391,397,404,407,416,417,419,420,427,429,430,433,436,438,440,442,453,456, 460,463,464,465,470,481,483,497

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at

http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=13492&lcd_version=48&basket=lcd%3A13492%3A48%3AHEALTH+AND+BEHAVIOR+ASSESSMENT%2FINTERVENTION%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831142%29%3A

ATTACHMENT C

Revisions to Existing Guidelines Effective January 1, 2008

Note: New language for the following guidelines is underlined and deleted text is indicate with a strikethrough. Also note that due to the addition of the new guideline appearing in Attachment B and changes in the order that the guidelines are first referenced in the list due to the interim modification that took effect on October 1, 2007, the numbering of the guidelines have changed from the list appearing in the Health Services Commission's 2007 biennial report.

GUIDELINE NOTE 45: NON SURGICAL TREATMENT OF OBESITY

Line: 8

Medical treatment of obesity includes intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as a treatment on this line. See also Guideline Note 57.

~~This guideline will be developed after completion of the Health Resources Commission's MedTAP report on the non-surgical management of obesity and will also take into consideration the recommendations of the US Preventive Services Task Force.~~

GUIDELINE NOTE 78: BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI \geq 35

Line: 33

Bariatric surgery for obesity is included on Line 33, TYPE II DIABETES, under the following criteria:

1. Age \geq 18
2. BMI \geq 35 with co-morbid type II diabetes
3. Undergo a six month evaluation period, starting with the date the patient is first evaluated by a licensed bariatric surgeon in section 4C below. During this evaluation period, the patient will have periodic visits with staff of the qualified bariatric surgery program and the licensed bariatric surgeon to verify that the patient meets the Bariatric Center of Excellence program criteria for bariatric surgery. If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.
34. Participate in the following four evaluations and meet criteria as described.
 - A. Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - i. Evaluation to assess compliance with post-operative requirements.
 - ii. No current abuse of or dependence on alcohol. Must remain free of abuse of or dependence on alcohol during a six-month observation period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.

ATTACHMENT C

Revisions to Existing Guidelines Effective January 1, 2008

GUIDELINE NOTE 78: BARIATRIC SURGERY FOR OBESITY WITH COMORBID TYPE II DIABETES & BMI ≥ 35 (CONT'D)

- iii. No mental or behavioral disorder that may interfere with postoperative outcomes¹.
- iv. Patient with previous psychiatric illness must be stable for at least 6 months.
- B. Medical evaluation: (Conducted by OHP primary care provider)
 - i. Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - ii. ~~Maximize~~Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - iii. Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
- C. Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program²)
 - i. Patient found to be an appropriate candidate for surgery at initial evaluation and throughout a six-month observation period while continuously enrolled on OHP.
 - ii. Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure³ and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
 - iii. ~~If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.~~
- D. Dietician evaluation: (Conducted by licensed dietician)
 - i. Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
 - ii. Counseling in dietary lifestyle changes
- 45. Participate in additional evaluations: ~~(Conducted after completion of medically supervised weight reduction program)~~
 - A. Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

¹ Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

² All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

³ Only Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding are approved for inclusion.