

Louis Jacques, MD  
Director, Coverage and Analysis Group  
Centers for Medicaid and Medicare Services

[submitted electronically]

Re: Proposed Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2)

Dear Dr. Jacques:

The American College of Surgeons (ACS) is a scientific and educational association of surgeons, founded in 1913, to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. On behalf of the more than 78,000 members of the ACS, we appreciate the opportunity to support the American Society of Metabolic and Bariatric Surgery's (ASMBS) comments dated April 5, 2012, on the proposed coverage decision for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2).

Specifically, the ACS echoes the concerns of the ASMBS with the Centers for Medicare and Medicaid Services' (CMS) proposal to consider laparoscopic vertical sleeve gastrectomy a non-covered service. We believe that laparoscopic vertical sleeve gastrectomy is a reasonable and necessary procedure for the treatment of morbid obesity in the Medicare population.

The ACS asks that CMS review the new literature evidence submitted in the aforementioned ASMBS letter including *Bariatric Surgery versus Intensive Medical Therapy in Obese Patients with Diabetes; Obesity, Type 2 Diabetes Mellitus, and Other Comorbidities: A Prospective Cohort Study of Laparoscopic Sleeve Gastrectomy vs. Medical Treatment*; and *SLEEVEPASS: A randomized prospective multicenter study comparing laparoscopic sleeve gastrectomy and gastric bypass in the treatment of morbid obesity: preliminary results*. We believe that these studies provide evidence that laparoscopic vertical sleeve gastrectomy is safe and effective in a randomized trial basis with both medical therapy and covered bariatric surgeries as controls.

Also as stated in the ASMBS letter, the ACS recommends that CMS give additional consideration to the appropriateness of laparoscopic vertical sleeve gastrectomy to the entire Medicare population based on previously submitted evidence. We believe that this should include Medicare beneficiaries whose age is <65 who are disabled, have End-Stage Renal Disease, or are dually eligible for both Medicare and Medicaid ("dual eligible").

Given the new evidence submitted by the ASMBS, the ACS recommends that CMS reevaluate its proposal to consider laparoscopic vertical sleeve gastrectomy a non-covered service. We believe that laparoscopic vertical sleeve gastrectomy is a reasonable and necessary procedure for the treatment of morbid obesity in the Medicare population and should be a covered service for Medicare beneficiaries.