



**Covered Benefit: Digestive System Services**

CMP Published: Yes  No

CMP Link: [Gastric Bypass Surgery](#)  
[Experimental Investigational Services](#)

CPG Published: Yes  No

Definition: Digestive system services include a broad range of surgical services and procedures involving the digestive system.

Benefit Packages: RIte Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations:

- All inpatient hospitalizations require medical review and prior authorization.
- All experimental procedures and non FDA approved services are not covered except in the treatment of cancer.
- Cosmetic surgery and procedures are not covered.
- When medical necessity criteria are met, Neighborhood members are allowed coverage for one (1) Laparoscopic Adjustable Gastric Banding per lifetime. One (1) Gastric Bypass procedure is allowed per lifetime.

Exclusions:

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

Per Neighborhood's Clinical Medical Policy Bariatric Surgery, the following bariatric surgical procedures are not covered

- Open adjustable gastric banding
- Open and laparoscopic sleeve gastrectomy
- Open and laparoscopic vertical banded gastroplasty
- Gastric Balloon
- Intestinal Bypass

Coverage Includes:

- Surgical Services Digestive System
- Bariatric Surgery

Notes:

Gastric bypass procedure may be covered if medically necessary after failed laparoscopic procedure.

Refer to the Transplant benefit coverage summary for transplant information.

Refer to the Dialysis benefit coverage summary for Peritoneal Dialysis.

Many more common outpatient digestive procedures, such as endoscopy and colonoscopy, are documented on the Outpatient Surgery & Procedure Benefit Coverage Summary.



VERSION HISTORY:

Create Date: 06/08/10

Revision Dates: 06/11/10, 11/30/10, 04/04/12,

CMC Review Dates: 1/10/11, 1/8/13

PEC Revision Date: 10/24/13