

KMAP HOSPITAL BULLETIN 13005A

Bariatric Surgery

Effective with dates of service on and after January 1, 2013, bariatric surgery will be a covered service. Prior authorization will be required. Open or laparoscopic Roux-en-Y bypass (RYGB), open or laparoscopic biliopancreatic diversion (BPD), with or without duodenal switch (DS), or laparoscopic adjustable silicone gastric banding (LASGB) will be considered medically necessary when selection criteria are met. For detailed criteria, refer to Section 8400 of the *Hospital Provider Manual*.

Bariatric surgery is only covered when performed at a Center of Excellence.

Heart and Lung Transplants

Effective with dates of service on and after January 1, 2013, Kansas Medicaid will cover heart, heart-lung, and lung transplants for adult beneficiaries when the beneficiary meets the transplanting institution's eligibility criteria. Heart, heart-lung, and lung transplants for adult beneficiaries will require prior authorization and must be performed by Medicare-approved facilities or facilities that are members of the United Network for Organ Sharing (UNOS).

KMAP

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Customer Service

- 1-800-933-6593 (in-state)
- 785-274-5990
8:00 a.m. - 5:00 p.m.
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *Hospital Provider Manual*, Section 8400, pages 8-18 through 8-21, and 8-23 through 8-30.

HP Enterprise Services is the fiscal agent of KMAP.