

rector of the division of research and optimal patient care, said in an interview.

"We've got a big problem with obesity, so it's important for the public to know that they can go to a hospital that meets standards that are subject to scrutiny."

Evidence regarding the benefits of the surgery is more limited for the over-65 population, Cynthia A. Brown, director of advocacy and health policy at ACS, said in an interview.

Nevertheless, she said, "the procedure is valuable, and ought to be covered as part of the process that includes data collection and quality monitoring. And that's what CMS is doing."

The college started its certification program, "because of concerns on what happens when new technology gets disseminated into the community and used in specialized facilities," Ms. Brown said. "Our certification program addresses those issues, as well as data collection, to monitor outcomes."

The national coverage decision also expands the types of procedures Medicare covers for its beneficiaries. Previously, only gastric bypass was covered; now the

list also includes open or laparoscopic Roux-en-Y bypass, laparoscopic adjustable gastric banding, and open or laparoscopic biliopancreatic diversion with duodenal switch.

Further, coverage is limited to obese patients with one or more comorbidities, such as hypertension, type 2 diabetes, osteoarthritis, or coronary heart disease, according to CMS. ■

More information on the ACS's bariatric surgery certification program is available at www.facs.org/cqi/bscn/index.html.

Medicare's coverage decision is available at www.cms.hhs.gov/center/coverage.asp.

INDEX OF ADVERTISERS

Accumetrics Inc. VerifyNow	32
Aetna Inc. Insurance	5
AstraZeneca LP. Crestor	72a-72b
Bayer HealthCare LLC ALEVE	59
Boehringer Ingelheim Pharmaceuticals, Inc. Corporate	50-51
Cephalon, Inc. Hypersomnolence Disease State	16
Forest Pharmaceuticals, Inc. Namenda Lexapro Campral	9-12 18a-18b 74a-74b
Eli Lilly and Company Cymbalta	87-88
Merck & Co., Inc. Zostavax	48a-48b
Novo Nordisk Inc. Corporate	64-65
Ortho-McNeil Neurologics Topamax	53-54
Pfizer Inc. Viagra Celebrex Lyrica Caduet	3-4 25-29 35-39 44-47
P&G Prilosec OTC Metamucil	67 86
Roche Laboratories Inc. and GlaxoSmithKline Boniva	20-22, 61-62
Sanofi Aventis Lantus Corporate Apidra Ketek Ambien CR	16a-16b 18, 42-43 40a-40b 68-70 77-80
Sanofi Pasteur ADACEL	55-56
Sepracor Inc. Lunesta Xopenex HFA	14a-14b 70a-70b
Smith & Nephew, Inc. IDET	82a-82b
Takeda Pharmaceuticals North America, Inc. Corporate	23, 31
Wyeth Pharmaceuticals Inc. Effexor XR	32a-32d, 56a-56d
Xcel Energy Corporate	63

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