

# Treatment of Extreme Obesity

Policy Number: BIP115.J  
Effective Date: July 1, 2021

[Instructions for Use](#)

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| <ul style="list-style-type: none"> <li><a href="#">Preventive Care Services</a></li> <li><a href="#">Weight Gain or Weight Loss Programs</a></li> </ul>  |
| Related Medical Management Guidelines  |
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## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

### Large and Small Groups

#### *Extreme Obesity (Surgical Treatment)*

Bariatric surgical procedures are covered when Medically Necessary and prior authorized. We will use evidence-based criteria to determine coverage of bariatric surgery, such as the most recent National Institutes of Health (NIH) guidelines, in determining the Medical Necessity of requests for surgical treatment for extreme obesity. Please refer to your Schedule of Benefits for Copayment/deductible information of this benefit, or you may call our Customer Service department for additional information.

#### *Bariatric Surgery*

Bariatric surgery will only be covered when Medically Necessary for the treatment of Extreme Obesity. We will use evidence-based criteria to determine coverage of bariatric surgery, such as the most recent National Institutes of Health (NIH) guidelines, in determining the Medical Necessity of requests for surgical treatment for extreme obesity. UnitedHealthcare evaluation encourages a multidisciplinary team approach that includes medical, surgical, psychological, and nutritional expertise for those who are seeking surgical weight-loss. After surgery the Member takes part in a multi-disciplinary program of diet, exercise, and behavior modification.

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to member’s SOB (Schedule of Benefits) to determine if member has a supplemental prescription benefit.

Surgical treatments for Extreme Obesity and services related to this surgery are subject to prior approval by UnitedHealthcare's Medical Director or designee. Also see the Benefit Interpretation Policy titled [Weight Gain or Weight Loss Programs](#).

- Medication that is prior authorized as medically necessary for the treatment of Extreme Obesity.
- Second or repeat Bariatric Surgery is covered under the plan when:
  - Approved by a United HealthCare Medical Director or his/her designee; and
  - Required as a result of a medical or surgical complication
    - Medical or surgical complications mean technical failures and complications such as, but not limited to:
      - Surgery to correct the performance of an initial operation using a non-accepted procedure that is resulting in medical complications creating a life threatening situation to the member;
      - Errors in the initial procedure including the creation of an excessively large pouch or an improper limb length thereby resulting in a failure to lose weight within the first 6 months following the primary surgery
      - The failure of an implanted device;
      - The breakdown of a partitioned gastric staple line when the member has been compliant with nutrition, exercise and counseling protocols; or
      - Surgical reversal of the bariatric procedure to restore digestive capacity and function back to pre-surgery conditions due to mal-absorption, infections, inability to swallow or other medical conditions that create a life threatening situation for the member.

Refer to the member's EOC/SOB or contact the Customer Service Department for specific coverage benefit requirement, limitations, and copayment information of this benefit.

Refer to the following Medical Management Guidelines for specific criteria: [Bariatric Surgery](#) and [Panniculectomy and Body Contouring Procedures](#).

## Not Covered

- Bariatric surgical interventions for the treatment of obesity including but not limited to:
  - Bariatric artery embolization (BAE)
  - Gastric electrical stimulation with an implantable gastric stimulator (IGS)
  - Intra-gastric balloon
  - Laparoscopic greater curvature plication, also known as total gastric vertical plication
  - Mini-gastric bypass (MGB)/Laparoscopic mini-gastric bypass (LMGBP)
  - Single-Anastomosis Duodenal Switch (also known as duodenal switch with single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS])
  - Stomach aspiration therapy (AspireAssist®)
  - Transoral endoscopic surgery (includes TransPyloric Shuttle® (TPS®) Device)
  - Vagus Nerve Blocking (VBLOC®)
- Gastrointestinal liners (EndoBarrier®) are investigational, unproven, and not medically necessary for treating obesity due to lack of U.S. Food and Drug Administration (FDA) approval, and insufficient evidence of efficacy.
- Supplemented fasting as an alternate to bariatric surgery in an extremely obese member or as a general Treatment for Extreme Obesity.
- Nutritional liquid supplements.
- Weight reduction medications, including diet pills, unless otherwise covered under the supplemental prescription benefit and prior authorized as medically necessary to Treat Extreme-Obesity
- If there is no apparent medical or surgical complication and approval is not received by a UnitedHealthcare Medical Director or his/her designee, a second or repeat bariatric surgery will not be covered even if the member meets all criteria that would have allowed coverage if the request were for a primary bariatric surgery.
  - Medical or surgical complications do not include and coverage will not be provided for situations such as but not limited to:
    - Second or repeat bariatric surgery for revision due to the member's failure to lose weight when there is no apparent medical or surgical complication;
    - The failure to lose weight or the re-gaining of weight following initial weight loss unless an apparent medical or surgical complication is present;

- The failure to lose weight even if the member has complied with nutrition, exercise and counseling protocols where there is no medical or surgical complication;
- For the revision of a primary bariatric surgery that failed due to dilation of the gastric pouch even if the primary procedure was successful in inducing weight loss prior to pouch dilation; or
- For the conversion to a roux en-y gastric bypass even when the member has not had adequate successful weight loss within two years following a primary bariatric procedure
- Enhancement medications when prescribed for the following non-medical conditions are not covered: weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. Examples of drugs that are excluded when prescribed for such conditions include, but are not limited to, Penlac<sup>®</sup>, Retin-A<sup>®</sup>, Renova<sup>®</sup>, Vaniqa<sup>®</sup>, Propecia<sup>®</sup>, Lustra<sup>®</sup>, Xenical<sup>®</sup>, or Meridia<sup>®</sup>.

This exclusion does not exclude coverage for drugs when prior authorized as Medically Necessary to Treat Extreme Obesity or diagnosed medical conditions affecting memory, including but not limited to, Alzheimer’s dementia.

## Definitions

**Extreme Obesity:** Having a body mass index (BMI) of  $\geq 40$  kg/m<sup>2</sup>; also referred to as Class III obesity (National Heart, Lung and Blood Institute, 2016). Note: the term “morbid obesity” is equivalent to extreme obesity.

**Supplemented Fasting:** A type of very low calorie weight reduction regimen used to achieve rapid weight loss. The reduced calorie intake is supplemented by a mixture of protein, carbohydrates, vitamins and minerals.

## Policy History/Revision Information

Date	Summary of Changes
07/01/2021	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Replaced reference to “preauthorized” with “prior authorized”</li> </ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>• Revised list of non-covered services; replaced language indicating “gastrointestinal liners (EndoBarrier<sup>®</sup>) are investigational, and not medically necessary <i>as a treatment of extreme obesity</i>” with “gastrointestinal liners (EndoBarrier<sup>®</sup>) are investigational, <i>unproven</i>, and not medically necessary <i>for treating obesity due to lack of U.S. Food and Drug Administration (FDA) approval and insufficient evidence of efficacy</i>”</li> <li>• Replaced reference(s) to “preauthorized” with “prior authorized”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version BIP115.I</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.