TREATMENT OF EXTREME OBESITY

Policy Number: BIP115.H
Effective Date: July 1, 2019

Related Benefit Interpretation Policies:
- Preventive Care Services
- Weight Gain or Weight Loss Programs

Covered benefits are listed in three (3) Sections-A, B and C. 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.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

None

B. 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.

Surgical treatments for extreme obesity and services related to this surgery are subject to prior approval by UnitedHealthcare’s Medical Director or designee. Please also see Weight Alteration Program (Inpatient or Outpatient).

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered 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 preauthorized 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*.

**D. NOT COVERED**

- The following procedures are not covered for the Treatment of Extreme Obesity:
  - Transoral endoscopic surgery
  - Mini gastric bypass (MGB or Laparoscopic Mini gastric bypass (LMGBP)
- Gastric electrical stimulation with an implantable gastric stimulator (IGS)
- VBLOC vagal blocking therapy
- Intragastric balloon
- Laparoscopic greater curvature plication, also known as total gastric vertical plication
- Stomach aspiration therapy (AspireAssist®)
- Bariatric artery embolization (BAE)
- Single-Anastomosis Duodenal Switch (also known as duodenal switch with single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS])

- Gastrointestinal liners (EndoBarrier) are investigational, and not medically necessary as a Treatment of Extreme Obesity.
- 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 preauthorized 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®, Retin-A®, Renova®, Vaniqa®, Propecia®, Lustra®, Xenical®, or Meridia®.

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

**E. DEFINITIONS**

**Extreme Obesity:** Having a body mass index (BMI) of ≥40 kg/m²; 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.
### F. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
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<tr>
<td>07/01/2019</td>
<td><strong>Not Covered</strong>&lt;br&gt;  • Revised list of non-covered procedures for the treatment of Extreme Obesity; added “Single-Anastomosis Duodenal Switch (also known as duodenal switch with single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS])”&lt;br&gt;  • Archived previous policy version BIP115.G</td>
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