TREATMENT OF EXTREME OBESITY

Policy Number: BIP116.H
Effective Date: July 1, 2019

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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

OKLAHOMA
317:30-5 Part 108 Nutrition Services
317:30-5-1076. Coverage by Category
Payment is made for Nutritional Services as set forth in this section.
(1) Adults. Payment is made for six hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, physician assistant, advanced practice nurse, or nurse midwife and be face to face encounters between a licensed registered dietitian and the member. Services must be expressly for diagnosing, treating or preventing, or minimizing the effects of illness. Nutritional services for the treatment of obesity is not covered unless there is documentation that the obesity is a contributing factor in another illness.
(2) Children. Payment is made for medically necessary nutritional counseling as described above for adults. Nutritional services for the treatment of obesity may be covered for children as part of the EPSDT benefit.

B. STATE MARKET PLAN ENHANCEMENTS

None

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.

Some members may have coverage for surgical Treatment of Extreme Obesity. Check the Evidence of Coverage (EOC)/Schedule of Benefits (SOB) to determine benefit eligibility.

Refer to the following policies for additional information:

- Benefit Interpretation Policy titled *Weight Gain or Weight Loss Programs*.
- Medical Management Guidelines titled *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 of Extreme Obesity
- Nutritional liquid supplements
- Weight reduction medications, including diet pills, unless otherwise covered under the prescription supplemental benefit

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 supplemeneted by a mixture of protein, carbohydrates, vitamins and minerals.
## F. POLICY HISTORY/REVISION INFORMATION

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<th>Date</th>
<th>State(s) Affected</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>07/01/2019</td>
<td>All</td>
<td>Not Covered</td>
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<td>• Revised list of non-covered procedures for the treatment of Extreme Obesity;</td>
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<td>single anastomosis, or stomach intestinal pylorus sparing surgery [SIPS])&quot;</td>
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