Treatment of Extreme Obesity

Policy Number: BIP115.M
Effective Date: May 1, 2024

➲ Instructions for Use

Table of Contents **Page**

Related Benefit Interpretation Policies

- Preventive Care Services
- Weight Gain or Weight Loss Programs

Related Medical Policies

- Bariatric Surgery
- Panniculectomy and Body Contouring Procedures
- Preventive Care Services

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None.

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 the member's Schedule of Benefits(SOB)/Explanation of Coverage(EOC) to determine if member has a supplemental prescription benefit or contact the Customer Service Department for specific coverage benefit requirements, limitations, and copayment information of this benefit.

Surgical treatments for extreme obesity and services related to this surgery are subject to prior approval by UnitedHealthcare's medical director or designee.

Medication that is prior authorized as medically necessary for the treatment of extreme obesity.

Refer to the Benefit Interpretation Policy titled Weight Gain or Weight Loss Programs for coverage information for self-injectable weight loss medications

Revisional bariatric surgery is covered under the plan when medically necessary due to a technical failure or major complication.

Refer to the Medical Policies titled Bariatric Surgery and Panniculectomy and Body Contouring Procedures for specific criteria.

Not Covered

- Procedures that are unproven and not medically necessary for treating morbid obesity. Refer to the Medical Policy titled Bariatric Surgery. 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 or as listed in the Benefit Interpretation Policy titled Weight Gain or Weight Loss Programs.
- If there is no apparent medical or surgical complication and approval is not received by a UnitedHealthcare medical director or his/her designee, **Revisional 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:
        - Revisional 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 prior authorized as medically necessary to treat extreme obesity or diagnosed medical conditions affecting memory, including but not limited to Alzheimer's dementia.)

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	**Template Update** • Modified font style; no change to policy content • Updated reference links to related Medical Policies (previously classified as Medical Management Guidelines)
05/01/2024	• Routine review; no content changes • Archived previous policy version BIP115.L

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.