



ASMBS

American Society for Metabolic & Bariatric Surgery

December 7, 2015

Dear Medical Directors of Medical Policies,

Thank you for reviewing our online comments and for speaking with some of our members about the draft policy on adjustable gastric band removals. Please review and consider our proposed changes to your draft policy as described below:

Criteria regarding removal of a lap band device from draft policy:

"Removal of lap band and similar devices may be considered medically necessary only when ALL of the following criteria are met:

- 1. The original surgery was (or would have been) considered a covered benefit of the member's current benefit plan, AND*
- 2. Removal of the device is a covered benefit of the member's current plan; AND*
- 3. The patient met all the screening criteria, including BMI requirements; AND*
- 4. Removal of the devices is based on presence of significant complications (e.g., infection, bleeding, and/or obstruction) or technical failure (e.g., slippage, breakage or erosion of gastric band, staple line failure, etc.) that can only be addressed with surgical removal."*



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After thorough consideration by members of the Access to Care, Insurance, and State Chapter Committees of the American Society for Metabolic and Bariatric Surgery, the following changes are requested:

- a. Delete item #3. Many patients have successfully lost weight, resolved their obesity related comorbidities and maintained a BMI of less than 35. They may have experienced, through no fault of their own, a complication requiring gastric band removal. Weight gain with recurrence of comorbidities is most likely to occur once the band is removed. Therefore, patients should be offered revision to another bariatric procedure to prevent that recurrence. Patients should be given every opportunity to maintain their weight loss and potentially lose additional weight.

- b. Item #4 should be edited to read: Removal of the device is based on the presence of a significant complication, symptom or technical failure of the device that can only be addressed with gastric band removal. Complications include, but are not limited to, prolapse, pouch dilation, erosion, obstruction, esophageal dilation, esophageal dysmotility, Barrett's esophagus, or infection. Significant symptoms despite band deflation (even in the presence of a "normally oriented band") include, but are not limited to, dysphagia, nocturnal cough, regurgitation, gastroesophageal reflux disease, chronic pain, or aspiration. Technical failure includes, but is not limited to, device leakage or flipped access port.

Thank you for allowing our input on this important policy change.

Respectfully,

ASMBS Insurance Committee

ASMBS Access to Care Committee

ASMBS State Chapter Committee