

ASMBS Insurance Committee’s Bariatric Health Care Ideal Insurance Policy - December 2024

The Ideal Insurance Policy recognizes that obesity is a disease which is chronic in nature and beyond the control of the patient to treat optimally. The economic burden of obesity, particularly through numerous comorbidities, is significant and growing larger each year. As such the treatment of this disease should be a partnership between health plans, bariatric surgeons, and medical specialists who treat obesity.

An individual is considered to have excess weight over a BMI of 25 and to suffer from the disease of obesity over the BMI of 30. Bariatric health care applies to individuals with excess weight for the purpose of weight management.

The following document provides an overview by the AMSBS insurance committee of recommendations for insurance coverage of bariatric health care in concordance with the recently updated 2022 ASMBS/ IFSO guidelines.

Coverage of bariatric surgery

Individuals meeting the following criteria are recommended for bariatric surgery coverage:

	Adolescents (all) Age 13 to 17	Adults, Age 18 or over	Asian adults, Age 18 or over
Minimum BMI	40	35	32.5
Minimum BMI with an obesity-related or metabolic comorbidity	35	30	27.5

Clinically significant obesity may be defined by variables beyond BMI, for example: waist circumference, body composition and DEXA scan. These variables may also be used to expand criteria to include patients in recommendation for bariatric surgery.

Health conditions that are considered obesity-related or metabolic comorbidities include but are not limited to the following:

- Anxiety
- Asthma
- Cardiovascular disease
- Depression

- Diabetes mellitus, type 2
- Gastroesophageal reflux disease
- Hyperlipidemia
- Hypertension
- Idiopathic intracranial hypertension, formerly known as pseudotumor cerebri
- Liver disease related to metabolic disorders including, metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic fatty liver disease, (NAFLD) and non-alcoholic steatohepatitis (NASH).
- Obstructive sleep apnea
- Osteoarthritis
- Polycystic ovarian syndrome
- Blount's disease (tibia vara) for adolescents
- Slipped capital femoral epiphysis for adolescents
- Other medical diagnoses determined by the treating physician to be related to the patient's obesity

The following bariatric surgical procedures are recommended for coverage:

- Adjustable Gastric Banding
- Sleeve Gastrectomy
- Roux-en-Y Gastric Bypass
- BPD/ DS (Biliopancreatic Diversion with Duodenal Switch)
- Single Anastomosis Duodeno-ileostomy with Sleeve (SADI-S)
- Bariatric Re-operative Procedures
- Intra-gastric Balloons
- One Anastomosis Gastric Bypass (OAGB)

Endoscopic procedures for primary treatment of obesity and revision of surgical treatment of obesity are an accepted and evolving treatment class. Devices that are FDA approved and procedures that are supported by peer reviewed literature should be considered an option, particularly in situations where a patient is unable or unwilling to have surgery.

There are bariatric surgery procedures and devices that are endorsed by the ASMBS/ IFSO or FDA-approved, but lack CPT codes. Access to such endorsed and supported procedures and devices should not be restricted due to lack of CPT codes.

Coverage of multidisciplinary bariatric health care

The coverage of multidisciplinary bariatric medical care is specifically recommended to include the following services:

- Medical counseling and management by a bariatric health care professional
- Surgical counseling and management by a bariatric surgery professional
- Dietary evaluation and counseling
- Mental health evaluation and counseling
- Physical activity education and program participation, including physical therapy
- Medically-managed weight loss such that this does not lead to exclusion or delay of bariatric surgery. Medical management may include the use of anti-obesity medications, when indicated.
- Multimodal bariatric interventions that combine the above services

The following are principles of coverage for multidisciplinary bariatric medical care:

- Weight management requires life-long multimodal management.
- Access to recurrent and episodic bariatric care determined at the discretion of qualified bariatric healthcare professionals across patient lifespan.
- No requirement of preoperative weight loss prior to bariatric surgery.
- Requirement of completion of a preoperative mental health evaluation by a licensed mental health provider prior to bariatric surgery.
- Access to mental health treatment for conditions including eating disorders, depression, anxiety, substance abuse, and other psychiatric illness.
- Medical and procedural management of postoperative complications and/ or long-term effects, including but not limited to reflux, weight regain, malnutrition, dehydration, body shape and mental health changes.
- Due to the chronic, progressive nature of the disease of obesity, restrictions to one surgery per lifetime, lifetime maximum payment limits, and any other restrictions to the number of treatments or length of time to be treated are considered obsolete and counterproductive.
- Access to weight management services at lower BMIs to prevent weight recurrence and comorbidity development.

Citations

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