November 14, 2012

Kathleen P. Bowen, MD, MBA
Associate Medical Director
Blue Cross Blue Shield of Alabama
450 Riverchase Pkwy E
Hoover, AL 35244-2858

Re: Mandatory Medical Weight Loss Prior to Bariatric Surgery
   September 12, 2012 letter to Lee Schmitt, MD

Dear Dr. Bowen:

We are writing to make you aware of an evidenced based position statement from the American Society for Metabolic and Bariatric Surgery on the requirement in insurance policies for mandatory medical weight loss prior to surgery. Specifically this position statement states that the requirement for medical weight loss prior to surgery is not evidence based and adversely affects the health of patients.

In summary: several studies show that a) there is no benefit in terms of long-term weight loss and compliance, b) it leads to patients dropping out of the bariatric approach, c) there is evidence that this leads to further aggravation of obesity co-morbidities when compared to patients who undergo bariatric surgery, and d) most disturbing of all, there is an increased mortality in patients who have been evaluated for bariatric surgery but do not undergo it for insurance denial or other reasons. There are also five control, cohort studies which document a decreased mortality in patients who undergo bariatric surgery vs. those who do not.

This issue should not be confused with data suggesting that weight loss immediately prior to bariatric surgery may be beneficial during the procedure by decreasing the size of the liver, making the laparoscopic approach technically less difficult which could be associated with a decreased postoperative morbidity. Immediate preoperative weight loss may also be associated with a better long-term weight loss outcome.

Bariatric patients have had numerous attempts at dietary weight loss, through multiple programs, over many years prior to seeking bariatric surgery. It is the position of the American Society for Metabolic and Bariatric Surgery that the requirement for documentation of prolonged preoperative diet efforts before health insurance carrier approval of bariatric surgery services is inappropriate and counterproductive, given the complete absence of a reasonable level of medical evidence to support this practice. Policies such as these that delay, impede, or
otherwise interfere with life-saving and cost-effective treatment, which has been proved to be true for bariatric surgery to treat morbid obesity, are unacceptable without supporting evidence.

We would like to take this opportunity to share with you our recent position statement with literature review (attached) and hoping it can be used to update your bariatric surgery coverage policy references and requirements. We would be happy to discuss this with you. The ASMBS partners with many payers in seeking sound recommendations for evidence based insurance policy requirements.

Sincerely,

Jaime Ponce, MD, FACS, FASMBS
ASMBS President

John Morton, MD, FACS, FASMBS
ASMBS Access Committee Chair

Matthew L. Brengman, MD, FACS, FASMBS
ASMBS Insurance Committee Chair

Enclosures:  

ASMBS Special Alert – March 27, 2012 Re: Two Randomized Clinical Studies:

CC: Dow Briggs, MD