



# Access to Obesity Care 2023

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## Disclosure

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RESEARCHER ALLURION  
TECHNOLOGIES

RESEARCHER BIOLINQ INC

Who screwed up and invited this guy?




- One thing I learned at ASMBS..




Why does  
my(old) job  
even exist?

What other specialty has to deal with  
this in the time of DEI?




Mental Health

- The Mental Health Parity Act of 1996 (MHPA) provided that large group health plans cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits



2008 MHPA update

- The 2008 bill closes several loopholes left by the 1996 Mental Health Parity Act by barring insurance companies from arbitrarily limiting all aspects of mental health coverage, including the number of hospital days or outpatient treatment sessions, or assigning higher co-payments or deductibles for those who need



Sound Familiar

- Obesity care has its own set of rules
- Why?
  - Historical
  - Obesity bias
  - Grandfathered policies
  - Cosmetic



# Barriers!!

Only about 50% of commercial plans cover obesity care in Texas  
Virginia?

Obesity Surgery Aug 2023

## Barriers to Bariatric Surgery: a Mixed Methods Study Investigating Obstacles Between Clinic Contact and Surgery

Callie Hlavin <sup>1 2</sup>, Romano S Sebastiani <sup>3</sup>, Robert J Scherer <sup>3</sup>, Tanya Kenkre <sup>4</sup>, Karla Bernardi <sup>5</sup>, Douglas A Reed <sup>5</sup>, Bestoun Ahmed <sup>5</sup>, Anita Courcoulas <sup>5</sup>

Affiliations + expand

PMID: 37537505 DOI: [10.1007/s11695-023-06761-6](https://doi.org/10.1007/s11695-023-06761-6)

Close to 6k patients

- Patients who undergo bariatric surgery were more likely to be White, married, employed full time, and reside in more resourced environments which is not reflective of communities most affected by obesity. The complexity of insurance coverage requirements was a major barrier to bariatric surgery and should be a focus of future healthcare reform.

## Recent Wins and losses

- New guidelines
  - HCA
  - BCBS VT, MN, NC
  - Oregon Health authority
  - SADI-S Aetna, Cigna, BCBS NC, KAISER Washington, Geisenger
  - OAGB BCBS NC, HCA
- Losses
  - Highmark
  - United

## ATC

- Largest most active ASMBS committee
- Members from every state
- Industry members

Quick video  
of me  
dealing with  
Blue Cross

- <https://youtu.be/67IQ1Jr-4RM>



My  
Headquarters  
for fighting  
insurance  
companies



## ASMBS IFSO GUIDELINES 2023

- BMI 35 all comers
- BMI 30-35 Type 2 Diabetes
- Drop all by 2.5 for Asian descent
  
- Adolescent with BMI 120% of the 95th percentile and a major co-morbidity, or a BMI 140% of the 95<sup>th</sup> percentile
- Bridge to arthroplasty, transplant, hernia repair

2023  
ASMBS  
IFSO  
Guidelines

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Finally!

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Wins- few but more to come

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Traction?

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Blindspots?



2023  
ASMBS  
IFSO  
Guidelines

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Set up for insurance shenanigans  
with no guidelines since 1991

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Great level 1 data for BMI 30-35  
diabetics

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Not so much data for BMI 35-40  
no co-morbs

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How to get  
the  
guidelines  
up and  
running in  
your area

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Start local- your COE hospital needs to  
adapt these.

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HCA is a good example for other  
systems to copycat

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Start with 1 change at a time and drip  
the others in slowly

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Rec start with BMI >30+ Diabetes since  
this has the most high level evidence

Virginia- at least according to Chat GPT

A diagram consisting of four rounded square boxes arranged in a 2x2 grid. The top-left box is orange and contains the text 'Aetna'. The top-right box is grey and contains the text 'Cigna'. The bottom-left box is yellow and contains the text 'United'. The bottom-right box is blue and contains the text 'Kaiser'. The four boxes are surrounded by a light pink arrow shape pointing outwards from the center.

Virginia plans

- Anthem while still covering the VBG poopoo the guidelines
- In 2022, the ASMBS and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) published a guideline on the indications for metabolic and bariatric surgery. ...The size of the trial arms includes 50 or less participants in most cases, with inclusion criteria being non-specific to the target population. Considerable heterogeneity exists between cited studies, with inconsistent results reported. In a cited joint statement by international diabetes organizations (Brito, 2017), the authors noted that a firm link between the use of metabolic surgery to control diabetes and to prevent diabetic complications has not yet been established.

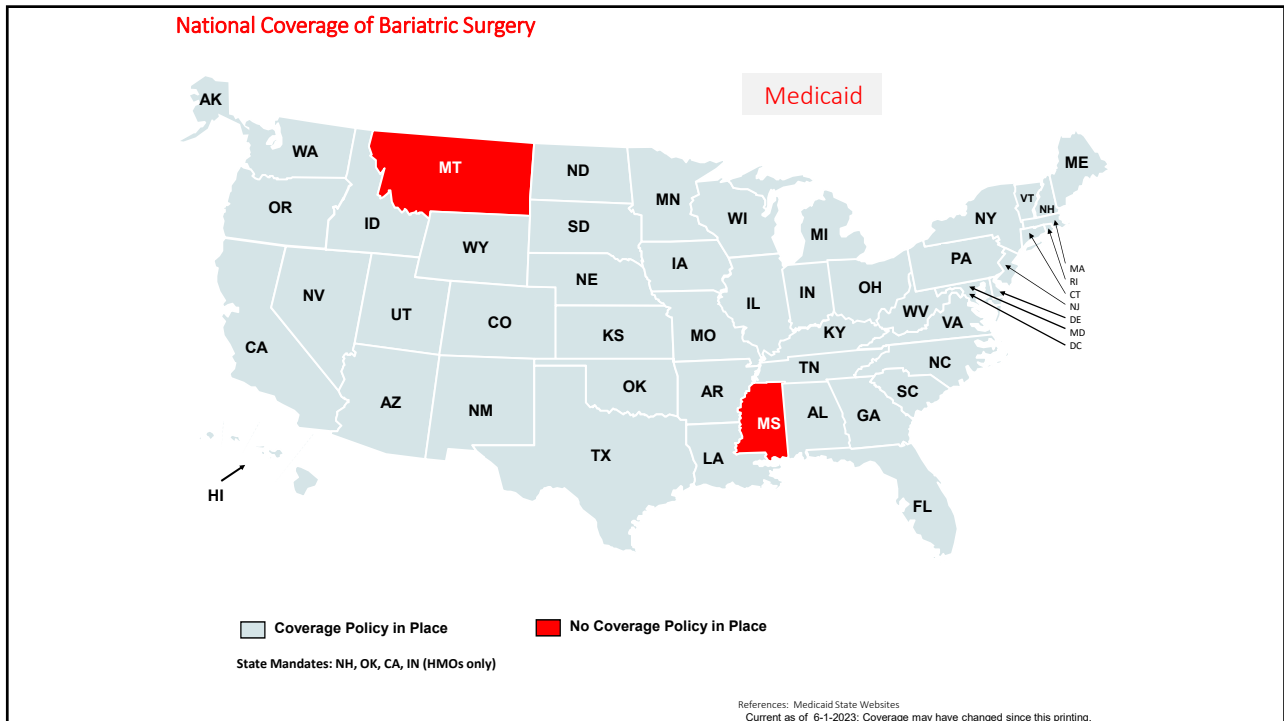
A decorative dashed yellow line is positioned above the second bullet point. A small blue circle is located at the bottom left of the orange circle containing the text 'Virginia plans'.

Texas BCBS

Refusing to cover GLP-1 for weight management

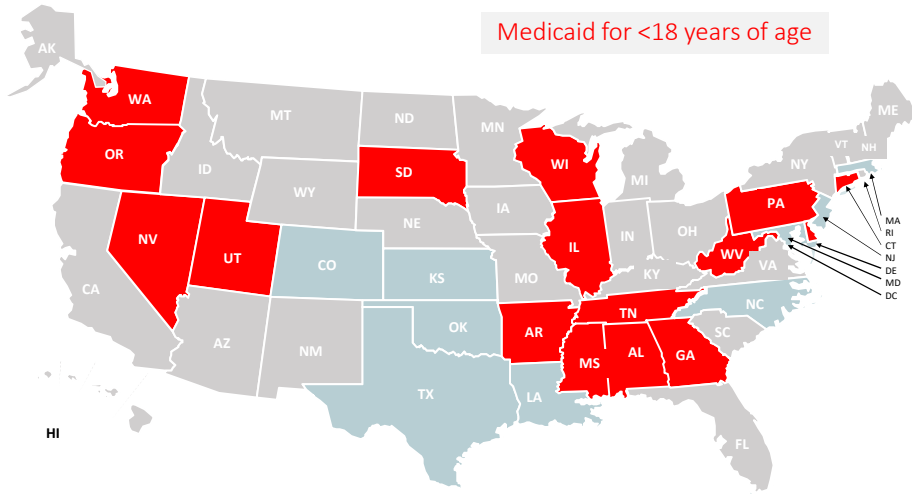
Reasons:

- Risk of abuse/dependence
- Rapid HR, High BP
- Seizures
- Risk for regain if drug is stopped



### National Coverage of Bariatric Surgery

Medicaid for <18 years of age

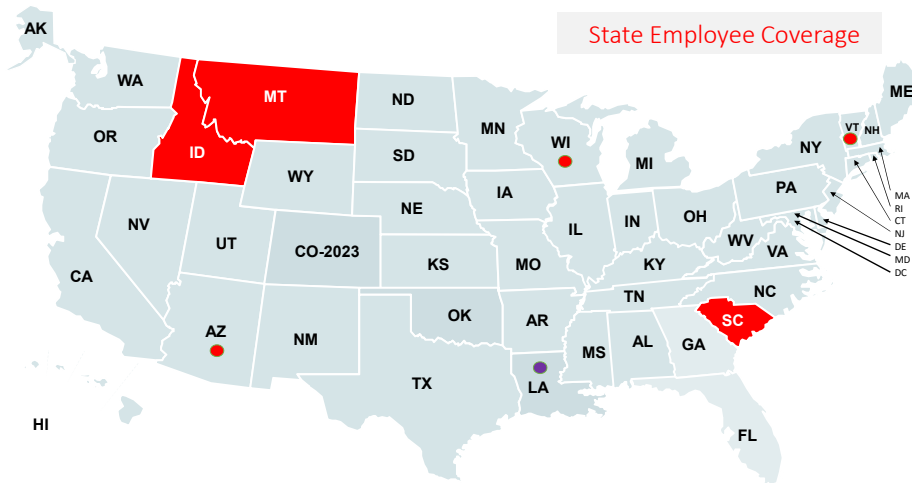


Light blue: Coverage Policy in Place    Red: No Coverage Policy in Place    Grey: Unspecified

References: Medicaid State Websites  
Current as of 6-1-2023; Coverage may have changed since this printing.

### National Coverage of Bariatric Surgery

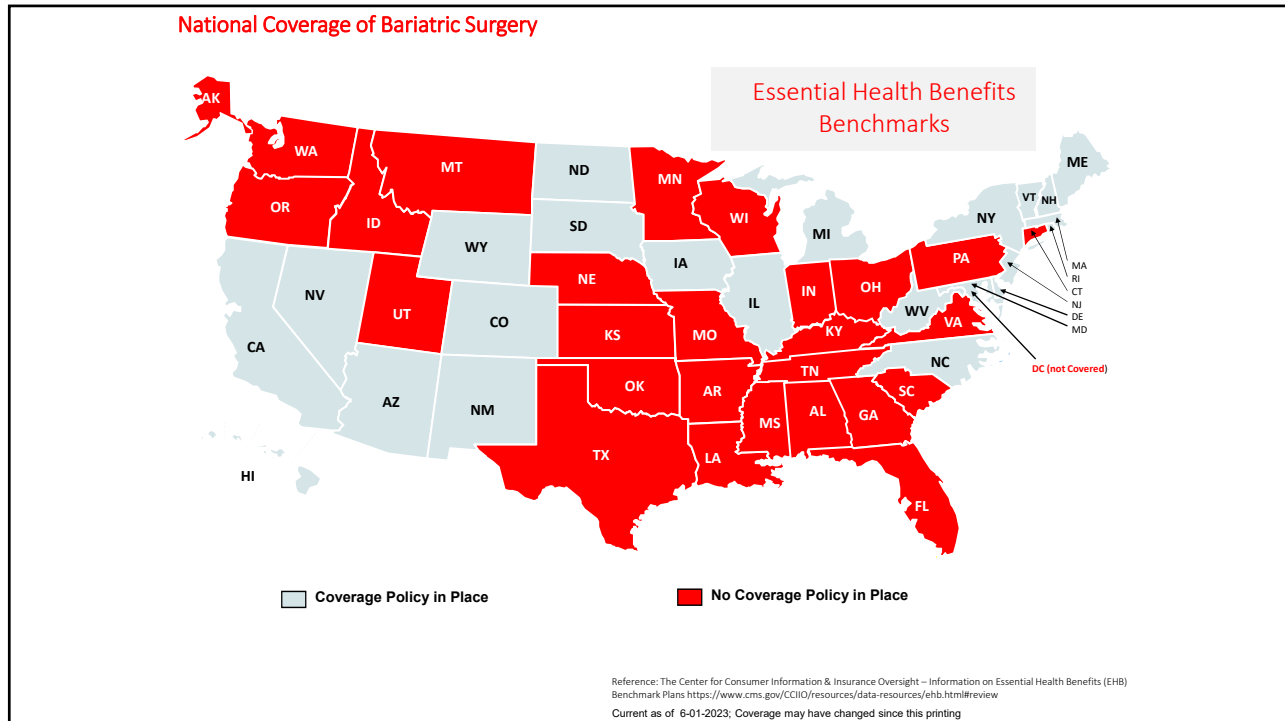
State Employee Coverage



Light blue: Coverage Policy in Place    Red: No Coverage Policy in Place    Red dot: AZ, VT & WI have limited coverage  
Purple dot: LA is a limited pilot

State Mandates: MD, NH, CA, IN Group Health Plans (HMOs only)

Reference: State Employee Health Coverage Websites  
Current as of 6-1-23; Coverage may have changed since this printing.



Despite all that

## BIG NEWS!

### AFTER 30 YEARS — NEW ASMBS/IFSO GUIDELINES ON INDICATIONS FOR METABOLIC AND BARIATRIC SURGERY 2022 BRINGS NEW WINS FOR WEIGHT- LOSS SURGERY

**NEWBERRY, IL - FOR IMMEDIATE RELEASE, OCTOBER 21, 2022 -** MEDICAL GROUPS REPLACE OUTDATED CONSENSUS STATEMENT THAT OVERLY RESTRICTS ACCESS TO MODERN-DAY WEIGHT-LOSS SURGERY

\*This finding is just one of 4 observations we will share this week regarding the updated clinical guidelines for bariatric surgery. For more information, visit <https://www.asmbsonline.org/2022/10/21/new-guidelines/>

**NEW PATIENT SELECTION STANDARDS — TIMES HAVE CHANGED!**

- Recommend MDS for BMI 35 or more
- Considered MBS for BMI 30-34.9 and metabolic disease and specific adolescents
- Consider MBS BMI 27.5 or more for Asian patients

**WIN/WIN! HIGHER LEVELS OF SAFETY AND EFFECTIVENESS FOR MODERN-DAY WEIGHT-LOSS SURGERY — THESE INSURERS AGREE!**

- Blue Cross of Idaho
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of Tennessee
- Blue Cross Blue Shield of Vermont
- Centene
- Geisinger
- HCA Employee WLS Plan
- Horizon Blue Cross Blue Shield of New Jersey
- Premera Blue Cross

**SADI-S HAS INCREASED COVERAGE!**

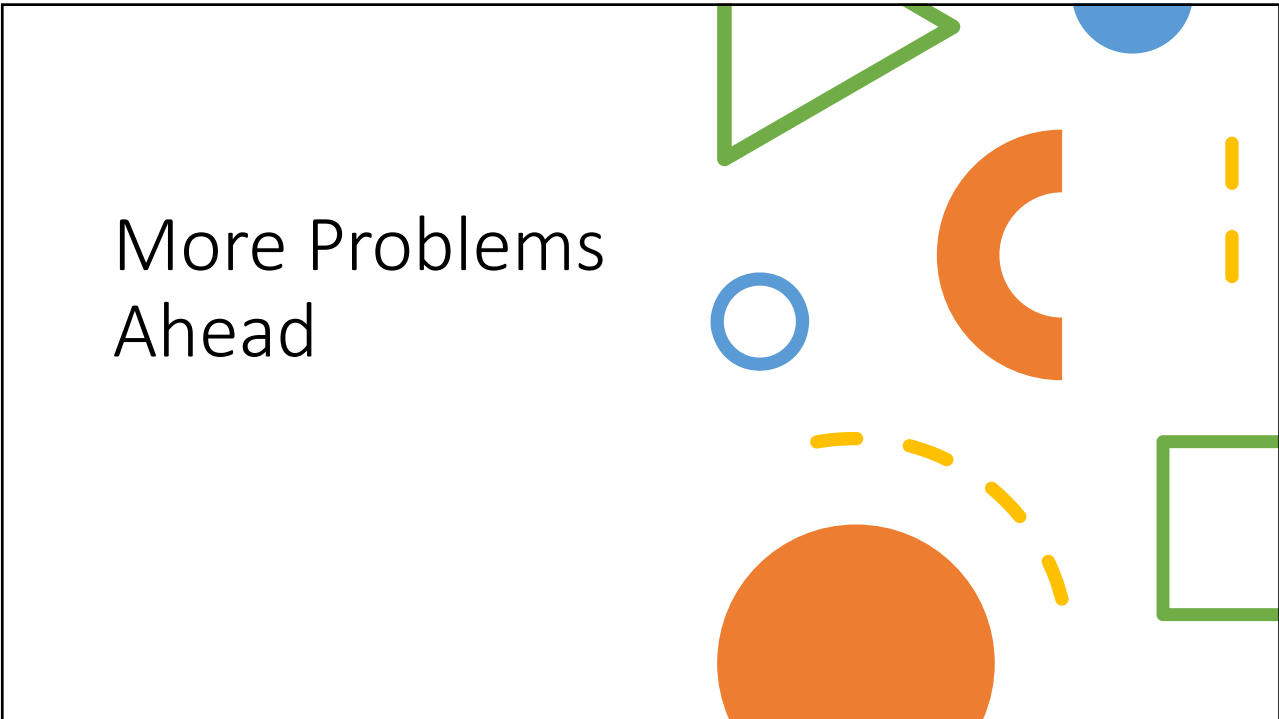
- Aetna • Capital Blue Cross
- Cigna • Geisinger • Oregon Medicaid
- Kaiser Foundation Health Plan of Washington

Surgeons at  
ASMBS  
wanting  
access to  
care

- <https://youtu.be/Kq65aAYCH0w>




More Problems  
Ahead






Biggest  
challenges  
ahead

- IPO
  - Funding of programs with no DRG reimbursement
  - AOMs
  - Revisions of all these sleeves we are doing
- 



Outpatient  
only????!!

- Highmark
  - CMS IPO list....
  - More to come...
- 

IPO list CMS  
43644  
43775...

- Solicitation of Public Comments on the Services Described by CPT Codes 43775, 43644,
- 43645, and 44204. We are soliciting comments regarding whether the services described by CPT
- codes 43775 (Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e.,
- sleeve gastrectomy)), 43644 (Laparoscopy, surgical, gastric restrictive procedure; with gastric
- bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)), 43645 (Laparoscopy,
- surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to
- limit absorption), and 44204 (Laparoscopy, surgical; colectomy, partial, with anastomosis) are
- appropriate to be removed from the IPO list. At this time, we do not believe that we have
- adequate information to determine whether the services described by CPT codes 43775, 43644,
- 43645, and 44204 can be safely performed in the hospital outpatient department setting on the
- Medicare population. Therefore, we are specifically requesting information on evidence that
- these services can be performed safely on the Medicare population in the outpatient setting. We
- are also seeking public comments on whether the services described by CPT codes 43775,
- 43644, 43645, and 44204 specifically meet any of the five criteria to be removed from the IPO
- list mentioned above.

AOMs- friend or foe

Increased awareness

Marketing

Normalizing the diagnosis

Will they replace the sleeve?



## Weight loss

- Semaglutide (STEP 15%TBW)
- Liraglutide – going generic in 2024
- Tirzepatide- (SURMOUNT 22% TBW)
- Triple G- 25% TBW



## Meet The New Boss

- Renee Hilton
- ATC Chair
- Georgia
- 706 614-8576



# What is ATC up to?

## Sub committees

Utilization

Media/communication

ASMBS/ IFSO guidelines

EHB

Leveraging AMA influence at state level

John Scott ASMBS delegate to AMA



# Utilization

- WE always talk about 1% of people who qualify get it. It's not all about the benefit is it?





## Media Communicati ons

- Shauna Levy
- Today show
- Tonight show
- CNN

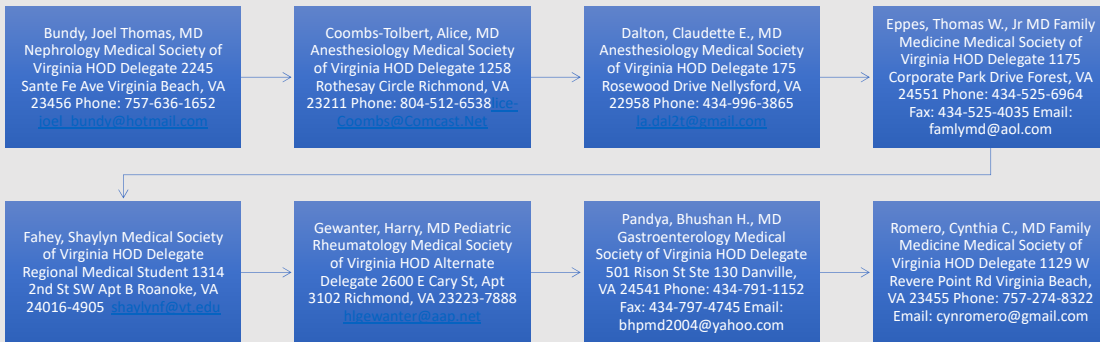


## AMA resolution

- Medical Society of Virginia can request funds for lobbying from AMA
- Who are your delegates?
- Are any of you active in MSV?



# MSV delegates to AMA



Access to Care

