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Obesity and Morbid Obesity Management

Adjudication Guideline

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Abstract

For Members

Obesity is an excess proportion of total body fat. A person is considered obese when his or her weight is 20% or more above normal weight. The most common measure of obesity is the body mass index or BMI. A person is considered overweight if his or her BMI is between 25 and 29.9; a person is considered obese if his or her BMI is over 30.

"Morbid obesity" means that a person is either 50%-100% over normal weight, more than 100 pounds over normal weight, has a BMI of 40 or higher, or is sufficiently overweight to severely interfere with health or normal function.

Weight loss management modalities like dietician consultations, medications and surgeries are covered by Daman only for those health insurance plans with the specific benefit.

For Medical Professionals

This guideline addresses the coverage of all modalities of conservative and surgical management for obesity and morbid obesity for all health insurance plans administered by Daman.

Daman covers dietician services for weight control in obesity and surgical management of morbid obesity for those health insurance plans with the specific benefit.

Criteria for eligibility of medical / conservative management or weight loss surgery (as given in the Adjudication rule) should be met in order for it to be covered.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
Liraglutide for obesity management

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Scope

This adjudication rule specifies the coverage details for medically necessary indications for Obesity and Morbid Obesity Management as per the policy terms and conditions of each health insurance plan administered by Daman.

Obesity is defined as abnormal or excessive fat accumulation that may impair health.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).

The WHO definition of Obesity is "BMI greater than or equal to 30 kg/m²."

Classification of weight category by BMI for adults:

Category	Body Mass Index
Underweight	<18.5
Normal weight	18.5-24.9
Overweight (Pre-obese)	25.0-29.9
Obesity class I	30.0-34.9
Obesity class II	35.0-39.9
Obesity class III	≥40.0

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers conservative management for weight control in obesity for only those health insurance plans with the specific benefit.

Coverage of surgical management of 'morbid obesity' is limited to those health insurance plans with the specific benefit and as per the coverage mentioned in SOB of each plan.

- Criteria for eligibility of weight loss surgery for morbid obesity for Adults (> 18 years):
Kindly refer to table 1 page 8
- Criteria for eligibility of weight loss surgery for morbid obesity for young Adults (post-pubertal - 18 years): **Kindly refer to table 1 page 10**
- Preoperative workup for bariatric surgery will be covered according to international best practice.
- The major comorbidities which evidence suggests can be improved by losing weight include:
 - 1- Type 2 Diabetes;
 - 2- Dyslipidaemia;
 - 3- Asthma;
 - 4- Hypertension;
 - 5- Ischemic heart disease;
 - 6- Obstructive Sleep apnea syndrome;
 - 7- Obesity syndrome hypoventilation (pickwickian syndrome);
 - 8- Disabling arthropathy;
 - 9- Non-alcoholic fatty liver disease and steatohepatitis;
 - 10- Gastro-oesophageal reflux;
 - 11- Severe urinary incontinence;
 - 12- Venous stasis disease;
 - 13- Severely reduced quality of life. (To be determined by the bariatric MDT team); and
 14. PCOS with infertility.

- The following comorbidities require additional assessment and referral from expert in the field of the comorbid disease:
 1. Severe urinary incontinence;
 2. Disabling arthropathy;
 3. Venous stasis disease; and
 4. PCOS with infertility.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

- Treatment of obesity is not covered for those health insurance plans where it is a general exclusion of their respective policies.
- Coverage will be restricted as per SOB for the plans in which obesity treatment coverage is restricted, regardless of the associated co-morbidities or failed treatment attempts e.g.; gastric banding for morbid obesity only.
- Coverage for types of bariatric surgeries will be restricted as per SOB

Payment and Coding Rules

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT

1. Obesity or morbid should be coded with the appropriate ICD 10 CM codes designated as the principal diagnosis.
2. The principal code for obesity or morbid obesity should be accompanied by a secondary diagnosis code that defines the patient's BMI.
3. In case pre-op tests are required for bariatric surgery 3 ICD codes are required.
4. All patients should have received counseling from a multi-disciplinary who are ALL DOH licensed.
 - This should include treating internal medicine or family medicine specialists / consultant;
 - Surgeon;
 - Psychologist;
 - Clinical dietician
5. All candidates (Adults) needs to go through the life style modification unless the MDT team mentions that his co-morbidity is severe and that delaying the surgery would be life threatening.
6. The report should be structured and evidenced to show the different sessions of management plan (dietary and exercise or behavioral modification) +compliance of the patient .The weight loss journey needs to be documented.
7. Bariatric Surgery should only be undertaken by a consultant level surgeon with expertise in the field of bariatric surgery.
8. The below listed procedures are the current approved bariatric procedures:
 - Intra-Gastric balloon;
 - Adjustable gastric banding;
 - Biliopancreatic diversion with duodenal switch;
 - Biliopancreatic diversion without duodenal switch;
 - Revisional bariatric surgery;
 - Roux-en-Y gastric bypass;
 - Mini - gastric bypass;
 - Sleeve gastrectomy
9. Bariatric surgery facility must offer follow-up post-surgery with any member of multi-disciplinary team based on patient's need for a minimum of 2 years and insure the following requirements are fulfilled:

- Monitoring nutritional intake (including protein and vitamins) and mineral deficiencies;
- Monitoring for comorbidities and screening for complications;
- Medication review;
- Dietary and nutritional assessment, advice and support;
- Physical activity advice and support;
- Psychological support tailored to the individual.

10. Revisional bariatric intra-abdominal procedures include any procedure performed at any time frame following a previous surgical intervention performed for the treatment of morbid obesity.

Indications for re-operative and revision surgery for adults (re-operations are likely for either one or a combination of the following factors):

- Complications relating to their primary procedure;
- Post-surgical failure to lose weight or significant weight regain following initial success;
- Failure to improve or re-emergence of a co-morbidity.
- A combination of these factors.
- Rarely reversal is required for excessive weight loss, malnutrition, or intractable diarrhoea.

11. Failure of weight reduction and/or resolution of severe comorbidities:

Repeat surgery for failure of a primary obesity procedure may be due to failure to achieve sufficient or expected weight loss; the latter may be accompanied by failure of co-morbidities to resolve e.g. diabetes, obstructive sleep apnea. Revision surgery may be performed, to achieve weight loss that was not realized by the initial procedure. Long-term studies of obesity surgery show a gradual tendency, within 2 years to regain weight that was lost in the first few months after the operation or a failure to attain the expected average percentage of excess weight loss.

Adjudication Examples:

- Example 1:

Q: A patient diagnosed with obesity is unable to exercise due to back & knee pain and he/she has intolerance to weight loss pharmacology. Can the patient undergo bariatric surgery?

Answer:

- Weight loss medication is not mandatory to proceed with surgery as per the standards.
- If the patient has knee pain then what is dx of the condition (is it OA)? Then the patient will need X-ray to confirm it!). Referral to orthopaedic if they consider it as a comorbid condition in pt. with BMI less than 40. If patient has knee pain and not tolerant. The patient should visit a physiotherapist. They should offer a plan before or after surgery.
- Final approval for surgery will be based on MDT team recommendations.

- Example 2:

Q: A physician is claiming that medical reports from the nutritionist stating that the patient tried lifestyle modification but failed to reduce their weight with no evidence that the patient followed any structured program.

Answer:

- Reject the case, if there is no evidence of structure program, no goal or objective written. The program should be structured with detailed plan of the treatment journey.

Denial codes

Code description
Diagnosis(es) is (are) not covered
Service(s) is (are) not covered
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service is not clinically indicated based on good clinical practice
Prior approval is required and was not obtained
Claim information is inconsistent with pre-certified/authorized services
Activity/diagnosis inconsistent with clinician speciality

Appendices

A. References

- https://www.haad.ae/haad/tabid/820/Default.aspx?udt_1550_param_search=&udt_1550_param_Year=&udt_1550_param_orderby=Effective_x0020_Date&udt_1550_param_orderDirection=descending
- http://www.who.int/dietphysicalactivity/childhood_what/en/
- <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ObesityDevices/default.htm>
- https://asmbs.org/wp/uploads/2014/05/Gastric_Band_Adjustment_Credentialing_Guidelines_for_Physician_Extenders.pdf
- <https://asmbs.org/wp/uploads/2008/09/ASMBS-Nutritional-Guidelines-2016-Update.pdf>
- https://www.uptodate.com/contents/obesity-in-adults-prevalence-screening-and-evaluation?search=obesity&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#H13187465
- <https://www.karger.com/Article/FullText/442721>
- <https://www.karger.com/Article/FullText/355480>
- <https://www.ncbi.nlm.nih.gov/pubmed/26943657>
- <https://www.aace.com/files/final-appendix.pdf>
- Melissas, J. (2007, November). IFSO Guidelines for Safety, Quality, and Excellence in...Retrieved August 14, 2017, from <http://www.bing.com/cr?IG=C1C43CB29BCB4DA5B893DF94CD9BE7AD&CID=37C563F2843261800CD0692C853460A8&rd=1&h=J9ohuPqcP4HndDAZu6qL5XLwl5f1noPmknbcR8EFVc&v=1&r=http%3a%2f%2fcontent.springer.com%2fcontent%2fpdf%2f10.1007%2fs11695-007-9375-9.pdf&p=DevEx,5037.1>
- Singhal, R., & Welbourn, R. (2016). Bariatric Surgery Data Management and Reporting Worldwide. Obesity, Bariatric and Metabolic Surgery, 563-568. doi:10.1007/978-3-319-04343-2_60

B. Revision History

Date	Change(s)
November 2011	V1.0 Release
November 2012	V2.0 Content Update
01-07-2013	V3.0 New template
15-07-2014	V4.0 - Disclaimer updated as per system requirements - AR content updated as per the latest HAAD standards - Pre-op investigations for bariatric surgery added
10-06-2018	V5.0 AR content updated as per the latest HAAD standards

C. Tables:

Table 1. Criteria for eligibility and documented evidence for approvals for Bariatric Surgery

Criterion	Requirements for Eligibility for Bariatric Surgery	Documentary evidence
Adults (18 or over)		
Clinical indicators	- BMI of 40* without comorbidities. - BMI of 35-39.9 with at least comorbidity ** (are expected to improve after surgical intervention). - BMI of 30-34.9 with uncontrolled type 2 diabetes mellitus can be considered in individual basis***. - BMI criterion may be the current BMI or previously maximum attained BMI of this severity. Note: Bariatric surgery is indicated in patients who had exhibited substantial weight loss through extensive lifestyle interventions but began to regain lost weight even if the required minimum indication weight for surgery has not been attained yet.	Medical report to include: - Patient information; - BMI; - List if investigation required for bariatric surgery according to international standards for care of obesity and obesity related diseases; - Evidence of the assessment of the comorbid condition and the severity and the necessity of surgery from all MDT members in accordance to their practice and capabilities.
Service/consultation	1. Weight loss attempts: - Must have been delivered by a DOH licensed professional who has the authorization by his/her scope of practice in weight management, - Patient must have failed to achieve or maintain adequate, clinically beneficial weight prior to surgery. 2. Counselling: All patients must have received counselling and clearance for surgery from a multi-disciplinary specialist team including a minimum of a: Physician trained on obesity care (This should include internal medicine or family medicine specialists / consultant"); - Surgeon; - Psychologist; - Clinical dietician. 3. The multi-disciplinary specialist team may consider earlier access to surgery if delay may increase the health risks of the patient. - Untreated major depression or psychosis; Uncontrolled and untreated eating disorders (e.g. Bulimia); - Current drug and alcohol abuse;	- Report from a DOH Licensed dietician who has authorization by his/her scope of practice in weight management - Evidence of the delivery of a structured program for lifestyle intervention and With/out pharmacological intervention. - Physician/nurse license number to be checked against DOH database. - Report of support from a psychologist (psychiatrist if needed). - Report from the bariatric surgeon with justifications for the requirement for bariatric surgery. - Signed consent form including evidence of explanation of risks and benefits of bariatric surgery. - Evidence of the designated specialized bariatric team who will undertake post-surgery follow-up.

- Severe cardiac disease with prohibitive anaesthetic risks;
- Severe coagulopathy;
- Inability to comply with nutritional requirements including life-long vitamin replacement

5. Consent process must:

- Be undertaken by bariatric surgeon;
- Fully explain risks and benefits of bariatric surgery including the short, medium and long-term risks;
- Have a signed consent form which should be kept in the patient's records (Medical Liability Law)

6. Bariatric surgery facility must offer follow-up post-surgery with any member of multi-disciplinary team based on patient's need for a minimum of 2 years and insure the following requirements are fulfilled:

- Monitoring nutritional intake (including protein and vitamins) and mineral deficiencies;
- Monitoring for comorbidities and screening for complications;
- Medication review;
- Dietary and nutritional assessment, advice and support;
- Physical activity advice and support
- Psychological support tailored to the individual;
- Information about professionally led or peer-support groups

Criterion	Requirements for Eligibility for Bariatric Surgery	Documentary evidence
Adolescents (below 18 years of age)		
Clinical indicators	Adolescent candidates for bariatric surgery must meet all of the following indicators: 1.Be morbidly obese (defined by the World Health Organization as a body mass index >40) AND, 2.Have comorbidities related to obesity that might be remedied with durable weight loss AND, 3.Shows skeletal and developmental maturity AND, 4. Have failed to lose weight through attempts of diet, exercise , behaviour modification	• Medical report / preparation assessment according to an updated international best practices. • Evidence of the delivery of a structured program for lifestyle modification.

	with/out pharmacological intervention over at least 6 months AND, 5. All other attempts at behaviour modification have failed to achieve weight loss goals over a six month period AND, 6. Express willingness to follow program requirements which include signing an Assent form, having the individual's legal guardian sign a consent form; 7. Agreed to avoid pregnancy for a two years post operatively AND, 8. Agreed to adhere to nutritional guidelines postoperatively AND, 9. Has a supportive family environment AND, 10. Confirmation by a senior clinical psychologist with child/adolescent experience or consultant/specialist psychiatrist with child/adolescent experience that the subject is sufficiently emotionally mature to comply with the clinical protocol and fully understands the short, medium and long-term implications of the surgery.	
Weight loss attempts	Evidence of Six months of a comprehensive, structured multi-disciplinary protocol including a structured behaviour modification program****	• Report from a DOH licensed dietician. • Evidence of the delivery of a structured program for lifestyle intervention.
Service/consultation	1. Weight loss attempts: Must have been delivered by a DOH licensed specialist. 2. Counselling: The child must have had consultation and counselling from a multi-disciplinary team with expertise in childhood obesity, including as a minimum a DOH licensed: • Dietician; • Behavioural specialist in paediatric and adolescent care; • Paediatric medical advisor**** and a paediatric bariatric surgeon or adult bariatric surgeon with expertise in adolescent bariatric surgery and proven track record in adult bariatric surgery. 3. Assessment for surgery: Must only be made by a consultant level paediatric bariatric surgeon or adult bariatric surgeon with expertise in adolescent bariatric surgery and proven track record in adult bariatric surgery. 4. Consent Process must: • Be undertaken by the bariatric surgeon;	• Physician / nurse license number to be checked against DOH database. • Report from a DOH licensed dietician with child/adolescent experience. • Report from paediatric medical advisor and behavioural specialist. • Report from a consultant bariatric surgeon with justifications of the requirement for surgery. • Signed consent form including evidence of explanation of risks and benefits of bariatric surgery. • Signed consent form including evidence of explanation of risks and benefits of bariatric surgery. • Evidence of the designated paediatric specialist bariatric team who will undertake post-surgery follow-up.

- Fully explain the risks and benefits of bariatric surgery including the short, medium and long terms risks.

5. Bariatric Facility must:

Offer follow-up post-surgery with a multi-disciplinary team including as a minimum a DOH-licensed:

- Specialist paediatric bariatric surgeon or adult bariatric surgeon with expertise in adolescent bariatric surgery and proven track record in adult bariatric surgery.
- Paediatric medical advisor.
- Specialist paediatric bariatric nurse,
- Specialist paediatric bariatric dietician.
- Specialist paediatric bariatric support service.

6. Adolescent bariatric surgery should be performed in a Bariatric Surgery Facility/Centre by a surgeon who fulfils the requirements of adult revision / high-risk surgeries. *****

Legend:

*Body Mass Index (BMI) cut off may be different for some ethnic groups.

** The major comorbidities which evidence suggests can be improved by losing weight, according to NIH.

***Uncontrolled type 2 Diabetes Mellitus that necessitates surgical intervention in patients with a BMI of 30-34.9 require a referral from a DOH authorized endocrinologist. Patient considered uncontrolled despite fully optimized conventional therapy.

****Paediatric medical advisor: this includes individuals training in general pediatric, pediatric subspecialty or internist / Family practitioner with training experience on adolescents and weight management.

*****Revisional /High-risk surgeries.