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Letter to the editor

Open letter to insurance companies regarding mandatory in-office visit weight documentation in an era of COVID-19

To: Insurance Company, Medical Director
From: American Society for Metabolic and Bariatric Surgery (ASMBS)
Re: Mandatory prebariatric surgery diet regimens and in-office weights

During these unprecedented times with the coronavirus disease 2019 (COVID-19) pandemic, it has become clear that some populations are at increased risk of severe illness, complications, and death once contracting the novel coronavirus. This is particularly the case for patients with obesity and type 2 diabetes [1–5]. Treatment of people with the disease of obesity and related disease is critical in the strategy to decrease risk of poor outcomes and death following COVID-19. Metabolic and/or bariatric surgery is the only proven long-term successful intervention for patients with clinically severe obesity. In addition, there are more than 12 prospective, randomized trials showing the superiority of metabolic and/or bariatric surgery over optimal medical management for patients with type 2 diabetes [6,7]. Increased morbidity and mortality due to coronavirus infection is only the newest of several hundred medical comorbid conditions caused or aggravated by obesity including some of the most serious diseases impacting our society today, such as type 2 diabetes, hypertension, heart disease, and obesity-related cancers.

Currently there are multiple insurance-mandated barriers to care that are placed on people seeking treatment of severe obesity. One of these barriers relates to specific diet- and weight-related requirements. This typically includes regular in-office weight measurements and in some cases the requirement for documentation of weight loss before receiving surgical treatment for the disease of obesity. Based on data from multiple studies that show no benefit to insurance-mandated documentation of diet effort and/or weight loss before metabolic/bariatric surgery, as summarized by the ASMBS Clinical Issues Committee in our peer-reviewed publication from

2016 [8], we recommend immediate termination of all insurance-mandated diet- and weight-related prerequisites for bariatric surgery, including the excessive, burdensome, and potentially dangerous requirement for in-office weight documentation. These requirements not only have no scientific basis to support their existence, but they also create barriers to care [9–16]. Furthermore, by requiring in-person visits to accomplish repeated weight checks, these requirements lead to unnecessary healthcare facility visits for some of our most vulnerable patients, putting them at increased risk for exposure to and transmission of COVID-19.

The best preoperative care and preparation for surgery is determined at the local level by the multidisciplinary team caring for their patients on the front lines [8]. Many healthcare providers and patients are finding telehealth solutions in the current environment that allow for effective care without the risks incurred by in-office visits.

In recent weeks, the U.S. healthcare system has been stressed to unprecedented levels as many healthcare providers have been reassigned, furloughed, or lost their jobs. Adding unnecessary in-person appointments and presurgical weight loss requirements will only stress the system further in a time of scarce resources. Consequently, we feel there is no better time than the present for health plans to use evidence-based recommendations and terminate these unsubstantiated discriminatory policies.

We look forward to working together to create a safe and effective strategy for presurgical care and preparation for patients pursuing surgical management of the disease of severe obesity.

Disclosures

The authors have no commercial associations that might be a conflict of interest in relation to this article.

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