



Obesity Funding Policy

*Version 1.5
December 2016*

DOCUMENT HISTORY

Revision	Date	Name	Comment
V1.0	1 December 2010	Obesity Funding Policy	Original Document
V1.1	3 April 2011	Obesity Funding Policy	Reformatted
V1.2	26 March 2012	Obesity Funding Policy	Terminology revised
V1.3	October 2014	Obesity Funding Policy	Liability disclaimer, specific scheme reference removed
V1.4	August 2016	Obesity Funding Policy	Re-branded
V1.5	December 2016	Obesity Funding Policy	Intro updated

AIM OF THE PROTOCOL

To provide guidelines and criteria for the funding of obesity.

APPLICABLE SCHEMES

Resolution Health Medical Scheme

Spectramed Medical Scheme

BACKGROUND

Obesity as a disease entity and all related direct and indirect costs and procedures may be excluded from benefits by schemes (scheme discretion). Obesity is also not a PMB as outlined in the Medical Schemes Act and Regulations. The Scheme is therefore not obliged to provide funding for such.

However, in terms of services related to PMB the Scheme is obliged to fund at 'cost', howsoever applicable at the time all services directly or indirectly related to a PMB, and in this framework including modifiers as compensation for service providers in the context of increased complexity in relation to obesity may be funded. This policy outlines the Scheme's funding guidelines for obesity.

OBESITY EXCLUSIONS FROM BENEFITS

For this policy, the term 'obesity' relates to any increase in weight for which the following may be applicable, and not only a BMI (Body Mass Index) $> 35\text{kg}/\text{m}^2$

'Obesity' or any raised BMI, will not be funded for the following:

- All medical services for the management of obesity, including but not limited to medical, surgical, pharmaceutical, endocrine, psychological, psychiatric and dietetic services etc
- All complimentary health services except where these are provided for in an alternative health services benefit
- Weight loss programmes, diets, patented foods, nutritional supplements, home remedies, tonics, slimming preparations, appetite suppressants and any other quasi-medical therapies for the treatment or prevention of obesity
- An increased BMI in association with pregnancy or organ failure

- Any tariffs charged by service providers directly or indirectly related to obesity or as any modifier to other tariffs in compensation for a dependent's obesity

OBESITY MODIFIERS FOR PMB CONDITIONS

Within the Medical Scheme's Act and Regulations pertaining to PMB conditions, funding for services or tariff modifiers as compensation for obesity, by definition a $BMI > 35\text{kg}/\text{m}^2$, will, except where a clinical condition negates such determination, be subject to the following,:

- Pre-authorisation approval for such additional tariffs or modifiers
- A proven $BMI > 35\text{kg}/\text{m}^2$ with actual unclothed weight and height documented and certified by signature by another service provider not related to the main service provider. Such certification must be submitted to the Scheme. The Scheme reserves the right to further documentation as necessary
- An increased BMI in association with pregnancy or organ failure will not be funded. The effective BMI will be the non-pregnant state or euvoalaemic body mass
- Where a clinical condition justifiably negates the pre-authorisation notification, service providers must submit such information at the earliest opportunity.

Note:

- Submission of tariffs or modifiers as compensation for obesity in claims for which pre-authorisation was not sought or granted, and for which obesity would reasonably be considered to have been present at the time of authorisation, will not be funded

AUTHORISATION PROCEDURES

- All queries and pre-authorisation requests for funding for any treatment or compensation directly or indirectly for increased weight requires being highlighted at pre-authorisation as notified by the requestor
- For non-PMB conditions, schemes will not fund directly or indirectly any services or compensation for increased weight
- For PMB conditions, and the clinical state permitting, the member and provider are to be advised confirmation of the patient's weight and height is required by signature in writing from another provider without any pecuniary interest in the patient.
- Excluding emergencies, the request will be pended until such confirmation is received

- The pre-authorisation request will be managed further per normal Managed Healthcare policies and protocols and Scheme rules

LIMITATIONS OF LIABILITY

- Funding may be limited to Designated Service Providers, negotiated tariffs or set costs with such providers, including clinicians and hospitals, and members will have to contract costs with any non-DSP providers.
- Membership non-disclosure processes remain applicable.
- All other Scheme rules and Managed Healthcare Policies and Protocols remain applicable.

Agility Health and its contracted medical schemes do not approve or deny procedures, services, testing, or equipment for members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Agility Health and its contracted medical schemes administer benefits based on the member's contract and corporate medical policies and protocols. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination

CODES

ICD 10 CODES	
	As appropriate for the primary condition

CCSA CODES	
	As appropriate for all procedures

APPLICABLE PROCEDURE CODES	
0018	Surgical modifier for persons with a BMI > 35kg/m ² . Fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists
Other	As appropriate for the primary condition