

# Treatment of Morbid Obesity

**Policy Number:** BIP115.O  
**Effective Date:** May 1, 2026

[➔ Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li><a href="#">Preventive Care Services</a></li> <li><a href="#">Weight Gain or Weight Loss Programs</a></li> </ul>
Related Medical Policies
<ul style="list-style-type: none"> <li><a href="#">Bariatric Surgery</a></li> <li><a href="#">Panniculectomy Surgery</a></li> <li><a href="#">Preventive Care Services</a></li> </ul>

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member’s Schedule of Benefits (SOB)/Explanation of Coverage (EOC) to determine if member has a supplemental prescription benefit or contact the Customer Service Department for specific coverage benefit requirements, limitations, and copayment information for this benefit.

Surgical treatments for morbid obesity and services related to this surgery are subject to prior approval by UnitedHealthcare’s medical director or designee.

Medication that is prior authorized as medically necessary for the treatment of morbid obesity.

Refer to the Benefit Interpretation Policy titled [Weight Gain or Weight Loss Programs](#) for coverage information for self-injectable weight loss medications.

Revisional bariatric surgery is covered under the plan when medically necessary due to a technical failure or major complication.

Refer to the Medical Policies titled [Bariatric Surgery](#) and [Panniculectomy Surgery](#) for specific criteria.

## Not Covered

- Nutritional liquid supplements.

- Procedures that are unproven and not medically necessary for treating morbid obesity. Refer to the Medical Policy titled [Bariatric Surgery](#).
- Revisional bariatric surgery will not be covered for any other indication other than those listed in the Medical Policy titled [Bariatric Surgery](#).
- Weight reduction medications, including diet pills, unless otherwise covered under the supplemental prescription benefit and prior authorized as medically necessary to treat morbid obesity or as listed in the Benefit Interpretation Policy titled [Weight Gain or Weight Loss Programs](#).

## Policy History/Revision Information

Date	Summary of Changes
05/01/2026	<ul style="list-style-type: none"> <li>• Routine review; no change to coverage guidelines</li> <li>• Archived previous policy version BIP115.N</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.