



July 3, 2026

Delivered electronically to: Anne_Docimo@uhc.com

Dr. Anne Docimo

United Healthcare Medical Policy Team

Dear United Healthcare Medical Policy Team,

The Obesity Action Coalition (OAC) is a national nonprofit organization dedicated to improving the lives of people affected by the disease of obesity through education, advocacy and support. For nearly two decades, we have worked to elevate understanding of obesity as a complex, chronic disease, eliminate weight bias and discrimination, and improve access to evidence-based care.¹

A core priority of the OAC is ensuring that people affected by obesity have access to comprehensive, science-based treatment options. We believe treatment decisions should be made collaboratively between patients and their healthcare providers, based on medical evidence, clinical judgment and an individual's unique health needs, preferences and goals. Obesity is a complex disease, and there is no one-size-fits-all treatment approach. Patients deserve access to a range of evidence-based therapies so they and their physicians can determine the most appropriate course of care.¹

For these reasons, the OAC strongly supports the inclusion of endoscopic sleeve gastroplasty (ESG) as a medically necessary procedure within United Healthcare's Bariatric Surgery Medical Policy. We are concerned that the view or classification of ESG as "experimental, investigational or unproven" no longer reflects the available scientific evidence or the important role ESG serves within the continuum of obesity care.^{6 7}

Most importantly, ESG should not be viewed as a replacement for FDA-approved obesity medications or metabolic and bariatric surgery. Rather, it fills an important treatment gap for people whose needs are not fully met by existing options. Some individuals are unable to tolerate or respond adequately to medication. Others are not appropriate candidates for bariatric surgery after careful consultation with their physician. Coverage policies should support individualized treatment decisions and preserve meaningful shared decision-making between patients and their healthcare providers.^{6 7 9}



We recognize that United Healthcare's draft policy raises questions regarding the quality of evidence supporting ESG, particularly the limited number of randomized controlled trials and the

availability of long-term outcomes. While the MERIT trial remains the only randomized controlled trial evaluating ESG, the overall evidence base extends well beyond a single study.²

The MERIT trial demonstrated clinically meaningful weight loss, improvements in obesity-related health conditions and durable outcomes through 104 weeks.² Since then, additional evidence has continued to strengthen the clinical case for ESG. Multiple prospective studies, multicenter cohorts, systematic reviews and meta-analyses have consistently demonstrated favorable safety and effectiveness across diverse patient populations.³ Long-term durability has also been established through published five-year and six-year outcomes,⁴ and investigators at Weill Cornell Medicine have presented encouraging 10-year cohort data that further support sustained benefit over time.⁵

Medical evidence should be evaluated based on the totality and consistency of available data, particularly for procedural interventions where multiple forms of high-quality clinical evidence contribute to understanding long-term effectiveness and safety. The growing body of evidence supporting ESG has resulted in endorsements from leading professional societies, including the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and the American Society for Metabolic and Bariatric Surgery (ASMBS), as well as recognition through multiple health technology assessments.^{6 7} Collectively, these organizations recognize ESG as a safe and effective treatment for appropriately selected patients and position it within the continuum of obesity care alongside lifestyle intervention, FDA-approved medications and metabolic and bariatric surgery.^{6 7}

Further demonstrating ESG's clinical acceptance, the American Medical Association established a Category I CPT code for the procedure, effective Jan. 1, 2026.⁸ This designation reflects the maturity of the evidence supporting ESG and its recognition as an established medical procedure.

Beyond the inclusion of ESG, the OAC also encourages United Healthcare to align its obesity surgery medical necessity criteria with the 2022 ASMBS/IFSO Clinical Practice Guidelines. These recommendations reflect the current scientific understanding of obesity treatment and support broader access to evidence-based care for appropriately selected patients.⁹

Likewise, continued coverage of FDA-approved obesity medications remains essential.¹¹ Medications, ESG and metabolic and bariatric surgery each serve distinct roles within



comprehensive obesity care. Preserving access to the full spectrum of evidence-based treatment options allows physicians and patients to develop individualized treatment plans that offer the greatest opportunity for long-term success.^{6 7 9 11}

Obesity is a chronic, relapsing disease that deserves the same evidence-based, patient-centered approach applied to other chronic diseases.¹² Policies that unnecessarily limit access to appropriate treatment options create barriers to care and reduce opportunities for people affected by obesity to improve their health and quality of life.¹²

Accordingly, the OAC respectfully urges United Healthcare to:

- Reclassify endoscopic sleeve gastroplasty as a medically necessary treatment option for appropriately selected patients.
- Recognize ESG as an important addition to the continuum of obesity care that complements FDA-approved obesity medications and metabolic and bariatric surgery.
- Align obesity surgery medical necessity criteria with the 2022 ASMBS/IFSO Clinical Practice Guidelines and current professional society recommendations regarding ESG.
- Maintain access to FDA-approved obesity medications for individuals who meet clinical criteria.
- Support coverage policies that preserve shared decision-making between patients and their healthcare providers when selecting the most appropriate evidence-based obesity treatment.

The OAC appreciates the opportunity to provide the patient perspective and welcomes continued dialogue to advance evidence-based, patient-centered obesity care. If you have any questions, please contact Dr. Tracy Zvenyach, PhD, at tzvenyach@obesityaction.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski".

Joe Nadglowski
President & CEO
Obesity Action Coalition



References

1. Obesity Action Coalition. *Mission, Vision and Purpose*.
2. Abu Dayyeh BK, Rajan E, Gostout CJ, et al. Endoscopic sleeve gastroplasty for treatment of class I and II obesity: A randomized controlled trial (MERIT). *Gastroenterology*. 2022;162(6):1914-1925.e2.
3. Hedjoudje A, Abu Dayyeh BK, Cheskin LJ, et al. Efficacy and safety of endoscopic sleeve gastroplasty compared with laparoscopic sleeve gastrectomy: A systematic review and meta-analysis. *Obesity Surgery*. 2020;30:296-306.
4. Sharaiha RZ, Hajifathalian K, Kumar R, et al. Five-year outcomes of endoscopic sleeve gastroplasty. *Clinical Gastroenterology and Hepatology*. 2023;21(2):370-377.e2.
5. Sharaiha RZ, et al. Ten-year outcomes following endoscopic sleeve gastroplasty. Presented at a national scientific meeting, 2025 (publication forthcoming).
6. International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). *Position statement on endoscopic sleeve gastroplasty*.
7. American Society for Metabolic and Bariatric Surgery. *Endoscopic Sleeve Gastroplasty (ESG) Frequently Asked Questions*. ASMBS website. Accessed January 2026. <https://asmbs.org/endoscopic-sleeve-gastroplasty-esg-frequently-asked-questions/>
8. American Medical Association. *CPT® 2026 Professional Edition*. Code 43889.
9. American Society for Metabolic and Bariatric Surgery; International Federation for the Surgery of Obesity and Metabolic Disorders. Indications for metabolic and bariatric surgery. *Surgery for Obesity and Related Diseases*. 2022;18(12):1345-1356.
10. Schauer PR, Bhatt DL, Kirwan JP, et al. Bariatric surgery versus intensive medical therapy for diabetes. *New England Journal of Medicine*. 2017.
11. Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. *New England Journal of Medicine*. 2021;384:989-1002.
12. Rubino F, et al. Joint international consensus statement for ending stigma of obesity. *The Lancet Diabetes & Endocrinology*. 2023.