



January 9, 2026

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Dear Aetna 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 advance access to evidence-based care.<sup>1</sup>

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 individuals and their healthcare providers, based on medical evidence, clinical judgment and a person's individual health needs and goals. For this reason, we advocate for coverage of safe and effective treatments that have undergone rigorous review and approval by the U.S. Food and Drug Administration.

In this context, the OAC strongly supports the inclusion of endoscopic sleeve gastroplasty (ESG) as a medically necessary procedure within Aetna's Obesity Surgery policy beginning in 2026. At present, ESG is categorized as "experimental, investigational or unproven." Based on the available evidence, we believe this classification no longer reflects the current science.

As outlined in Aetna's own clinical evidence review updated in July 2025, ESG is supported by Level 1 evidence from the MERIT randomized controlled trial, which demonstrated clinically meaningful and sustained benefits through 104 weeks.<sup>2</sup> Aetna also cites comparative data showing that ESG and laparoscopic sleeve gastrectomy offer meaningful benefits related to weight loss and improvements in obesity-related health conditions.<sup>3</sup>

Aetna's review acknowledges ESG as a safe and effective procedure. Importantly, concerns regarding long-term outcomes have been addressed by five-year follow-up data published by Sharaiha et al., demonstrating durable weight loss and a favorable safety profile.<sup>4</sup> In addition, 10-year outcomes data were presented at a national scientific meeting in 2025 and are expected to be published in the near future.<sup>5</sup>

ESG is increasingly recognized and supported by leading professional medical societies, health technology assessment organizations and other payers for appropriately selected patients.<sup>6</sup> In addition, the American



Society for Metabolic and Bariatric Surgery (ASMBS) explicitly endorses ESG as an endoscopic option for carefully selected patients within a comprehensive, multidisciplinary obesity treatment program. The ASMBS

FAQ clarifies that its endorsement reflects a review of safety, effectiveness and evidence demonstrating clinically meaningful weight loss and improvement in metabolic conditions, and it emphasizes that ESG belongs within a multimodal care continuum alongside lifestyle therapy, FDA-approved medications and metabolic and bariatric surgery.<sup>7</sup>

Further reinforcing its clinical legitimacy, ESG will receive a new Category I CPT code effective January 1, 2026: \*\*43889 – Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed.\*\*<sup>8</sup> Given this growing body of evidence and recognition, the OAC urges Aetna to add ESG to its list of medically necessary procedures for individuals seeking obesity treatment.

Beyond the inclusion of ESG, we also encourage Aetna to update its broader obesity surgery medical necessity criteria to align with the 2022 ASMBS/IFSO clinical guidelines, which reflect the most current understanding of obesity treatment. These guidelines recommend:

- Metabolic and bariatric surgery for individuals with a BMI of 35 kg/m<sup>2</sup> or higher, regardless of the presence, absence or severity of obesity-related conditions.<sup>9</sup>
- Consideration of surgery for individuals with a BMI of 30–34.9 kg/m<sup>2</sup> who have metabolic disease or who have not achieved durable weight improvement through nonsurgical approaches.<sup>9</sup>
- Recognition of clinical obesity at a BMI of 25 kg/m<sup>2</sup> for Asian populations, with surgical consideration beginning at 27.5 kg/m<sup>2</sup>.<sup>9</sup>
- No upper age limit for surgery, with candidacy based on physiological status, frailty and overall health rather than chronological age.<sup>9</sup>

Metabolic and bariatric surgery is among the most extensively studied treatment options for obesity, with well-established effectiveness, safety and cost-effectiveness.<sup>10</sup> Ensuring policy alignment with current clinical standards is essential to providing equitable, patient-centered care.

In addition, people affected by obesity should have access to FDA-approved pharmacotherapy when clinically appropriate. These medications not only support weight management but also carry indications for improving or treating conditions such as cardiovascular disease, obstructive sleep apnea and liver disease.<sup>11</sup> Expanding access to these therapies represents a significant opportunity to improve health outcomes and quality of life.



Obesity is a chronic, relapsing disease. People affected by obesity deserve care that is free from bias and grounded in medical evidence, consistent with how other chronic diseases are treated.<sup>12</sup> Policies that create unnecessary barriers or imply individual failure undermine both health outcomes and equity. The OAC will continue to advocate for coverage decisions that respect clinical expertise and ensure access to FDA-approved treatments deemed appropriate by healthcare providers.

In summary, the OAC respectfully urges Aetna to:

- Reclassify endoscopic sleeve gastroplasty as a medically necessary procedure beginning in 2026.
- Align obesity surgery medical necessity criteria with the 2022 ASMBS/IFSO guidelines and the ASMBS and IFSO position statements on ESG.
- Ensure reasonable and timely access to FDA-approved obesity medications for individuals who meet clinical criteria.

We appreciate your consideration and welcome continued dialogue to advance evidence-based, patient-centered obesity care. Please reach out to Dr. Tracy Zvenyach, PhD with any questions at [tzvenyach@obesityaction.org](mailto:tzvenyach@obesityaction.org). Thank you.

Sincerely,

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

Joe Nadglowski  
President & CEO  
Obesity Action Coalition



## References

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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.
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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.
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