

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES
Policy Number	11.01.01
Category	Contract Clarification
Effective Date	10/18/01
Revised Date	02/28/02, 04/24/03, 05/27/04, 04/28/05, 04/27/06, 04/26/07, 08/23/07, 08/28/08, 08/25/16, 08/25/17, 12/13/18
Archived Date	08/27/09
Edited Date	08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

I. Commercial weight management programs:

Commercial weight management programs and related services, including physician and other qualified healthcare professional (e.g., physical therapists, occupational therapists) evaluations and supervision by program personnel, laboratory services, machine tests (e.g., indirect calorimetry), and foodstuffs, are generally excluded by contract and are, therefore, **ineligible for coverage**.

Examples of commercial weight management programs include, but are not limited to: Jenny Craig, LA Weight Loss, Medifast, Nutrisystems, Optifast, and Weight Watchers.

II. Intensive/high-intensity lifestyle counseling programs:

Based on our criteria and review of the peer-reviewed literature, a Health Plan approved intensive lifestyle counseling program, provided by an appropriately licensed provider, to promote a healthful diet and physical activity in adults age 18 years and older, is **medically appropriate** when the following criteria are met:

- A. The patient has a body mass index (BMI) greater than or equal to 25 kg/m²; and
 1. The patient has known coronary artery disease (CAD) or diabetes; OR
 2. The patient has at least one coronary artery disease (CAD) risk factor, such as:
 - a. pre-diabetes,
 - b. hypertension,
 - c. hyperlipidemia, dyslipidemia: defined as total cholesterol greater than 200 mg/dL, LDL cholesterol greater than 130 mg/dL, HDL cholesterol less than 40 mg/dL, and/or triglycerides greater than 150 mg/dL),
 - d. metabolic syndrome: defined as 3 or more of the following risk factors:
 - i. waist circumference greater than or equal to 35 inches in women or 40 inches in men,
 - ii. triglyceride level greater than or equal to 150 mg/dL, HDL cholesterol less than 50 mg/dL in women or 40 mg/dL for men,
 - iii. blood pressure greater than or equal to 130/85 mmHg, and/or
 - iv. fasting blood glucose greater than or equal to 100 mg/dL; or
 - e. is a current smoker; OR
- B. The patient has a body mass index (BMI) greater than or equal to 30 kg/m²; and
- C. The patient is able to tolerate a healthy diet and does not require a controlled/specialized diet (e.g., kidney disease); and

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- D. The patient is able to tolerate physical activity and does not have specific physical activity limitations for health reasons (e.g., cardiac or physiotherapy rehabilitation patients); and
- E. The patient is competent and alert and exhibits motivation and a readiness for change in their lifestyle. Readiness for change is measured utilizing standardized instruments; such as the University of Rhode Island Change Assessment scale (URICA), the S-Weight and P-Weight questionnaires, or the Decisional Balance Inventory (DBI).

Refer to Corporate Medical Policy #1.01.49 regarding Telemedicine and Telehealth Services.

Refer to Corporate Medical Policy # 8.01.18 regarding Nutritional Therapy.

Refer to the Corporate Pharmacy Management Drug Policy #Pharmacy-03 regarding Anorexiant.

POLICY GUIDELINES

- I. Intensive lifestyle counseling programs must be rendered in an office, clinic, or outpatient facility setting by providers with the appropriate knowledge and training (such as physicians, registered professional nurses, nurse practitioners, clinical nurse specialists, certified dietitians, and certified nutritionists) who have an unrestricted New York State license and are credentialed by the Health Plan; in order for services to be considered for coverage.
- II. The frequency and intensity of visits for intensive/high-intensity lifestyle counseling programs are considered appropriate for:
 - A. One face-to-face visit every week for the first month;
 - B. One face-to-face visit every other week for months 2-6;
 - C. One face-to-face visit every month for months 7-12, if the patient meets a 3kg (6.6 lbs.) weight loss during the first six months.

DESCRIPTION

Overweight and obesity are chronic diseases and major health problems in the United States. A significant number of Americans are either overweight or obese.

Medical/non-surgical weight management programs and related services are designed to help people lose weight. Services provided by medical/non-surgical weight management programs include, but are not limited to:

- I. Medical exams (often on a weekly basis),
- II. Laboratory testing,
- III. Machine tests,
- IV. Nutritional counseling, and
- V. Foodstuffs.

Commercial weight management programs that target primarily diet and exercise have been proven effective in treating obesity and produce an average weight loss of 18-20 pounds in 6 months. However, long-term weight loss is generally not sustainable with many people successfully losing weight, only to regain it within 5 years.

Intensive counseling programs for obesity, also known as intensive lifestyle intervention (ILI) programs, include multiple behavioral management activities, in individual and group sessions, and include the following:

- I. Setting weight-loss goals,
- II. Dietary assessment and planning to improve diet,
- III. Physical activity assessment and counseling with physical activity sessions,
- IV. Identifying and overcoming barriers,
- V. Active use of self-monitoring,
- VI. Counseling and behavioral therapy to promote sustained weight loss through diet and exercise (e.g., problem solving, stress management), and
- VII. Strategies to maintain lifestyle changes.

The U.S. Preventive Services Task Force (USPSTF) recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. The recommendation applies to adults aged 18 years and older

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in primary care settings who are overweight or obese and have known CVD risk factors (hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome).

In 2018, USPSTF published an update of their 2012 recommendation on screening for obesity in adults. The USPSTF recommends that clinicians offer or refer adults with a BMI of 30 or higher to intensive, multicomponent behavioral interventions (GRADE B). Many of the effective intensive behavioral interventions considered by the USPSTF were designed to help participants achieve or maintain a 5% or greater weight loss through a combination of dietary changes and increased physical activity. Most of the intensive behavioral weight loss interventions considered by the USPSTF lasted for 1 to 2 years, and the majority had 12 or more sessions in the first year. LeBlanc, et al. (2018) performed a systematic review of the evidence on benefits and harms of behavioral and pharmacotherapy weight loss and weight loss maintenance in adults to inform the USPSTF. A total of 122 RCTs and 2 observational studies were included in the review. Compared with controls, participants in behavior-based interventions had greater mean weight loss at 12 to 18 months and less weight gain. Participants with pre-diabetes in weight loss interventions had a lower risk of developing diabetes compared with controls. The authors conclude behavior-based weight loss interventions with or without weight loss medications were associated with more weight loss and a lower risk of developing diabetes than control conditions.

The Centers for Disease Control (CDC) and the American Diabetes Association (ADA) support similar type interventions for the prevention of diabetes.

RATIONALE

The American College of Cardiology (ACC)/American Heart Association (AHA) Task Force on Practice Guidelines and The Obesity Society (TOS) 2013 Guidelines for the Management of Overweight and Obesity in Adults recommends advising overweight and obese individuals who would benefit from weight loss to participate for greater than or equal to 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower-calorie diet and in increasing physical activity through the use of behavioral strategies. The guidelines also recommend prescribing on-site, high intensity (i.e. greater than or equal to 14 sessions in 6 months) comprehensive weight loss interventions provided in individual or group sessions by a trained interventionist (Grade A, Strong, rating).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day

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HCPCS Codes

Code	Description
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

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ICD10 Codes

Code	Description
E66.01-E66.9	Overweight and obesity (code range)
Z68.25-Z68.45	Body mass index [BMI] 25.0 or greater, adult (code range)

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*Key Article

KEY WORDS

Intensive / high intensity lifestyle counseling program, Medical weight loss, Non-surgical weight loss, Weight loss program.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for the Treatment of Obesity and a NCD and Decision Memo for Intensive Behavioral Therapy for Obesity. Please refer to the following websites for Medicare Members:

NCD for Treatment of Obesity: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=38&ncdver=3&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=obesity&KeyWordLookUp=Title&KeyWordLookUp=Title&KeyWordSearchType=And&KeyWordSearchType=And&bc=gAAAABAAAA&>

NCD for Intensive Behavioral Therapy for Obesity: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=353&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=Intensive+Behavioral+Therapy&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAA%3d%3d&>

Decision Memo for Intensive Behavioral Therapy for Obesity: <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAId=253&>