Subject: Weight Loss Treatment (non-surgical)*

Effective Date: October 26, 1999

Department(s): Utilization Management

Policy: Non-surgical treatment of overweight or obese individuals, as defined by body mass index (BMI), is reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to define circumstances under which treatment for weight loss is covered.

Procedure:

1. Definitions

   a. The National Institutes of Health (NIH) definition of overweight (ICD-9 278.02; ICD-10 E66.3) is a BMI over 25 and below 30.

   b. The NIH definition of obesity (ICD-9 278.00; ICD-10 E66.09, E66.1, E66.8, E66.9) is a BMI greater than 30 and less than 35.

   c. The NIH definition of morbid obesity (ICD-9 278.01; ICD-10 E66.01) is a BMI ≥35.

2. Surgical treatment of morbid obesity (bariatric surgery) is the subject of a separate policy (Gastric Bypass and Other Bariatric Surgical Procedures).

3. If the SPD covers non-surgical management of the overweight, obese, or morbidly obese individual, consideration for coverage requires reporting, by the treating physician, of the individual’s age, height, weight, BMI, and other weight loss measures that have not succeeded, as part of the documentation of medical necessity of treatment.
4. If the SPD requires the presence of relevant co-morbidity to permit coverage of non-surgical treatment of overweight, obese, or morbidly obese individuals, (including but not limited to hypertension, diabetes, dyslipidemia, Pickwickian syndrome), the presence of these conditions must be included as part of the documentation of medical necessity of treatment.

5. Non-surgical weight loss treatment includes, but is not limited to, nutritional counseling (when covered by the SPD), and pharmacotherapy (including, but not limited to phentermine (Adipex-P), orlistat (Xenical), phentermine/topimirate (Qsymia), Naltrexone/bupropion (Contrave), lorcaserin (Belviq), Liraglutide (Saxenda).

6. Pharmacotherapy will be authorized for no more than three months at a time. Individuals who are overweight (BMI > 25 and < 30) must have a documented comorbidity (including but not limited to hypertension, coronary artery disease, congestive heart failure, diabetes, dyslipidemia, Pickwickian syndrome, obstructive sleep apnea) for pharmacotherapy approval.

7. Unless otherwise specified in the SPD, nutritional counseling, whether individual (CPT 97802 [initial], 97803 [re-assessment]) or in a group setting (97804), will be authorized for no more than three months at a time.

8. If the SPD is silent regarding nutritional counseling, or does not specify an allowable number of visits, the number of nutritional counseling visits per calendar year for any form of obesity is limited to 3. (See separate policy Nutritional Counseling.)

9. Renewal of pharmacotherapy and/or nutritional counseling (when additional visits are permitted under the individual SPD) authorization requires a report of the patient’s weight loss. The authorization of pharmacotherapy and/or nutritional counseling for patients who do not lose at least one pound per month will NOT be renewed.

10. Unless specifically mentioned by the individual SPD, nutrition classes supervised by a non-physician provider (HCPCS S9452) are not reimbursable under Plans administered by QualCare, Inc.
References


Original Policy Drafted By/Date: L. Vogel, MD/10/04/99
Approved By/Date: QM Committee 10/26/99
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Approved By/Date: QM Committee/12/07/99
Revised By/Date: B. Fisher, MD/09/11/05
Approved By/Date: QM Committee 02/28/06
Revised By/Date: BFisher, MD 07/12/08
Approved By/Date: QM Committee 09/09/08
Revised By/Date: MMcNeil MD 02/11/11
Approved By/Date: QMC, 02/22/11
Reviewed without Revision By/Date: MMcNeil, MD 01/10/13
Approved By/Date: QM Committee 1/22/13
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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.