MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Medical/ Non-Surgical Weight Management Programs and Services**
Policy Number	**11.01.01**
Category	**Contract Clarification**
Original Effective Date	**07/02/99**
Committee Approval 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, 10/24/19, 10/22/20, 10/28/21, 11/17/22, 11/16/23**
Current Effective Date	**11/16/23**
Archived Date	**08/27/09**
Archive Review Date	**08/26/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14, 08/27/15**
Product Disclaimer	• *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 or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line*

POLICY STATEMENT

I. Commercial Weight Management Programs:
Commercial weight management programs and related services, including but not limited to evaluations by physicians and other qualified healthcare professionals (e.g., physical therapists, occupational therapists), supervision by program personnel, laboratory services, machine tests (e.g., indirect calorimetry), and meal replacement/ready-made foods, 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 Behavior Lifestyle Counseling/Intervention Programs and Medical Weight Management Programs:
Based upon our criteria and assessment of the peer-reviewed literature, an intensive lifestyle counseling/intervention program or medical weight management program, provided by an appropriately licensed provider to promote a healthful diet and physical activity in adults aged 18 years and older, is considered **medically appropriate** when the patient meets the criteria in A. **or** B. **and** the criteria in C., D., and E. below:

A. The patient has a body mass index (BMI) greater than or equal to 25 kg/m2 **AND** meets 1 or 2 below:
   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 or dyslipidemia: defined as total cholesterol greater than 200 mg/dL, low density lipoprotein (LDL) cholesterol greater than 130 mg/dL, high density lipoprotein (HDL) cholesterol less than 40 mg/dL, and/or triglycerides greater than 150 mg/dL.

d. metabolic syndrome (also referred to as insulin resistance syndrome or syndrome X), defined as **three (3) or more** of the following risk factors:
   i. abdominal obesity with 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 or drug treatment for elevated triglycerides;
   iii. HDL cholesterol less than 50 mg/dL in women or 40 mg/dL for men or drug treatment for low HDL cholesterol;
   iv. blood pressure greater than or equal to 130/85 mmHg or drug treatment for elevated blood pressure;
   v. fasting blood glucose greater than or equal to 100 mg/dL (5.6 mmol/L) or drug treatment for elevated fasting glucose levels, or a hemoglobin A1C between 5.7 to 6.4 percent;

e. is a current smoker; **OR**

B. The patient has a 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**

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 a change in lifestyle.

III. Intensive/High-Intensity Behavior Lifestyle Counseling/Intervention Programs and Medical Weight Management Programs:

Based upon our criteria and assessment of the peer-reviewed literature, an intensive lifestyle counseling/intervention program or medical weight management program, provided by an appropriately licensed provider to promote a healthful diet and physical activity in children/adolescents aged 6 to 18 years of age, is considered **medically appropriate** when the patient meets the criteria in A. **or** B. **and** the criteria in C. below:

A. The patient has an age- and sex-specific body mass index (BMI) at or above the 85th percentile and below the 95th percentile **and** meets 1 **or** 2 below:
   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 or dyslipidemia: defined as total cholesterol greater than 200 mg/dL, low density lipoprotein (LDL) cholesterol greater than 130 mg/dL, high density lipoprotein (HDL) cholesterol less than 40 mg/dL, and/or triglycerides greater than 150 mg/dL.
      d. metabolic syndrome (also referred to as insulin resistance syndrome or syndrome X), defined as three (3) or more of the following risk factors:
         i. with 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 or drug treatment for elevated triglycerides;
         iii. HDL cholesterol less than 50 mg/dL in women or 40 mg/dL for men or drug treatment for low HDL cholesterol;
         iv. blood pressure greater than or equal to 130/85 mmHg or drug treatment for elevated blood pressure; and/or
         v. fasting blood glucose greater than or equal to 100 mg/dL (5.6 mmol/L) or drug treatment for elevated fasting glucose levels, or glycated hemoglobin (A1C) between 5.7 to 6.4 percent; or
      e. is a current smoker; **OR**

B. The patient has an age- and sex-specific BMI greater than or equal to 120% of the 95th percentile or BMI greater than or equal to 35 kg/m^2, whichever is lower based on age and sex; **AND**

C. The patient is competent and alert and exhibits motivation and a readiness for a change in lifestyle.

Refer to Corporate Medical Policy #1.01.49 Telemedicine and Telehealth

Refer to Corporate Medical Policy #8.01.18 Nutritional Therapy/Nutritional Counseling

Refer to the Corporate Pharmacy Management Drug Policy #Pharmacy-03 Weight Management Policy

POLICY GUIDELINES

I. For services to be considered for coverage, 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 dieticians, and certified nutritionists) who have an unrestricted New York State license **and** are credentialed by the Health Plan.

II. The frequency and intensity of visits for intensive/high-intensity lifestyle counseling programs that are considered to be appropriate are:
   A. One face-to-face visit every week for the first month;
   B. One face-to-face visit every other week for months two through six; and
   C. Face-to-face visit every month for months seven through 12 if the patient achieves a 3 kg (6.6 lbs.) weight loss during the first six months.

III. Readiness for change is measured utilizing standardized instruments, including but not limited to Motivational Interviewing (MI), the University of Rhode Island Change Assessment scale (URICA), the S-Weight and P-Weight questionnaires, or the Decisional Balance Inventory (DBI).

DESCRIPTION

Obesity and being overweight are chronic diseases and major health problems in the United States. In 2018, The Obesity Society (TOS) issued a position statement presenting obesity as a noncommunicable chronic disease and acknowledging the emerging obesity epidemic and accompanying health consequences (Jastreboff et al., 2019).

In 2022, TOS and other leading US organizations (the Obesity Action Coalition, the Obesity Medicine Association, the American Society for Metabolic and Bariatric Surgery, the Stop Obesity Alliance, and the Academy of Nutrition and Dietetics) issued a consensus statement on obesity indicating:

- Obesity is a highly prevalent chronic disease characterized by excessive fat accumulation or distribution that presents a risk to health and requires lifelong care. Virtually every system in the body is affected by obesity. Major chronic diseases associated with obesity include diabetes, heart disease, and cancer.
- The body mass index (weight in kg/height in meters2) is used to screen for obesity, but it does not displace clinical judgement. BMI is not a measure of body fat. Social determinants, race, ethnicity, and age may modify the risk associated with a given BMI.
- Bias and stigmatization directed at people with obesity contributes to poor health and impairs treatment.
- Every person with obesity should have access to evidence-based treatment.

Overweight is defined as a BMI of 25 to 29.9 kg/m2; obesity is defined as a BMI of ≥30 kg/m2. Severe obesity is defined as a BMI ≥40 kg/m2 (or ≥35 kg/m2 in the presence of comorbidities). The medical rationale for weight loss in people with obesity is that obesity is a disease associated with a significant increase in mortality and many health risks (e.g., type 2 diabetes mellitus [T2DM], hypertension, dyslipidemia, and coronary heart disease). The higher the BMI, the greater the risk of morbidity and mortality. The relationship between BMI and mortality is likely to be similar for all races and ethnicities, but the minimal BMI where excess risk is seen may differ (Perreault and Apovian 2023).

Medical/non-surgical weight management programs and related services are designed to help people lose weight.

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 six months. However, long-term weight loss is generally not sustainable with many people, who successfully lose weight, only to regain it within five years.

Intensive counseling programs for obesity, also known as intensive lifestyle intervention (ILI) or intensive health behavior and lifestyle treatment (IHBLT), aim to achieve body mass reduction or the attenuation of excessive weight. It involves visits of sufficient frequency and intensity to facilitate sustained healthier eating and physical activity habits. The most consistently effective programs deliver 26 or more hours of face-to-face, counseling on nutrition and physical activity over at least a 3- to 12- month period. For children, the American Academy of Pediatrics (AAP) recommends family-

based counseling interventions, as this approach has proven more effective in achieving and sustaining child BMI reduction than interventions that target the child without including family (Hampl et al., 2023).

Intensive counseling and lifestyle intervention programs include multiple comprehensive behavioral management activities, in individual and group sessions, that focus on increasing healthful food consumption, participating in physical activity for enjoyment and self-care reasons, and improving overall self-esteem and self-concept. Programs include, but not limited to 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 mission of U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in prevention and evidence-based medicine, is to improve the health of people nationwide by making evidence-based recommendations on clinical preventive services and health promotion in primary care settings. The USPSTF acknowledges that effective intensive behavioral interventions 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 one to two years, and the majority had 12 or more sessions in the first year. To inform the USPSTF, LeBlanc et al. (2018) performed a systematic review of the evidence on the benefits and harms of behavioral and pharmacotherapy weight loss and weight loss maintenance in adults. A total of 122 randomized, controlled trials and two 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 concluded that 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 both recommend advising overweight and obese individuals who would benefit from weight loss to participate in a comprehensive lifestyle program lasting six months or more that assists participants in adhering to a lower-calorie diet and in increasing physical activity through the use of behavioral strategies (Jensen et al., 2013). The guidelines also recommend prescribing on-site, high intensity (i.e., 14 or more sessions in six months) comprehensive weight loss interventions provided in individual or group sessions by a trained interventionist (Grade A, Strong, rating).

Using gold standard methods, the USPSTF systematically reviewed the evidence on preventive services and has published recommendations related to obesity and weight loss in children and adults.

- Recommending that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status (Grade: B, moderate net benefit) (USPSTF, 2017).
- Recommending that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (to intensive, multicomponent behavioral interventions (Grade: B, moderate net benefit) (USPSTF, 2018).
- Recommending that clinicians offer or refer adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity (Grade: B, moderate net benefit) (USPSTF, 2020).

- Recommending that clinicians individualize the decision to offer or refer adults without cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity (Grade: C, small net benefit) (USPSTF, 2022).

In 2023, the American Academy of Pediatrics (AAP) published its first clinical practice guideline outlining evidence-based evaluation and treatment of children and adolescents (ages 2 to 18) with overweight and obesity (Hampl et al., 2023). AAP recommendations include:

- Children 2 to 18 years of age with overweight (BMI ≥ 85th percentile to <95th percentile) and obesity (BMI ≥ 95th percentile) should be evaluated for obesity-related comorbidities by using a comprehensive patient history, mental and behavioral health screening, SDoH evaluation, physical examination, and diagnostic studies (Grade B recommendation).
- Children 10 years of age and older should be evaluated for lipid abnormalities, abnormal glucose metabolism, and abnormal liver function in children and adolescents with obesity (BMI ≥ 95th percentile), and for lipid abnormalities in children and adolescents with overweight (BMI ≥ 85th percentile to <95th percentile) (Grade B recommendation).
- Children 10 years of age and older with overweight (BMI ≥ 85th percentile to <95th percentile) may be evaluated for abnormal glucose metabolism and liver function in the presence of risk factors for T2DM or NAFLD (Grade C recommendation).
- Children 2 to 9 years of age with obesity (BMI ≥ 95th percentile) may be evaluated for lipid abnormalities (Grade C recommendation).

- Children and adolescents should be treated for overweight (BMI ≥ 85th percentile to <95th percentile) or obesity (BMI ≥ 95th percentile) and comorbidities concurrently (Grade A recommendation).
  - Children 6 years and older (Grade B) and children 2 through 5 years of age (Grade C) with overweight (BMI ≥ 85th percentile) should be offered or referred to intensive health behavior and lifestyle treatment.

Although the structure and underlying principles of the primary care-based and intensive health behavior and lifestyle programs share multiple similarities with eating disorder programs, the AAP acknowledges that published literature refutes concerns that have been raised as to whether diagnosis and treatment of obesity may inadvertently place excess attention on eating habits, body shape, and body size and lead to disordered eating patterns as children grow into adulthood (Hampl et al., 2023).

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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No specific codes	

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HCPCS Codes

Code	Description
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes

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, Lifestyle modification, Intensive lifestyle intervention, Metabolic syndrome.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Treatment of Obesity (40.5). Please refer to the following NCD website for Medicare Members [https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=38&KeyWord=obesity&KeyWordLookUp=Title&KeyWordSearchType=And] accessed 09/28/23.

There is currently a National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity (210.12). Please refer to the following NCD website for Medicare Members: [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=gAAAABAAAAAAAA%3d%3d&] accessed 09/28/23.

There is currently a Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00423N). Please refer to the following NCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAAIAAA&NCAId=253&] accessed 09/28/23.