

# 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	07/02/99
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, 10/24/19
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• 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.</li> </ul>

## 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 and medical weight management programs:

Based on our criteria and review of the peer-reviewed literature, an intensive lifestyle counseling program or medical weight management 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/m<sup>2</sup>; 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, 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: defined as three (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 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
- e. is a current smoker; OR

## **Medical Policy: MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES**

**Policy Number: 11.01.01**

**Page: 2 of 6**

- B. The patient has a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>; 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 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.*

*Refer to Corporate Medical Policy # 8.01.18 regarding Nutritional Therapy/Nutritional Counseling.*

*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; and
  - 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

**Medical Policy: MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES**

**Policy Number: 11.01.01**

**Page: 3 of 6**

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 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**

<b>Code</b>	<b>Description</b>
	No specific codes

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**HCPCS Codes**

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

**Medical Policy: MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES**

**Policy Number: 11.01.01**

**Page: 4 of 6**

**ICD10 Codes**

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

**REFERENCES**

Ackermann RT, et al. A randomized comparative effectiveness trial for preventing type 2 diabetes. Am J Public Health 2015 Nov;105(11):2328-34.

Alonso A, et al; Look AHEAD Research Group. Effect of an intensive lifestyle intervention on atrial fibrillation risk in individuals with type 2 diabetes: the Look AHEAD randomized trial. Am Heart J 2015 Oct;170(4):770-777.e5.

Ceccarini M, et al. Assessing motivation and readiness to change for weight management and control: an in-depth evaluation of three sets of instruments. Front Psychol 2015 May;6:511.

Centers for Disease Control and Prevention (CDC). Division of Heart Disease and Stroke Prevention. Cholesterol fact sheet. Last updated 2015 Apr 30 [[http://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_cholesterol.htm](http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_cholesterol.htm)] accessed 5/10/19.

Centers for Disease Control and Prevention (CDC). Obesity and overweight: home. Last updated 2019 Apr 1 [<http://www.cdc.gov/nccdphp/dnpa/obesity/>] accessed 5/10/19.

\*Danzinger ML, et al. Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial. JAMA 2005 Jan 5;293(1):43-53.

Diabetes Prevention Program Outcomes Study Research Group, Orchard TJ, et al. Long-term effects of the Diabetes Prevention Program interventions on cardiovascular risk factors: a report from the DPP Outcomes Study. Diabet Med 2013 Jan;30(1):46-55.

Dutton GR and Lewis CE. The Look AHEAD trial: implications for lifestyle intervention in type 2 diabetes mellitus. Prog Cardiovasc Dis 2015 Jul-Aug;58(1):69-75.

Espeland MA, et al; Look AHEAD Research Group; ACCORD Study Group. Systolic blood pressure control among individuals with type 2 diabetes: a comparative effectiveness analysis of three interventions. Am J Hypertens 2015 Aug;28(8):995-1009.

Herman WH, et al; Diabetes Prevention Program Research Group. Effectiveness and cost-effectiveness of diabetes prevention among adherent participants. Am J Manag Care 2013;19(3):194-202.

Houston DK, et al; Action for Health in Diabetes (Look AHEAD) Movement and Memory Ancillary Study Research Group. A long-term intensive lifestyle intervention and physical function: the look AHEAD Movement and Memory Study. Obesity (Silver Spring) 2015 Jan;23(1):77-84.

Jensen, MD, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Circulation 2014;129(suppl 2):S102–S138.

Katula JA, et al. The Healthy Living Partnerships to Prevent Diabetes study: 2-year outcomes of a randomized controlled trial. Am J Prev Med 2013 Apr;44(4 Suppl 4):S324-32.

Look AHEAD Research Group. Eight-year weight losses with an intensive lifestyle intervention: the look AHEAD study. Obesity (Silver Spring) 2014 Jan;22(1):5-13.

\*LeBlanc ES, et al. Behavioral and pharmacotherapy weight loss interventions to prevent obesity-related morbidity and mortality in adults. JAMA 2018;320(11):1172-1191.

## **Medical Policy: MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES**

**Policy Number: 11.01.01**

**Page: 5 of 6**

Mottalib A, et al. Diabetes remission after nonsurgical intensive lifestyle intervention in obese patients with type 2 diabetes. J Diabetes Res 2015;2015:468704.

\*National Cholesterol Education Program. Third report of the National Cholesterol Education Program (NCEP) Expert Panel on detection, evaluation and treatment of high cholesterol in adults (adult treatment panel III). Final report. Circulation 2002;106(25):3143-3421 [<http://circ.ahajournals.org/content/106/25/3143.short?rss=1&ssource=mfc>] accessed 5/10/19.

\*National Heart, Lung, and Blood Institute. National Cholesterol Education Program. Third report of the National Cholesterol Education Program expert panel on detection, evaluation, and treatment of high blood cholesterol in adults. NIH Publication No. 01-3670. Bethesda, MD. 2001 [<http://www.nhlbi.nih.gov/files/docs/guidelines/atp3xsum.pdf>] accessed 5/10/19.

\*National Institutes of Health. National Heart, Lung, and Blood Institute. The practical guide: identification, evaluation, and treatment of overweight and obesity in adults. Publication No. 00-4084. 2000 Oct. [[http://www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf)] accessed 5/10/19.

Sharp WG, et al. A Systematic Review and Meta-Analysis of Intensive Multidisciplinary Intervention for Pediatric Feeding Disorders: How Standard Is the Standard of Care? J Pediatr 2017 Feb;181:116-124.e4.

Sosner, P, et al. Net blood pressure reduction following 9 months of lifestyle and high-intensity interval training intervention in individuals with abdominal obesity. J Clin Hypertens (Greenwich) 2016 Nov;18(11):1128-1134.

Unick JL, et al; Look AHEAD Research Group. Evaluation of early weight loss thresholds for identifying nonresponders to an intensive lifestyle intervention. Obesity (Silver Spring) 2014 Jul;22(7):1608-16.

Unick JL, et al; Look AHEAD Research Group. The long-term effectiveness of a lifestyle intervention in severely obese individuals. Am J Med 2013 Mar;126(3):236-42, 242.e1-2.

U.S. Preventive Services Task Force. Healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: behavioral counseling. 2014 Aug [<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/healthy-diet-and-physical-activity-counseling-adults-with-high-risk-of-cvd>] accessed 5/10/19.

U.S. Preventive Services Task Force. Weight loss to prevent obesity-related morbidity and mortality in adults: behavioral interventions. 2018 Sep [<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-interventions1>] accessed 5/10/19.

Webb VL, et al. Intensive Lifestyle Intervention for Obesity: Principles, Practices, and Results. Gastroenterology 2017 May;152(7):1752-1764.

Wing RR; Look AHEAD Research Group. Implications of Look AHEAD for clinical trials and clinical practice. Diabetes Obes Metab 2014 Dec;16(12):1183-91.

Yoon U, et al. Efficacy of lifestyle interventions in reducing diabetes incidence in patients with impaired glucose tolerance: a systematic review of randomized controlled trials. Metabolism 2013 Feb;62(2):303-14.

\*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 Treatment of Obesity. Please refer to the following NCD website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd->

**Medical Policy: MEDICAL/ NON-SURGICAL WEIGHT MANAGEMENT PROGRAMS and SERVICES**

**Policy Number: 11.01.01**

**Page: 6 of 6**

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There is currently a National Coverage Determination (NCD) for Intensive Behavioral Therapy for Obesity. 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=gAAAABAAAAAAA%3d%3d&>

There is currently a Decision Memo for Intensive Behavioral Therapy for Obesity. 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=ACAAAAAIAAA&NCAId=253&>