

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 12/20/22
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 12/16/22
<b>Clinical Policy Document:</b> Physician Directed/Medically Supervised Weight Loss Programs	<b>Replaces Effective Clinical Policy Dated:</b> 01/13/22
<b>Reference #:</b> MP/W001	<b>Page:</b> 1 of 5

**PURPOSE:**

The intent of this clinical policy is to provide coverage guidelines for *physician directed/medically supervised weight loss programs*.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**COVERAGE:**

- I. Documentation of *obesity* – one of the following: A or B
  - A. Adults (greater than 20 years of age) – *BMI* is equal to or greater than 30; or
  - B. Children (from 2 to 20 years of age) – *BMI-for-age* greater than or equal to the 95th percentile (see Attachments A and B).
- II. Physician is directly involved in the *physician directed/medically supervised weight loss program* including directly managing or referring to other health care professionals for, but not limited to, any of the following: A - C
  - A. Bariatric surgery (see Medical Criteria: Bariatric Surgery for Obesity MC/H003)
  - B. Nutritional counseling (see Medical Policy: Nutritional Counseling MP/N002)
  - C. Prescription weight loss medications

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description

Either of the following: I or II

- I. Commercial weight loss programs
- II. Food, food products, or food supplements from or related to commercial weight loss programs, such as but not limited to, Jenny Craig, MediFast, or Nutrisystem®

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**DEFINITIONS:****Body Mass Index (BMI):**

Provides a more accurate assessment of total body fat than weight alone. Formula for calculating BMI:  
 $BMI = \text{weight (kg)} / \text{height squared (m}^2\text{)}$  OR  $BMI = [\text{weight (lbs)} \times 703] / \text{height squared (in}^2\text{)}$

**Obesity:**

For adults, body mass index (BMI) greater than or equal to 30. In children, the amount of body fat changes with age, and differs between girls and boys. To account for these differences, BMI-for-age is plotted on gender specific growth charts by the Center for Disease Control (CDC). These charts are used for children and teens 2 – 20 years of age (Attachments A and B).

**Physician directed/medically supervised weight loss program:**

A program actively directed by the member's primary physician for the member's comprehensive medical care, including but not limited to; in-office consultations, evaluation of motivation for weight loss, laboratory services, nutritional counseling targeting weight loss and healthy eating, setting goals for physical activity, assessment for and management of comorbid conditions, and pharmacological therapy.

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## REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: Nutritional Counseling MP/N002
4. Clinical Policy: Bariatric Surgery for Obesity MC/H003
5. Centers for Disease Control (CDC). About Child & Teen BMI. Last Review: September 24, 2022. Retrieved from [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html). Accessed 12-12-22.
6. Centers for Disease Control (CDC). 2 to 20 years: Boys Body mass index-for-age percentiles. 2000. Retrieved from <https://www.cdc.gov/growthcharts/data/set1clinical/cj411023.pdf>. Accessed 12-12-22.
7. Centers for Disease Control (CDC). 2 to 20 years: Girls Body mass index-for-age percentiles. 2000. Retrieved from <https://www.cdc.gov/growthcharts/data/set1clinical/cj411024.pdf>. Accessed 12-12-22.
8. National Institutes of Health (NIH). Managing Overweight and Obesity in Adults. Systematic Evidence Review from the Obesity Expert Panel. 2013. Retrieved from [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/guidelines.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/guidelines.htm). Accessed 12-12-22.

## DOCUMENT HISTORY:

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<b>Reviewed Date:</b> 02/12/07, 02/18/08, 2/9/09, 02/01/10, 02/01/11, 01/10/12, 01/09/13, 01/09/14, 12/30/14, 12/30/15, 12/14/16, 12/14/17, 12/14/18, 12/13/19, 09/28/20, 12/11/20, 12/06/21, 12/06/22
<b>Revised Date:</b> 01/09/13, 02/28/14, 02/23/15

2 to 20 years: Boys  
Body mass index-for-age percentiles

NAME \_\_\_\_\_  
RECORD # \_\_\_\_\_[illegible]



## PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaa jiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳሳቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).



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If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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