

Clinical Policy: Medical Weight Loss Management

Reference Number: IL.CP.MP.518

Last Review Date: 03/21

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Obesity is a significant risk factor for many medical conditions including but not limited to Diabetes, Coronary Heart Disease, Osteoarthritis, etc. Meridian Health Plan (MHP) has many options for members with weight control issues where weight loss would be beneficial in treating their medical problem.

Primary Care Setting	Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services.
Primary Care Provider (PCP)	A primary care provider (PCP) is a health care practitioner who sees people that have common medical problems. This person is most often a doctor. However, a PCP may be a physician assistant or a nurse practitioner.

Policy/Criteria

- I. It is the policy of MeridianHealth affiliated with Centene Corporation® that *medical weight loss management* is **medically necessary** for the following indications:
 - A. Members \geq 18 of age with the exception of mothers who are post-partum.
 - i. The post-partum period is defined as up to 8 weeks after the date of delivery
 - B. Members < 17 clinical review can be submitted if primary care physician is requesting a weight management program.
 - i. R-Team Program – A program comprised of a series of sessions that include interactive educational games as well as instruction on incorporating exercise, healthy food choices and positive body image into everyday life. Participants of the R-Team program and their families will work with a nurse, dietitian, exercise specialist and a wellness coach to learn healthy lifestyle habits This program is limited to members that reside in Oakland, Macomb and Wayne counties. [R-TEAM | MedNetOne](#)
 1. Requirements:
 - a. Kids and Teens 8 and up
 - b. BMI greater than 85 percent
 - c. RTeam Medical Clearance Form: [RTeam Medical Clearance Form](#)
 - C. The adult weight management program consists of (2) 12 week sessions. MHP will provide members with one 12 week session with Weight Watchers. Enrollment in the second session is dependent upon successful completion of the first session. In order to successfully complete each session, the member must:

- i. Have undergone evaluation by their physician to rule out other treatable causes of obesity
 - ii. Start a Weight Watchers program within 30 days of enrolling
 - iii. Lose 5% from their starting weight per session (starting weight is defined as the initial weigh-in of that session at Weight Watchers. End weight is defined as the last weigh-in of that session at Weight Watchers)
 - iv. Attend at least 10 weekly meetings in an authorized session
- D. A member shall only have two 12 week medical weight loss sessions per lifetime. If a session is interrupted due to illness, hospitalization, or issues beyond the member's control, MHP has the right to review the circumstances and either approve or deny further participation in the weight loss program. This includes transportation issues through a MHP issued transportation vendor.
- E. Required Documentation:
 - i. Prior authorization by MHP staff
 - ii. Requires referral by primary care physician
 - iii. Compliance with all medical care, including preventive medical screening and chronic disease management including making physician appointments.
 - iv. Compliance with all medication regimen
 - v. Services must be performed by Plan affiliated or contracted program.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT[®] Codes	Description

HCPCS[®] Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		12/16/11

References

1. American Society for Metabolic and Bariatric Surgery www.asmb.org
2. AACE/TOS/ASMBS Bariatric Surgery Guidelines, American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic and Bariatric Surgery Medical Guidelines for Clinical Practice for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient Endocrine Practice April 2009; Vol 17(Suppl 1): S1-S70
3. AACE/TOS/ASMBS Bariatric Surgery Guidelines, Endocrine Practice, July/August 2008; Vol 14 (Suppl 1)
4. Inge TH et al. Bariatric Surgery for Severely Overweight Adolescents: Concerns and Recommendations. Pediatrics July 2004; 114:217-223
5. Bauchowitz et al. American Psychosomatic Society, Psychosocial Evaluation of Bariatric Surgery Candidates: A Survey of Present Practices, Psychosomatic Medicine 67:825-832 (2005)
6. Snyder, Allison, The Ochsner Journal, Psychological Assessment of the Patient Undergoing Bariatric Surgery, 2009
7. Franks, S and Kaiser, K., Clinical Focus, Predictive Factors in Bariatric Surgery Outcomes: What is the Role of the Preoperative Psychological Evaluation?, Primary Psychiatry 2008
8. MAHP Bariatric Surgery Guidelines for Coverage. Michigan Association of Health Plans (2010).
9. UpToDate. "Obesity in Adults: Overview of Management." May, 2017.
10. State of Illinois Contract between the Department of Healthcare and Family Services and Meridian Health Plan of Illinois, 2018-24-601, Preauthorization and Concurrent Review Requirements, 1.1.2.3.3

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health

plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria

set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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