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Medical Policy

Weight Management

Policy Number: 1102

Policy History			
Approve Date:	01/01/2020	Effective Date:	01/01/2020
Reviewed/Revised Dates:	01/03/2020		

Preauthorization	
ETF Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.

Policy

Indications of Coverage

This medical policy addresses coverage of services if the individual is a potential candidate for bariatric surgery (see Bariatric Surgery Medical Policy 1101). Coverage is not available for Weight Loss Programs except when in conjunction with the Bariatric Surgery Medical Policy when bariatric surgery is not excluded by the specific insurance plan under which the individual has coverage.

Weight loss medications are not covered by the health plan, check with Navitus for possible coverage of weight loss medications.

I. Clinical Supervision of weight reduction programs associated with accredited bariatric surgery center as identified by the American Society for Metabolic and Bariatric Surgery (ASMBS) within individual's network – up to a combined limit of 26 individual or group visits per 12 month period is considered medically necessary for weight reduction counseling in adults who are obese (as defined as a BMI 35 or greater). The number of medically necessary visits for obese children (as defined as a BMI 35 or greater) are left to the discretion of the child's physician and approved by the health plan.
   A. The following services are considered medically necessary for the evaluation of overweight or obese individuals:
      i. Complete blood count
      ii. Comprehensive history and physical
      iii. Dexamethasone suppression test and 24 hour urinary free cortisol measures if symptoms suggest Cushing's syndrome
      iv. Electrocardiogram (EKG) – adult
      v. Glucose tolerance test
      vi. Hand x-ray for bone age – child
      vii. Lipid profile (total cholesterol, HDL-C, triglycerides)
      viii. Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) SMA 20
      ix. Thyroid function testes (T3, T4, TSH)

B. The following services for weight management are excluded:
   i. Body plethysmography (diagnostic study)
   ii. Low-level laser therapy
   iii. Dual-energy x-ray (DEXA) body composition (diagnostic study)
   iv. Fat mass and obesity-associated (FTO) genotyping
   v. Gastric stimulation
   vi. Human chorionic gonadotropin (HCG) or vitamin injections for weight loss
   vii. Indirect calorimetry (also known as oxygen update analysis) (diagnostic study)
   viii. Normobaric hypoxic conditioning.
   ix. Whole body calorimetry
   x. Composition and whole body bioimpedance analysis

II. In addition to those interventions that are covered under your policy, there are other interventions or lifestyle activities that you may wish to pursue or may be recommended by a physician or health care professional that are not covered. Examples of these activities include, but are not limited to:
   A. Exercise programs
   B. Exercise equipment
   C. Health club memberships
   D. Acupuncture
   E. Rice diet or other special diet supplements (e.g. amino acid supplements, keto supplements, Optifast liquid protein meals, Nutrisystem pre-packaged foods, Medifast foods or phytotherapy)
   F. Weight Watchers, Jenny Craig, Diet Center, Zone diet or similar programs
   G. Prepackaged food supplements or substitutes and grocery items are generally excluded from coverage. Diagnostic tests required by, for or as a result of non-covered weight loss programs (e.g., those not requiring physician supervision) are not covered

III. In addition hospital confinement and day treatment programs are not considered medically necessary and therefore not covered for a weight reduction program.

References

The above policy is based on the following references:

1. American Obesity Association, C. Everett Koop Foundation, and Shape Up America! Guidance for treatment of adult obesity. Bethesda, MD: Shape Up America!; October 1996. Available at: http://www.shapeup.org/sua. Accessed March 16, 2000.
2. Bra GA, Gray DS. Obesity. Part I. Pathogenesis. West J Med. 1988;149:429-441.
3. National Task Force on the Prevention and Treatment of Obesity, National Institutes of Health. Very low-calorie diets. JAMA. 1993;270:967-974.
4. National Task Force on the Prevention and Treatment of Obesity, National Institutes of Health. Long-term pharmacotherapy in the management of obesity. JAMA. 1996;276:1907-1915.
5. Foster DW. Gain and loss in weight. In: Harrison's Principles of Internal Medicine. 14th ed. AS Fauci, E Braunwald, KJ Isselbacher, et al., eds. New York, NY: McGraw-Hill; 1998:244-246.
6. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Nutrition and your health: Dietary guidelines for Americans. 3rd ed. Home and Garden Bulletin. No. 232. Washington, DC: U.S. Government Printing Office; 1990.
7. No author listed. Weight control. In: Introductory Nutrition and Diet Therapy. 2nd ed. MM Eschleman, ed. Philadelphia, PA: J.B. Lippincott Co. ;1991;368.
8. Scheen AJ, Desaive C, Lefebvre PJ. Therapy for obesity--today and tomorrow. Baillieres Clin Endocrinol Metab. 1994;8(3):705-727.
9. Bjorntorp P. Treatment of obesity. Int J Obes Relat Metab Disord. 1992;16(suppl 3):S81-S84.

10. Mosby-Year Book, Inc. Mosby's GenRx: The Complete Reference for Generic and Brand Drugs. 8th ed. St. Louis, MO: Mosby; 1998.
11. U.S. Department of Health and Human Services, National Institutes of Health (NIH). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Bethesda, MD: NIH; June 1998.
12. Shepherd TM. Effective management of obesity. J Fam Pract. 2003;52(1):34-42.
13. Heshka S, Anderson JW, Atkinson RL, et al. Weight loss with self-help compared with a structured commercial program: A randomized trial. JAMA. 2003;289(14):1792-1798.
14. NHS Centre for Reviews and Dissemination (CRD). The prevention and treatment of childhood obesity. Effective Health Care. York, UK: CRD; 2002; 7(6).
15. U.S. Preventive Services Task Force. Screening for obesity in adults: Recommendations and rationale. Ann Intern Med. 2003;139(11):930-932.
16. U.S. Preventive Services Task Force. Behavioral counseling in primary care to promote a healthy diet: Recommendations and rationale. Am J Prev Med. 2003;24(1):93-100.
17. U.S. Preventive Services Task Force. Behavioral counseling in primary care to promote physical activity: Recommendation and rationale. Ann Intern Med. 2002;137(3):205-207.
18. American Gastroenterological Association medical position statement on obesity. Gastroenterology. 2002;123(3):879-881.
19. McTigue K, Harris R, Hemphill MB, et al. Screening and interventions for overweight and obesity in adults. Preventive Services Task Force Systematic Evidence Review No. 21. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2003.
20. Jain A. What works for obesity? A summary of the research behind obesity interventions. London, UK: BMJ Publishing Group Ltd.; April 30, 2004.
21. Institute for Clinical Systems Improvement (ICSI). Diet programs for weight loss in adults. Technology Assessment Report No. 83. Bloomington, MN: ICSI; August 2004.
22. Avenell A, Broom J, Brown TJ, et al. Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement. Health Technol Assess. 2004;8(21): iii-iv, 1-182.
23. Pittler MH, Ernst E. Dietary supplements for body-weight reduction: A systematic review. Am J Clin Nutr. 2004;79(4):529-536.
24. Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA); 2004;7(6).
25. Day P. What is the evidence for the safety and effectiveness of surgical and non-surgical interventions for patients with morbid obesity? NZHTA Technical Brief Series. Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA); 2005;4(1).
26. Institute for Clinical Systems Improvement (ICSI). Diet programs for weight loss in adults. Technology Assessment Report No. 83. Bloomington, MN: ICSI; March 2004.
27. Institute for Clinical Systems Improvement (ICSI). Behavioral therapy programs for weight loss in adults. Technology Assessment Report No.87. Bloomington, MN: ICSI; January2005.
28. Institute for Clinical Systems Improvement (ICSI). Treatment of obesity in children and adolescents. Technology Assessment Report No.90. Bloomington, MN: ICSI; 2005.
29. McTigue K M, Hess R, Ziouras J. Diagnosis and treatment of obesity in the elderly. Health Technology Assessment. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); December 18, 2003.
30. College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Circulation. 2014;129(25 Suppl 2):S102-S138.
31. National Institute for Health and Care Excellence (NICE). Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults. NICE Clinical Guidance No. 189. London, UK: NICE; November 2014.
32. Gibson AA, Seimon RV, Lee CM, et al. Do ketogenic diets really suppress appetite? A systematic review and meta-analysis. Obes Rev. 2015;16(1):64-76.

33. McDoniel SO, Nelson HA, Thomson CA. Employing RMR technology in a 90-day weight control program. Obes Facts. 2008;1(6):298-304.
34. Livingstone KM, Celis-Morales C, Lara J, et al. Associations between FTO genotype and total energy and macronutrient intake in adults: A systematic review and meta-analysis. Obes Rev. 2015;16(8):666-678.