



**Subject:** **Weight Loss Treatment (non-surgical)\***

**Effective Date:** **October 26, 1999**

**Department(s):** **Utilization Management**

---

**Policy:** Non-surgical treatment of overweight or obese individuals, as defined by body mass index (BMI), is reimbursable under Plans administered by QualCare, Inc.

**Objective:** To provide proper and consistent reimbursement and to define circumstances under which treatment for weight loss is covered.

**Procedure:**

1. Definitions
  - a. The National Institutes of Health (NIH) definition of overweight (**ICD-9 278.02; ICD-10 E66.3**) is a BMI over 25 and below 30.
  - b. The NIH definition of obesity (**ICD-9 278.00; ICD-10 E66.09, E66.1, E66.8, E66.9**) is a BMI greater than 30 and less than 35.
  - c. The NIH definition of morbid obesity (**ICD-9 278.01; ICD-10 E66.01**) is a BMI  $\geq 35$ .
2. Surgical treatment of morbid obesity (bariatric surgery) is the subject of a separate policy (Gastric Bypass and Other Bariatric Surgical Procedures).
3. If the SPD covers non-surgical management of the overweight, obese, or morbidly obese individual,

consideration for coverage requires reporting, by the treating physician, of the individual's age, height, weight, BMI, and other weight loss measures that have not succeeded, as part of the documentation of medical necessity of treatment.

4. If the SPD requires the presence of relevant comorbidity to permit coverage of non-surgical treatment of overweight, obese, or morbidly obese individuals, (including but not limited to hypertension, diabetes, dyslipidemia, Pickwickian syndrome), the presence of these conditions must be included as part of the documentation of medical necessity of treatment.
5. Non-surgical weight loss treatment includes, but is not limited to, nutritional counseling (when covered by the SPD), and pharmacotherapy (including, but not limited to phentermine (Adipex-P), orlistat (Xenical), phentermine/topiramate (Qsymia), Naltrexone/bupropion (Contrave), lorcaserin (Belviq), Liraglutide (Saxenda).
6. Pharmacotherapy will be authorized for no more than three months at a time. Individuals who are overweight ( BMI > 25 and < 30) must have a documented comorbidity (including but not limited to hypertension, coronary artery disease, congestive heart failure, diabetes, dyslipidemia, Pickwickian syndrome, obstructive sleep apnea) for pharmacotherapy approval.
7. Unless otherwise specified in the SPD, nutritional counseling, whether individual (**CPT 97802 [initial], 97803 [re-assessment]**) or in a group setting (**97804**), will be authorized for no more than three months at a time.
8. If the SPD is silent regarding nutritional counseling, or does not specify an allowable number of visits, the

number of nutritional counseling visits per calendar year for any form of obesity is limited to 3. (See separate policy Nutritional Counseling.)

9. Renewal of pharmacotherapy and/or nutritional counseling (when additional visits are permitted under the individual SPD) authorization requires a report of the patient's weight loss. The authorization of pharmacotherapy and/or nutritional counseling for patients who do not lose at least one pound per month will NOT be renewed.

10. Unless specifically mentioned by the individual SPD, nutrition classes supervised by a non-physician provider (**HCPCS S9452**) are not reimbursable under Plans administered by QualCare, Inc.

#### References

Pi-Sunyer FX, Sullivan DJ, eds. Obesity in Adults: Drug Therapy. Uptodate, Version 43.0. Updated January 10, 2018. Accessed at uptodate.com

Khera R, Murad MH, Chandar AK, Dulai PS, et al. Association of Pharmacological Treatments for Obesity With Weight Loss and Adverse Events: A Systematic Review and Meta-analysis. JAMA. 2016;315(22):2424-34(June)

Mitchell LJ, Ball LE, Ross LJ, Barnes KA, Williams LT. Effectiveness of Dietetic Consultations in Primary Health Care: A Systematic Review of Randomized Controlled Trials. J Acad Nutr Diet. 2017;117(12):1941-1962(Dec)

Montesi L, El Ghoch M, Brodosi L, Calugi S, Marchesini G, Dalle Grave R. Long-term weight loss maintenance for obesity: a multidisciplinary approach. Diabetes Metab Syndr Obes. 2016;9:37-46(Feb)

Bray GA, Pi-Sunyer FX. Obesity in Adults: Drug Therapy. UpToDate. Version 38.0 Updated March 25, 2016. Accessed at uptodate.com

Pi-Sunyer X, Astrup A, Fujioka K, et al.; SCALE Obesity and Prediabetes NN8022-1839 Study Group. A randomized, controlled trial of 3.0 mg of liraglutide in weight management. N Engl J Med. 2015;373(1):11-22.

Rock C.L., Flatt S.W., Pakiz B., Taylor K.S., et al. Weight loss, glycemic control, and cardiovascular disease risk factors in response to differential diet composition in a weight loss

program in type 2 diabetes: A randomized controlled trial. *Diabetes Care*. 2014;37 (6):1573-1580)

Unick J.L., Beavers D., Bond D.S., Clark J.M et al. The long-term effectiveness of a lifestyle intervention in severely obese individuals. *American Journal of Medicine* 2013;126(3):236-242(Mar)

Kim SH, Abbasi F, Lamendola C, et al. Benefits of liraglutide treatment in overweight and obese older individuals with prediabetes. *Diabetes Care*. 2013;36(10):3276-3282.

U.S Preventive Services Task Force Recommendations. Obesity in Adults: Screening and Management. Release date June 2012 ( update in progress). Accessed at [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org)

U.S Preventive Services Task Force Recommendations. Obesity in Children and Adolescents: Screening. Release date January 2010 ( update in progress). Accessed at [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org)

Ho M, Garnett SP, Baur L, Burrows T, Stewart L, Neve M, Collins C. Effectiveness of Lifestyle Interventions in Child Obesity: Systematic Review With Meta-analysis. *Pediatrics* 2012;130(6):e1647-71(Dec)

Molenaar EA, van Ameijden EJC, Vergouwe Y, Grobbee DE, Numans ME. Effect of nutritional counselling and nutritional plus exercise counselling in overweight adults: a randomized trial in multidisciplinary primary care practice. *Family Practice*. 2010; 27:143-150(Dec)

Bond DS, Phelan S, et al. Weight-loss maintenance in successful weight losers: surgical and non-surgical methods. *Int J Obes (Lond)*. 2009 Jan;33(1):173-180.

Martins C, Strommen M, et al. Bariatric surgery versus Lifestyle Interventions for Morbid Obesity- Changes in Body Weight, Risk Factors and Comorbidities at 1 Year. *Obes Surg*. 2010 Apr 9.[epub ahead of print]

James WP, Caterson ID, et al. Effect of sibutramine on cardiovascular outcomes in overweight and obese subjects. *N Eng J Med*. 2010 Sep2;363(10):-905-17

FDA Drug Safety Communication: FDA recommends against the continued use of Meridia(sibutramine) October 8,2010- accessed online at <http://www.fda.gov/Drugs/DrugSafety/ucm228746.htm>

----Counseling to Promote a Healthy Diet. Ch 56 in Sox HS, Berwick DM, Berg AO, *et al. Guide to Clinical Preventive Services, 2<sup>nd</sup> ed. Report of the U.S. Preventive Services Task Force.* US Department of Health and Human Services. Office of Public Health and Science. Office of Disease Prevention and Health Promotion. 2007.

Guirguis-Blak J, Meyers D, Crichlow R, *et al.* Preventive Health Care. Ch 11 in Rakel RE, ed. *Textbook of Family Medicine* 7<sup>th</sup> ed. Philadelphia. Saunders Elsevier. 2007.

Gilden A, Asch DA, Wadden TA. Insurance Coverage for Obesity Treatment. *J Am Diet Assoc* 2006;106(10):1651-1655

Flier J, Maratos-Flier E. Obesity. Ch 64 in *Harrison's Principles of Internal Medicine* 16<sup>th</sup> ed. New York. McGraw-Hill. 2005. pp 422 ff.

Krebs NF, Jacobson MS, American Academy of Pediatrics Committee on Nutrition. Prevention of pediatric overweight and obesity. *Pediatrics* 2003;112(2):424-430 (Aug)

Lyznicki JM, Young DC, Riggs JA, *et al.* Obesity: assessment and management in primary care. *Am Fam Physician* 2001;63(11):2139, 2145 (Jun 1)

-----Gastrointestinal Surgery for Severe Obesity. Consensus Statement, NIH Consensus Development Conference 1991;9(1):1-20 (March 25-27)

Original Policy Drafted By/Date: L. Vogel, MD/10/04/99

Approved By/Date: QM Committee 10/26/99

Revised: 12/1/99

Approved By/Date: QM Committee/12/07/99

Revised By/Date: B. Fisher, MD/09/11/05

Approved By/Date: QM Committee 02/28/06

Revised By/Date: BFisher, MD 07/12/08

Approved By/Date: QM Committee 09/09/08

Revised By/Date: MMcNeil MD 02/11/11

Approved By/Date: QMC, 02/22/11

Reviewed without Revision By/Date: MMcNeil, MD 01/10/13

Approved By/Date: QM Committee 1/22/13

Revised By/Date: M. McNeil, MD 05/11/16

Approved By/Date: QM Committee 6/21/16

Reviewed w/o Revision By/Date: M. McNeil, MD 03/15/18

Approved By/Date: QM Committee 04/17/18

\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.