

BENEFIT COVERAGE POLICY

Title: BCP-60 Weight Management Services

Effective Date: 07/01/2025

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers weight management services. Coverage is determined by the type of service performed (e.g., lab, office visit, nutritional counseling, behavioral health, etc.).

- A. Weight management services for treatment of obesity or eating disorders (e.g., anorexia, bulimia, binge-eating).
1. Generally described as a two-part process:
 - a. Assessment, including BMI measurement and risk factor identification; and
 - b. Treatment/management.
 2. Obesity management includes primary weight loss, prevention of weight re-gains and the management of associated health risks. During the assessment phase, the individual needs to be prepared for the comprehensive nature of the program, including realistic timelines and goals.
 3. Clinical supervision is an essential component of dietary management. Physicians can also provide clinical oversight and monitoring of what are often complex co-morbid conditions and can select the optimal and most medically appropriate weight management, nutritional and exercise strategies.
 4. Guidelines for coverage of a weight management program:
 - a. A medically supervised weight management program must be provided by a network provider.
 - b. Covered health services include laboratory, EKG, physician office visits, and psychological testing. Food and vitamin supplements are not a covered benefit.
 - c. The Weight Management Program must utilize a multidisciplinary approach, including but not limited to services received from a:
 - i. Physician.
 - ii. Dietitian.

iii. Social worker (MSW).

iv. Psychologist or psychiatrist interested in behavioral modification and eating disorders.

2.0 Background:

Under the medical benefit, the Health Plan covers certain weight management health care services that meet established criteria, supported by clinical evidence, and national standards or guidelines.

According to the National Heart, Lung and Blood Institute (NHLBI), "frequent clinical encounters during the initial six months of weight reduction appear to facilitate reaching the goals of therapy. During the period of active weight loss, regular visits of at least once per month and preferably more often with a health care professional for the purposes of reinforcement, encouragement, and monitoring facilitate weight reduction" (NHLBI, 1998).

Obesity and overweight are defined clinically using the body mass index (BMI). BMI is an objective measurement and is currently considered the most reproducible measurement of total body fat. The NHLBI defines the following classifications as shown in the table below based on BMI. The NHLBI recommends that the BMI should be used to classify overweight and obesity and to estimate relative risk for disease compared to normal weight.

Classification	BMI (kg/m²)
Underweight	< 18.5
Normal weight	18.5–24.9
Overweight	25–29.9
Obesity (Class 1)	30–34.9
Obesity (Class 2)	35–39.9
Extreme Obesity (Class 3)	≥ 40

3.0 Clinical Determination Guidelines:

None.

4.0 Coding

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = N/A; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO = L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
99202-99205; 99211-99215	Outpatient evaluation and management / office or other outpatient services	N	Physician's office visit OR Professional fees for surgical and medical services
97802	Medical nutrition therapy; initial assessment and intervention, individual face-to-face with the patient, each 15 minutes	N	Outpatient therapeutic treatment services- nutritional counseling
97803	Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	N	Outpatient therapeutic treatment services- nutritional counseling
97804	Medical nutrition therapy; group (2 or	N	Outpatient therapeutic

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	more individual(s)), each 30 minutes		treatment services-nutritional counseling
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	N	Outpatient therapeutic treatment services-nutritional counseling
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	N	Outpatient therapeutic treatment services-nutritional counseling
S9449	Weight management classes, non-physician provider, per session	N	Qualified weight management programs; Specific exclusion for ASO group L0002184
S9452	Nutrition classes, non-physician provider, per session	N	Outpatient therapeutic treatment services-nutritional counseling
S9470	Nutritional counseling, dietitian visit	N	Outpatient therapeutic treatment services-nutritional counseling

ICD-10 DIAGNOSIS CODES (not all-inclusive)	
Code	Description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.3	Overweight
E66.9	Obesity, unspecified
E67.8	Other specified hyperalimentation
F50.00 – F50.9	Eating disorders (e.g., anorexia, bulimia)
R62.51	Failure to thrive (child)
R63.6	Underweight

NON-COVERED CODES		
Code	Description	Benefit Plan Reference/Reason
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	Experimental/ investigational/ unproven
99071	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician	Specific exclusion
S9451	Exercise classes, non-physician provider, per session	Specific exclusion

5.0 Unique Configuration/Prior Approval/Coverage Details:

Some plans only cover as a rider to the plan. Please refer to benefit documents.

ASO group L0002184 does not cover S9449.

6.0 Terms & Definitions:

Anorexia nervosa – an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight that can lead to life-threatening ways to try and cope with emotional problems.

Body Mass Index (BMI) – weight in kilograms/the square of the height in meters.

Bulimia – an emotional disorder involving distortion of body image and an obsessive desire to lose weight, where bouts of extreme overeating are followed by depression and self-induced vomiting, purging, or fasting.

Morbid obesity – Body Mass Index (BMI) > 40 Kg/m² (weight in kilograms/the square of the height in meters).

Severe obesity – Body Mass Index (BMI) = or > 35 and < 40 Kg/m² (weight in kilograms/the square of the height in meters).

Conversions:

- To convert pounds to kilograms, multiply pounds by 0.45.
- To convert inches to meters, multiple inches by 0.0254.
- To calculate BMI: http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

7.0 References, Citations & Resources:

1. Centers for Disease Control and Prevention, Overweight and Obesity, 09/21/2023, <https://www.cdc.gov/obesity/>.
2. NIH National Heart, Lung and Blood Institute, Overweight and Obesity, 03/24/2022. <https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity>.
3. U.S. Department of Health & Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, Health Information for the Public/ Educational Campaigns & Programs/ Aim for a Healthy Weight/ Healthy Weight Tools/ BMI Calculator.

8.0 Associated Documents:

Policies & Procedures (P&P):

- MMP-09 Benefit Determinations
- MMP-02 Transition and Continuity of Care
- UMPP-02 Peer to Peer Conversations

Standard Operating Procedure (SOP):

- MMS-03 Algorithm for Use of Criteria for Benefit Determinations,
- MMS-45 UM Nurse Review,
- MMS-52 Inpatient Case Process in CCA
- MMS-53 Outpatient Case Process in CCA

Sample Letter:T

- CS Approval Letter
- Clinically Reviewed Exclusion Letter
- Partial Coverage, Partial Non-Coverage Letter
- Specific Exclusion Denial Letter
- Lack of Information Letter

Form – Request Form:

- Out of Network/ Prior Authorization

See Drug Benefit Determination Policy DDP-25 "Chronic Weight Management" for coverage criteria and covered medications.

9.0 Revision History:

Original Effective Date: 04/01/2020

Next Revision Date: 07/01/2026

Revision Date	Reason for Revision
3/18	Morbid Obesity Weight Management policy archived Dec. 2016. New policy specific to weight management services created.
2/21	Annual review; updated formatting, cost share references, removed BMI dx codes
1/22	Annual review – no changes
4/23	Annual review. Added ASO group L0002193 and updated language in section 5.0 about riders. Removed 99201 from covered code section, deleted code as of 12/31/2020; added comment that S9449 is a specific exclusion for L0002194 in covered code section. Updated Section 8.0 Associated Documents.
4/24	Annual review. Updated dates on listed References #1&2, updated section 8.0.
4/25	Annual review; Removed “ASO group L0001269 Union Only” from the Prior Approval Legend and added “N/A” as a placeholder for future product(s), Reformatted Associated documents section