

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 01/05/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 01/04/24
<b>Clinical Policy Document:</b> Physician Directed/Medically Supervised Weight Loss Programs	<b>Replaces Effective Clinical Policy Dated:</b> 12/20/22
<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 11-27-23.
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 11-27-23.
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 11-27-23.
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 11-27-23.

**DOCUMENT HISTORY:**

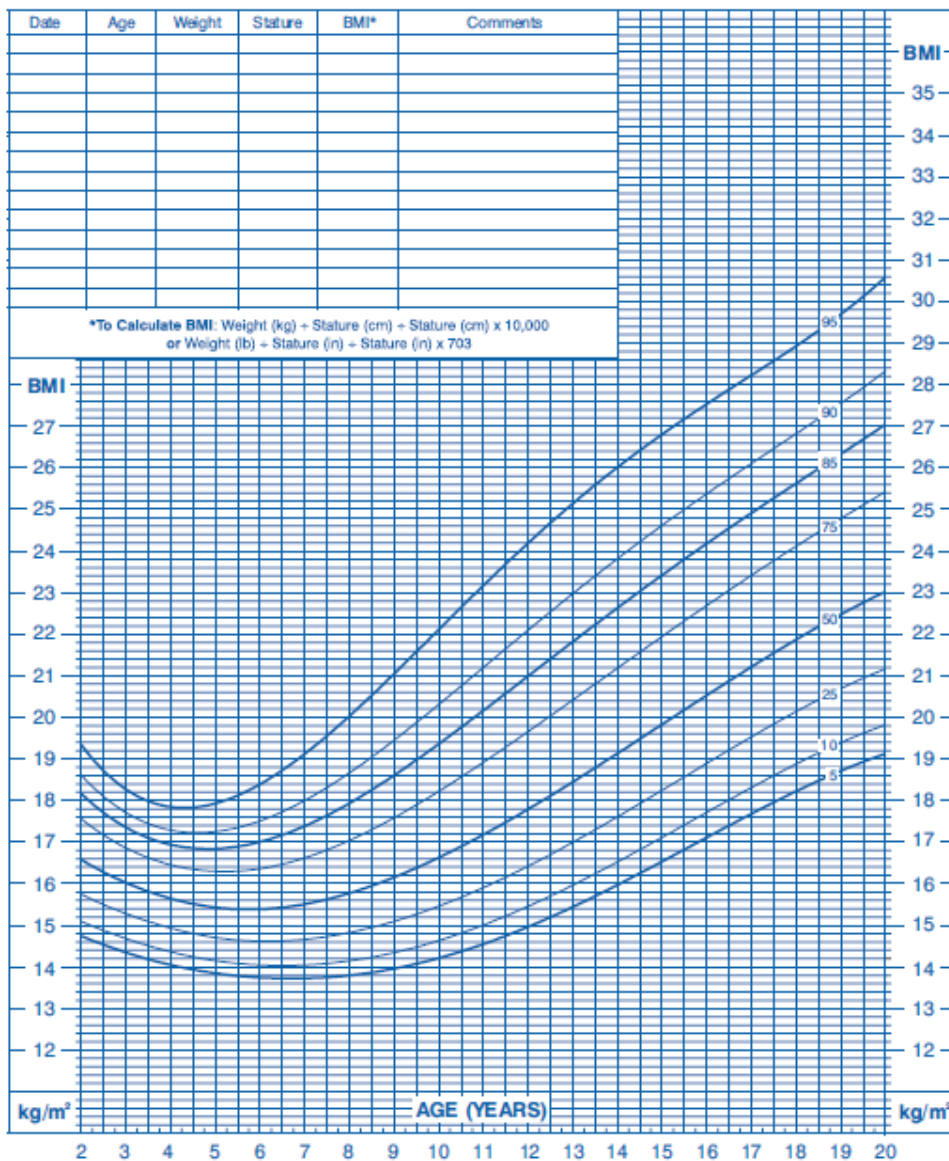
<b>Created Date:</b> 03/06
<b>Reviewed Date:</b> 02/12/07, 02/18/08, 2/9/09, 02/01/10, 02/01/11, 01/10/12, 01/09/13, 01/09/14, 12/30/14, 12/30/15, 12/14/16, 12/14/17, 12/14/18, 12/13/19, 09/28/20, 12/11/20, 12/06/21, 12/06/22, 11/22/23
<b>Revised Date:</b> 01/09/13, 02/28/14, 02/23/15

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**Attachment A**

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

NAME \_\_\_\_\_  
RECORD # \_\_\_\_\_



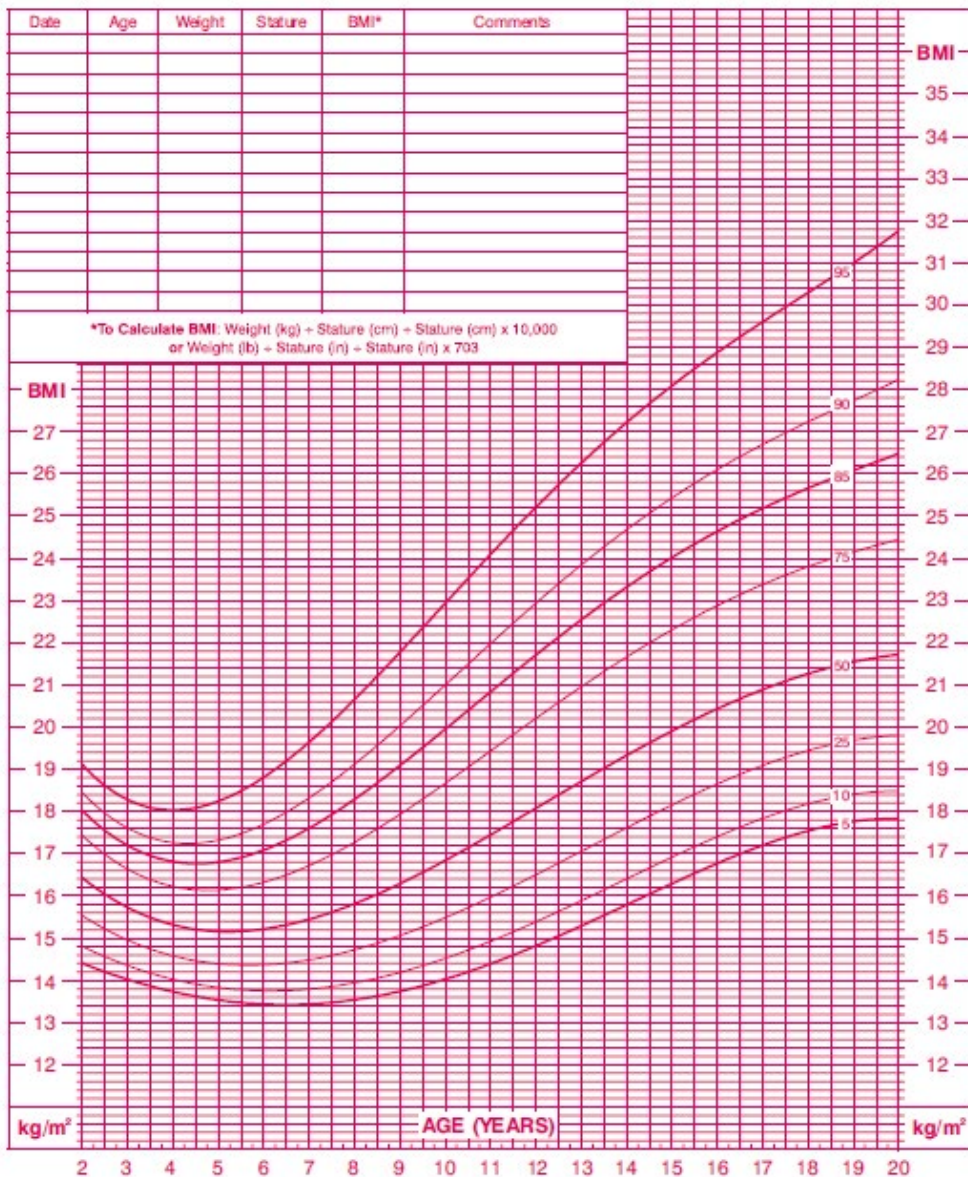
Published May 30, 2000 (modified 10/16/00).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with  
 the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.edc.gov/go/wtcharts>

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**Attachment B**

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

NAME \_\_\_\_\_  
RECORD # \_\_\_\_\_





## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide 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)

Provide 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 *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator 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

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

(711 : 711) Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 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 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).