

**Payment Policies for Healthcare Services  
Provided to Injured Workers and Crime Victims**

# **Chapter 21: Obesity Treatment**

**Effective July 1, 2019**



**Link:** Look for possible **updates and corrections** to these payment policies at:

<http://www.lni.wa.gov/apps/FeeSchedules/>



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## Definitions

- ▶ **Body Mass Index (BMI):** BMI is a number calculated from a person's weight and height and is used as an indicator of body fatness (the higher the number, the more body fat).



**Link:** A BMI calculator is available on the National Institute of Health website, at: <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>.

- ▶ **Severe obesity:** For the purposes of providing obesity treatment services, L&I defines severe obesity as a **BMI** of 35 or greater. (See definition of **BMI**, above.)



## Payment policy: Obesity treatment

### ► Prior authorization

#### Parameters for coverage

All obesity treatment services require prior authorization.

Obesity doesn't meet the definition of an industrial injury or occupational disease. **Temporary treatment** may be allowed when the unrelated obesity condition hinders recovery from an accepted condition.

To be eligible for obesity treatment services, the worker must be severely obese (have a **BMI** of 35 or greater).



**Note:** See definitions of **BMI** and **severe obesity** in Definitions at the beginning of this chapter.

#### Requesting weight reduction services

The attending provider should contact the insurer to request a weight reduction program if the worker meets *all* of the following criteria:

- Is severely obese (BMI>35), *and*
- Obesity is the primary condition retarding recovery from the accepted condition, *and*
- Weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work.

The attending provider who believes that the worker may qualify for weight reduction services:

- Must advise the insurer of the worker's weight and level of function prior to the injury and how it has impacted rehab and recovery, *and*
- Must submit medical justification for obesity treatment, including tests, consultations, or diagnostic studies that support the request, *and*
- May request nutrition counseling with a Certified Dietician (CD) or Certified Registered Dietician Nutritionist (RDN) when it has been determined weight reduction nutrition counseling is appropriate for the worker.

**Required: Treatment plan**

Prior to receiving authorization for weight reduction services, the attending provider and worker are required to develop a **treatment plan**, which must include:

- The amount of weight the worker must lose to undergo surgery, *and*
- The estimated length of time needed for the worker to lose the weight, *and*
- A diet and exercise plan, including a weight loss goal, approved by the attending provider as safe for the worker, *and*
- Specific program or other weight loss method requested, *and*
- Attending provider's plan for monitoring weight loss, *and*
- Documented weekly weigh-ins, *and*
- Counseling and education provided by trained staff *and*
- For State Fund claims, sign the Claim Manager generated authorization letter, which serves as a memorandum of understanding between the insurer, the worker, and the attending provider.

A weight reduction treatment plan may include participation in a group weight loss program, but this is not a requirement.



**Note:** Weight reduction services won't include requirements to buy supplements or special foods.

**Authorization**

The insurer authorizes obesity treatment for **up to 90 days at a time** as long as the worker does all of the following to ensure continued authorization of the obesity treatment plan.

- Loses at least 5 pounds over the course of 6 weeks of treatment *and*
- Regularly attends weekly treatment sessions *and*
- Complies with the approved weight reduction plan, *and*
- Is evaluated by the attending provider at least every 30 days, *and*
- Sends the insurer a copy of the weekly weigh-in sheet signed by the program coordinator every week.

The insurer will no longer authorize obesity treatment when any one of the following occurs:

- The worker reaches the weight loss goal identified in the obesity treatment plan (see Note below), *or*
- Obesity no longer interferes with recovery from the accepted condition (see Link, below), *or*
- The worker isn't losing the 5 pound minimum requirement over 6 weeks of treatment *or*
- The worker isn't cooperating with the approved weight reduction services plan of care.



**Note:** If the worker chooses to continue the weight loss program for general health, it will be at his or her own expense.



**Link:** To see more information about why it is prohibited to treat an unrelated condition once it no longer retards recovery from the accepted condition, see [WAC 296-20-055](#).

### ▶ Attending provider's responsibilities

Upon approval of the obesity treatment plan, the attending provider's role is to:

- Examine the worker every 30 days to monitor and document weight loss, *and*
- Notify the insurer when:
  - The worker reaches the weight loss goal, *or*
  - Obesity no longer interferes with recovery from accepted condition, *or*
  - The worker is no longer losing the weight needed to meet the weight loss expectations and plan of care.

### ▶ Who must perform these services to qualify for payment

**Nutrition counseling**

Only Certified Dietitians or Certified Registered Dietician Nutritionists will be paid for nutrition counseling services.



**Note:** Providers practicing in a state other than Washington that are similarly certified or licensed may apply to be considered for payment.

**▶ Services that can be billed****Nutrition counseling**

Certified Dietitians and Certified Registered Dietician Nutritionists may bill for authorized services using these CPT® billing codes:

- **97802** at initial visit, with a maximum of four units, *or*
- **97803** with a maximum of four units per visit and a maximum of six visits; with an additional 6 if the minimum weight loss is met.



**Note:** 1 unit of either CPT® **97802** or **97803** equals 15 minutes.

**Expenses for an attending provider recommended group support setting.**

The **worker** will be reimbursed for attending provider recommended group support meetings when billing using the following local codes:

- **0440A** (Weight loss program, joining fee, worker reimbursement), *and*
- **0441A** (Weight loss program, weekly fee, worker reimbursement).

**▶ Services that aren't covered**

The insurer doesn't pay the group weight loss provider directly.

The insurer doesn't pay for:

- Surgical treatments of obesity (for example, gastric stapling, or jaw wiring),
- Drugs or medications used primarily to assist in weight loss,
- Special foods (including liquid diets),
- Supplements or vitamins,

- Educational material (such as food content guides and cookbooks),
- Food scales or bath scales, *or*
- Exercise programs or exercise equipment.



## Links: Related topics

If you're looking for more information about...	Then go here:
<b>Administrative rules</b> for treating conditions unrelated to the accepted condition	Washington Administrative Code (WAC) 296-20-055: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-055">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-055</a>
<b>Becoming an L&amp;I provider</b>	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/Providers/Becoming/">www.Lni.wa.gov/ClaimsIns/Providers/Becoming/</a>
<b>Billing</b> instructions and forms	Chapter 2: <a href="#">Information for All Providers</a>
<b>Fee schedules</b> for all healthcare facility services (including obesity treatment services)	L&I's website: <a href="http://www.lni.wa.gov/apps/FeeSchedules/">http://www.lni.wa.gov/apps/FeeSchedules/</a>
How to <b>calculate BMI</b>	National Institute of Health's website: <a href="http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm">http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm</a>

► **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**