

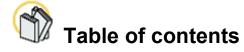
Payment Policies for Healthcare Services Provided to Injured Workers and Crime Victims

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/



Page

Definitions	21-2
Payment policy:	
Obesity treatment	21-3
More info:	
Related topics	21-8



• 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: <u>http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm</u>.

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.

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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:
 - o The worker reaches the weight loss goal, or
 - o 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 Dieticians 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 Dieticians 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:
Administrative rules for treating conditions unrelated to the accepted condition	Washington Administrative Code (WAC) 296-20-055: http://apps.leg.wa.gov/wac/default.aspx?cite=296- 20-055
Becoming an L&I provider	L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare facility services (including obesity treatment services)	L&I's website: http://www.lni.wa.gov/apps/FeeSchedules/
How to calculate BMI	National Institute of Health's website: http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmic alc.htm.

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