Washington State Department of Labor & Industries

Payment Policies for Healthcare Services

Provided to Injured Workers and Crime Victims

Chapter 21: Obesity Treatment

Effective July 1, 2022

Link: Look for possible **updates and corrections** to these payment policies on L&I's website.

Table of Contents

Definitions

The following terms are utilized in this chapter and are defined as follows:

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). A BMI calculator is available on the National Institute of Health website.

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 have **severe obesity** (a **BMI** of 35 or greater).

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 that 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, the attending provider must sign an authorization letter generated by the Claim Manager, which serves as a memorandum of understanding between the insurer, the worker, and the attending provider.

Restrictions

A weight reduction treatment plan may include participation in a group weight loss program, but this isn't a requirement.

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 compliance with 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 (if the worker chooses to continue the weight loss program for general health, it will be at his or her own expense), *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.

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 the 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.

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, *and if necessary*
- **97803** for re-assessment with a maximum of four units per visit and a maximum of five visits. An additional six visits may be authorized if the minimum weight loss is met.

One 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).

  The worker may participate in these meetings remotely (via telehealth).

Services that aren't covered

The insurer doesn't pay the group support 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 materials (such as food content guides and cookbooks),
- Food scales or bath scales,
- Nutrition counseling via telehealth, or
- Exercise programs or exercise equipment.

Links to related topics

If you're looking for more information about…	Then see…
Administrative rules for treating conditions unrelated to the accepted condition	Washington Administrative Code (WAC) 296-20-055
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Fee schedules for all healthcare facility services (including obesity treatment services)	Fee schedules on L&I's website
How to **calculate BMI**	National Institute of Health's website

Need more help?

Call L&I's Provider Hotline at **1-800-848-0811** or email **PHL@lni.wa.gov**

