



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

# **Chapter 21: Obesity Treatment**

**Effective July 1, 2018**



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

<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2018/>



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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 a weight reduction program

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, *and*
- Obesity is the primary condition retarding recovery from the accepted condition, *and*
- The 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 obesity treatment:

- Must advise the insurer of the worker's weight and level of function prior to the injury and how it has changed, *and*
- Must submit medical justification for obesity treatment, including tests, consultations, or diagnostic studies that support the request, *and*
- May request a consultation with a certified dietitian (CD) to determine if an obesity treatment program is appropriate for the worker.

**Required: Treatment plan**

Prior to receiving authorization for an obesity treatment program, the attending provider and worker are required to develop a **treatment plan**, which will include:

- The amount of weight the worker must lose to undergo surgery, *and*
- 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*
- Group support facilitated by trained staff, *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.



**Note:** The treatment plan won't include requirements to buy supplements or special foods.

**Authorization or not?**

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 an average of at least one to two pounds a week, *and*
- Regularly attends weekly treatment sessions (meetings and weigh-ins), *and*
- Cooperates with the approved obesity treatment plan, *and*
- Is evaluated by the attending provider at least every 30 days, *and*
- Pays the joining fee and weekly membership fees up front and is reimbursed by the insurer using the codes listed below, under Services that can be billed, *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 weight **an average** of at least one to two pounds each week, *or*
- The worker isn't cooperating with the approved obesity treatment plan.



**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 goal in the treatment plan.

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

#### Nutrition counseling

Only certified dietitians 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 may bill for authorized services using these CPT® billing codes:

- **97802** at initial visit, with a maximum of four units; the maximum non-facility fee per unit is **\$64.74**, *or*
- **97803** with a maximum of two units per visit and a maximum of three visits; the maximum fee per unit is **\$56.32**.



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

### Expenses for weight loss program

The **worker** will be reimbursed for the obesity treatment program when billing using the following local codes:

- **0440A** (Weight loss program, joining fee, worker reimbursement), which has a fee limit of **\$168.07**, *and*
- **0441A** (Weight loss program, weekly fee, worker reimbursement), which has a weekly fee limit of **\$33.62**.

## ▶ Services that aren't covered

The insurer doesn't pay the obesity treatment 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://feeschedules.Lni.wa.gov">http://feeschedules.Lni.wa.gov</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**