



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

Chapter 21: Obesity Treatment

Effective October 1, 2020



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

<https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy-2020>



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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:
https://www.nhlbi.nih.gov/health/educational/lose_wt/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 have **severe obesity** (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 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.



Note: 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 (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 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 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, *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.



Note: 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).

▶ 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, *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: https://www.lni.wa.gov/patient-care/provider-accounts/become-a-provider/
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: https://lni.wa.gov/patient-care/billing-payments/fee-schedules-and-payment-policies/policy_2020
How to calculate BMI	National Institute of Health's website: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

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