



## MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS Weight Loss Services

Capital Health Plan will provide coverage of evaluation, counseling, education, and follow-up with a contracted weight loss center for treatment of severely obese high-risk patients **ONLY** when weight control services are included in the benefit package, the care is prior-authorized, and **at least one** of the following clinical findings and conditions are documented in the medical record:

### INITIAL REQUEST:

Authorization will be given for 12 visits within a 12 month period of time if at least one of the following clinical criteria are met:

1. Adult (considered age 18 and over) patients seeking weight loss services for one of the following:
  - a. As part of weight loss efforts desired by the patient and/or recommended by the primary care physician (PCP) or specialist, with supporting documentation that meets one of the following:
    - i. Body mass index (BMI) of 40 and above; OR
    - ii. BMI greater than 35 in conjunction with severe co-morbidities\*
  - b. In preparation for / seeking coverage of bariatric surgery with supporting documentation of one of the following:
    - i. BMI of 40 or above; OR
    - ii. BMI greater than 35 in conjunction with severe co-morbidities\*
  - c. Following initial bariatric surgery or revision bariatric surgery performed in the last 12 months (from the date the request is submitted)
    - i. Surgery must have been prior authorized and covered by Capital Health Plan
  - d. In preparation for / seeking coverage of knee or hip replacement surgery and:
    - i. Desires to work on weight loss in order to meet the clinical criteria for surgery; AND
    - ii. BMI greater than 35

2. Adolescent (considered age 2 to 17) patients with weight loss efforts recommended by the primary care physician (PCP) or specialist for one of the following:
  - a. BMI at least above the 95<sup>th</sup> percentile for their age (obesity); OR
  - b. BMI at least above 120% of the 95<sup>th</sup> percentile (severe obesity); OR
  - c. Type 2 Diabetes; OR
  - d. Fatty Liver Disease; OR
  - e. Delayed puberty in male adolescents; OR
  - f. Precocious puberty in female adolescents

CONTINUATION REQUEST:

If continuation of services are approved, a new authorization will be started that will be for 12 visits within a 12 month period of time

**ALL** continuation requests should be submitted to Capital Health Plan for review **before** the end date of the current active authorization. Requests submitted to Capital Health Plan after the previous authorization end date will not be considered a request for continuation.

1. Adults:
  - a. A documented weight loss of at least 10% of the initial weight **during the prior 12 month period** of time
2. Adolescents:
  - a. Objective documentation of no further weight gain; AND
  - b. Slow return to a normal BMI percentile, taking into account change in height and normal development

**PLEASE NOTE:** Services at the Capital Health Plan Weight Loss Clinic are limited to 12 months and are not eligible for continuation.

\*Severe co-morbid medical conditions include, but are not limited to, the following:

- a) Diabetes with complications such as diabetic retinopathy, nephropathy, arteriopathy, or neuropathy
- b) Cardiopulmonary complications including, but not limited to, pulmonary hypertension
- c) Obstructive sleep apnea requiring CPAP use, with evidence of compliance for at least 6 months
- d) Asthma with a history of respiratory failure or chronic hypoxia
- e) Congestive heart failure that is uncontrolled (ex.: increasing SOB, increasing edema, or increasing fatigue or NYHA Class of at least 2) with appropriate evidence based medications.
- f) Left ventricular dysfunction confirmed by echocardiogram or other diagnostic modality

- g) Atherosclerotic heart disease or coronary artery disease with or without medication or surgical intervention
- h) Thromboembolic disease

Medical Necessity Approvals to be made by:

- Medical Director
- Physician Reviewer
- Utilization Management Nurse
- Nurse Reviewer
- Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:  Commercial

Approved by QIMT: 9/29/11, 10/11/12, 10/24/13, 11/7/13; reinstated/approved: 2/12/15

Approved by G&A: 11/3/16, 6/15/17

Approved by UMWG: 6/26/15, 8/30/18, 11/7/19, 12/10/20, 8/19/21, 12/9/21, 12/8/22, 12/14/23

*Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.*