

Benefit Coverage

Covered Benefit for lines of business including:
Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB)
Excluded from Coverage:
Extended Family Planning (EFP) Rhody Health Partners (RHP), Medicare Medicaid Plan (MMP) Integrity, Rhody Health Expansion (RHE), and Health Benefit Exchange (HBE)

Covered benefit once per lifetime for covered lines of business.

Description

A multi-disciplinary weight loss program, contracted with Neighborhood, provides services including but not limited to, medical evaluations, psychological evaluations and recommendations for follow-up as necessary, group discussions, exercise program, as well as nutritional counseling and products. Practitioners involved include a physician, exercise physiologist, psychiatrist, and nutritionist.

Coverage Determination

Authorization NOT Required	1. Nutritional counseling provided by contracted Neighborhood practitioners does not require prior authorization.
Requires Authorization	1. Multi-disciplinary and behavioral weight management programs require prior authorization and must meet medical necessity criteria. 2. Continuation of the program is based upon adherence and compliance with group sessions, exercise program, and the nutrition products, as well as documented weight loss that meets the standards of the American Dietetic Association.

NOTE: *A transition period of two to four weeks will be considered if criteria for continuation in the program are not met, and member has been in the Full Fast Program with good attendance but poor weight loss. This is to allow for the re-introduction of solid food into the diet.*

Criteria

Multi-disciplinary or behavioral weight management programs are considered a clinical option for members who meet **ALL** of the following criteria:

- ☐ Age \geq 18, **AND**
- ☐ Adult BMI $>$ 35, **AND**
- ☐ Has failed attempt of nutritional counseling. Documentation required related to compliance (attendance/participation.) **AND**
- ☐ Has failed attempt with exercise program. Documentation required related to compliance (attendance/participation.) **AND**
- ☐ **At least ONE** weight-related co-morbid condition exists which includes:
 - ☐ Coronary Artery Disease
 - ☐ Degenerative Joint Disease
 - ☐ Hypertension
 - ☐ Diabetes Mellitus on pharmaceutical therapy
 - ☐ Sleep Apnea
 - ☐ Hyperlipidemia

The following additional criteria must be met for authorization of continued treatment in the program:

- ☐ Attendance and adherence to program, including group sessions, exercise and nutrition products must be at least 80%.
- ☐ Weight loss must be an average of at least $>$ 1 lb per week.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

Created:	July 2007
Annual Review Month:	June
Review Dates:	7/12/07, 7/06/09, 7/13/10, 12/20/12, 7/15/14, 7/7/15, 5/4/16, 5/17/17, 5/14/18, 6/5/19, 6/3/20, 6/9/21
Revision Dates:	6/14/10, 5/4/16, 5/17/17
CMC Review Date:	1/15/13, 7/15/14, 7/7/15, 5/17/16, 5/23/17, 5/22/18, 6/5/19, 6/3/20, 6/9/21
Medical Director Approval Dates:	7/14/09, 7/13/10, 1/24/13, 8/1/14, 7/14/15, 5/25/16, 6/7/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21
Effective Date:	8/1/14, 7/14/15, 5/31/16, 6/12/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

The Miriam Hospital Weight Management Program

<https://www.lifespan.org/centers-services/center-weight-wellness?Management=> (Accessed 5/14/18)

Ronald M. Krauss, MD (Chair, AHA Dietary Guidelines Committee), et al. Revision 2000. *AHA Dietary Guidelines: A Statement for Healthcare Professionals From the Nutrition Committee of the American Heart Association*. American Heart Association. Circulation. 2000; 102: 2284-2299 doi: 10.1161/01.CIR.102.18.2284.

<http://circ.ahajournals.org/cgi/content/full/102/18/2284> (Accessed 5/14/18)

Position of the American Dietetic Association. (02/2009). *Weight Management*. Journal of the American Dietetic Association - Volume 109, Issue 2 - Copyright © 2009 American Dietetic Association