Treatment of Extreme Obesity

Policy Number: BIP116.L
Effective Date: July 1, 2023

Instructions for Use

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Related Benefit Interpretation Policies

- Preventive Care Services
- Weight Gain or Weight Loss Programs

Related Medical Management Guidelines

- Bariatric Surgery
- Panniculectomy and Body Contouring Procedures
- Preventive Care Services

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oklahoma

317:30-5-1076. Coverage by Category

https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/nutrition-services/coverage-by-category.html

Payment is made for Nutritional Services as set forth in this section.

1) Adults. Payment is made for six (6) hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, physician assistant (PA), advanced practice nurse (APRN), or certified nurse midwife (CNW), and be face-to-face encounters between a licensed registered dietitian and the member. Services must be expressly for diagnosing, treating or preventing, or minimizing the effects of illness. Nutritional services for the treatment of obesity is not covered unless there is documentation that the obesity is a contributing factor in another illness.
2) Children. Payment is made for medically necessary nutritional counseling as described above for adults. Nutritional services for the treatment of obesity may be covered for children as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Additional services which are deemed medically necessary and allowable under federal regulations may be covered by the EPSDT benefit found at OAC 317:30-3-65 through 317:30-3-65.12.
3) Home and community-based services (HCBS) waiver for the intellectually disabled. All providers participating in the HCBS waiver for the intellectually disabled program must have a separate contract with the Oklahoma Health Care Authority (OHCA) to provide nutrition services under this program. All services are specified in the individual's plan of care.
4) Individuals eligible for Part B of Medicare. Payment is made utilizing the Medicaid allowable for comparable services. Services which are not covered under Medicare should be billed directly to OHCA.
5) Obstetrical patients. Payment is made for a maximum of six (6) hours of medically necessary nutritional counseling per year by a licensed registered dietitian for members at risk for or those who have been recently diagnosed with gestational diabetes. The initial consultation may be in a group setting for a maximum of two (2) hours of class time. Thereafter, four (4) hours of nutritional counseling by a licensed registered dietitian may be provided to the individual if deemed medically necessary, which may include a post-partum visit, typically done at six (6) weeks after delivery. All services must be prescribed by a physician, PA, APRN, or CNM and be face to face between a licensed registered dietitian and the member(s). Services must be solely for the prevention, diagnosis, or treatment of gestational diabetes.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Some members may have coverage for surgical treatment of extreme obesity. Check the Evidence of Coverage (EOC)/Schedule of Benefits (SOB) to determine benefit eligibility.

Refer to the following policies for additional information:

- Benefit Interpretation Policy titled Weight Gain or Weight Loss Programs.
- Medical Management Guidelines titled Bariatric Surgery and Panniculectomy and Body Contouring Procedures.

Not Covered

- Procedures that are unproven and not medically necessary for treating obesity. Refer to the Medical Management Guideline titled Bariatric Surgery. Supplemented fasting as an alternate to bariatric surgery in an extremely obese member or as a general treatment of extreme obesity.
- Nutritional liquid supplements
- Weight reduction medications, including diet pills, unless otherwise covered under the prescription supplemental benefit

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes

07/01/2023	All	**Not Covered**
		• Revised list of non-covered services:
		  ○ Added "procedures that are unproven and not medically necessary for treating obesity; refer to the Medical Management Guideline titled *Bariatric Surgery*"
		  ○ Removed:
		  ▪ Bariatric surgery as the primary treatment for any condition other than obesity
		  ▪ Gastrointestinal liners (EndoBarrier®) are investigational, unproven, and not medically necessary for treating obesity due to lack of U.S. Food and Drug Administration (FDA) approval, and insufficient evidence of efficacy
		Supporting Information
		• Removed *Definitions* and *References* sections
		• Archived previous policy version BIP116.K

	Oklahoma	**Federal/State Mandated Regulations** • Revised language pertaining to *Oklahoma Health Care Authority Section 317:30-5-1076*

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage,

limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.