

Medical Weight Loss Program Policy

Prior to consideration of bariatric surgery, members must be referred to and complete the Medical Weight Loss Program.

Referral Requirements

1. BMI >40 or BMI > 35 and comorbid conditions of
 - Coronary artery disease
 - Diabetes mellitus type 2
 - Obstructive sleep apnea
 - Obesity-hypoventilation syndrome
 - Hypertension
 - Dyslipidemia – LDL chol >160mg/dl, or HDL chol < 35, or serum triglyceride >400 mg/dl
2. Referring physician must be member's primary physician
3. Referral must indicate that member has tried and failed self-managed weight loss

Initial referral

If qualified, members will be referred to the medical management program for an initial evaluation and recommendations for weight loss through the VCMC Referral Center. Initial evaluation approval will include:

1. a physician comprehensive history and physical examination
2. Metabolic and chemistry profile labs, GTT, lipid profile, CBC, Urinalysis, TSH
3. Nutrition evaluation

Upon receipt of a recommendation for medical weight loss from the program after the initial evaluation, the member will be approved for 8 weeks participation in the program to include not more than 6 Physician and 6 nutritionist visits. After the initial 8 weeks the health plan must receive documentation of at least 6 lbs (0.75 lbs per week) weight loss for the member to be approved for ongoing participation in the weight loss program. If the member qualifies for ongoing participation in the program, physician and nutritionist visits will be approved monthly. Re-evaluation will be

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required at 6 months participation. The members will be provided with a maximum of 1 year's participation. If bariatric surgery is recommended, a treatment authorization request must be submitted to the Health Plan and the Plan will decide based upon the current Milliman Care Guideline for bariatric surgery.

Attachments: None

History:

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