

# Weight Gain or Weight Loss Programs

**Policy Number:** BIP194.K  
**Effective Date:** July 1, 2023

 [Instructions for Use](#)

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## Related Benefit Interpretation Policies

- [Preventive Care Services](#)
- [Treatment of Extreme Obesity](#)

## Related Medical Management Guideline

- [Preventive Care Services](#)

## Federal/State Mandated Regulations

None

## 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.

Weight loss programs as provided by the primary care physician to manage certain diseases, such as, but not limited to, diabetes and heart disease.

Refer to the Medical Management Guideline titled [Preventive Care Services](#) for additional information.

## Not Covered

- Weight loss or weight gain programs, except as mentioned in the above sections.
- Prescription drugs to treat obesity unless otherwise covered under the supplemental pharmacy benefit.
- Examples of items/services that are not covered include, but are not limited to:
  - Dietary evaluations and counseling except as provided by the primary care physician
  - Exercise programs
  - Behavioral modification programs
  - Food and food supplements
  - Vitamins and other nutritional supplements associated with weight gain or weight loss

Refer to the Benefit Interpretation Policy titled [Treatment of Extreme Obesity](#).

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
07/01/2023	All	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP194.J</li></ul>

## 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.