

THESE REGULATIONS WILL BE REPEALED

OCTOBER 6, 1990
MANUAL LETTER # 62-90

NEBRASKA DEPARTMENT OF
SOCIAL SERVICES MANUAL

NMAP SERVICES
471 NAC 33-006

~~33-006—Weight Management Clinics:—NMAP covers treatment provided by a weight management clinic for conditions disclosed during a HEALTH CHECK (EPSDT) exam for treatment that is medically necessary when provided by a weight management clinic that is enrollable for the Nebraska Medical Assistance Program.~~

~~Weight management clinic services are covered only when the child is documented to be clinically overweight.~~

~~A child/youth is defined as being clinically overweight when one of the following is met:~~

- ~~1. The child/youth's weight for height and skin-fold thickness measurements are above the 75th percentile for his/her age and there is a significant family history of obesity or the child/youth has a medical condition which significantly reduces physical activity;~~
- ~~2. The child/youth's weight for height and skin-fold thickness measurements are above the 95th percentile for his/her age;~~
- ~~3. The child/youth has a medical condition predisposing to obesity, such as Prader-Willi Syndrome; or~~
- ~~4. The child/youth has a medical condition that would be exacerbated by being clinically overweight, such as diabetes, hypertension, cardiovascular disease, etc.~~

~~Because the safety and medical effectiveness of such programs has not generally been recognized for children under eight years of age, approval for very young children will be approved only on an exception basis based on medical documentation submitted by the EPSDT screening physician.~~

~~33-006.01 Program Content: To be enrolled, the provider shall submit a program overview, which includes a description of staffing, long and short term goals, program components, and outcome data.~~

~~The clinic must submit a program overview that documents that the following minimum components are present:~~

- ~~1. The program must have a physician who serves as medical director and whose availability is sufficient to meet the medical needs of the participants as well as to provide medical direction to the operation of the program;~~
- ~~2. Each patient is evaluated before entering the program and is found suitable for participation. The treatment provided by a weight management clinic must be based on medical necessity for the child's developmental age group and must be individualized to address the child's problem and the family's strengths and weaknesses;~~
- ~~3. The program does not use dietary supplements or substitutes, drugs, or very low calorie (less than 800 calories) diets;~~

THESE REGULATIONS WILL BE REPEALED

OCTOBER 6, 1990
MANUAL LETTER # 62-90

NEBRASKA DEPARTMENT OF
SOCIAL SERVICES MANUAL

NMAP SERVICES
471 NAC 33-006.01

- ~~4. The program must include—
 - ~~a. A moderate calorie diet well balanced in macronutrients;~~
 - ~~b. An exercise program;~~
 - ~~c. Family involvement;~~
 - ~~d. Behavior modification; and~~
 - ~~e. A developmentally appropriate approach for the child's age group; and~~~~
- ~~5. An individualized plan of care is established for each patient which identifies both long and short term goals and with assurances that family involvement, support, and education are included as an integral part of the patient's program.~~

~~33-006.02 Definitions: NMAP applies the following definitions for weight management programs:~~

~~Moderate caloric restriction: Usually 1,000 to 1,800 calories per day with a reasonable balance of macronutrients; encourage exercise; and may employ a behavioral approach.~~

~~Macronutrient restriction: Diets that allow less than 100 grams of carbohydrates per day.~~

~~Very low-calorie diet: Less than 800 calories per day.~~

~~Novelty diets: Diets that promote certain nutrients, foods, or combination of foods as having unique, magical, or previously undiscovered qualities.~~

~~Formula diets: Diets based on formulated or packaged products.~~

~~33-006.03 Noncovered Services: NMAP does not cover macronutrient restriction, novelty diets, very low-calorie diets, or formula diets.~~

~~NMAP does not cover drugs for weight loss or dietary supplements or substitutes.~~