



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

September 28, 2011

Donald Berwick, MD  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013  
Submitted via email to [CAGinquiries@cms.hhs.gov](mailto:CAGinquiries@cms.hhs.gov)

Re: Proposed Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00423N)

Dear Dr. Berwick:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I am writing to express our strong support for the Centers for Medicare & Medicaid Services (CMS) proposal to begin coverage for intensive behavioral therapy for obesity, defined as a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>.

For Medicare beneficiaries with obesity, who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting, CMS proposes to cover:

- One face to face visit every week for the first month;
- One face to face visit every other week for months 2-6; and
- One face to face visit every month for months 7-12.

At the six month visit, a reassessment of obesity and a determination of the amount of weight loss would be performed. To be eligible for additional face to face visits occurring once a month for an additional six months, Medicare beneficiaries must have achieved a reduction in weight of at least 3kg over the course of the first six months of intensive therapy. However, as obesity is a complex condition usually involving co-morbidity, the AAFP is hesitant to support an arbitrary weight loss requirement of 3kg. Several factors can influence weight loss, such as medications, smoking cessation, relapse or other medical conditions. This determination must be documented in the physician office records for applicable beneficiaries consistent with usual practice.

We concur with CMS that the evidence is adequate to conclude that intensive behavioral therapy for obesity is reasonable and necessary for the prevention or early detection of illness or disability and is therefore appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

In this proposed decision memo, CMS initiates a new national coverage analysis (NCA) on intensive behavioral therapy for obesity, which is recommended with a grade B by the U.S. Preventive Services Task

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Force (USPSTF). This analysis is consistent with AAFP [policy](#) on obesity. The AAFP *recommends* that family physicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months. For children and adolescents, the AAFP *recommends* that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

The AAFP is pleased that CMS continues to utilize its new authority to cover "additional preventive services" if the agency determines through the national coverage determination process that the service is recommended with a grade A (strongly recommends) or grade B (recommends) rating by the USPSTF and meets certain other requirements.

The AAFP looks forward to working further with CMS to assist in the creation of coding and billing rules needed to implement this new policy. We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,



Roland A. Goertz, MD, MBA, FFAFP  
Board Chair

CC: Louis Jacques, MD  
Joseph Chin, MD, MS  
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