



**SUPPORT FOR TENNCARE PATIENTS**

# Using Incretin-Based Weight Management Therapies

(GLP-1 and GLP-1/GIP Agents)



A Provider Guide to the Obesity Model of Care



# Why an Obesity Model of Care

The Obesity Model of Care (MOC) was developed to support TennCare members with obesity—particularly those using incretin-based therapies—by pairing pharmacotherapy with evidence-based wraparound supports that improve safety, adherence, and long-term outcomes.

Obesity is a chronic, multifactorial disease influenced by biological, behavioral, psychological, and social factors. While incretin-based (GLP-1 and dual GLP-1/GIP) medications (e.g., semaglutide, tirzepatide-containing products) are an important treatment option, evidence shows that medications alone are less effective without complementary supports like nutrition counseling, physical activity, and behavioral support.

Incretin-based pharmacotherapy for chronic weight management is a covered benefit when coverage criteria are met. Coverage is subject to TennCare pharmacy requirements, including preferred status, prior authorization, clinical criteria, and quantity limits in the TennCare Preferred Drug List (PDL) administered by OptumRx: [https://www.optumrx.com/oe\\_tenncare/landing](https://www.optumrx.com/oe_tenncare/landing)

Optum Rx Pharmacy Technical  
Call Center: **1-866-434-5520**

## Core Components of the Obesity Model of Care

- › Nutrition and dietitian counseling
- › Behavioral health supports, including screening and referral for disordered eating
- › Case management and health coaching
- › Digital tools to support engagement and self-management

## Provider Call to Action

As a TennCare provider, you play a crucial role in improving outcomes for patients living with obesity. We encourage you to integrate the Obesity Model of Care into your practice by utilizing evidence-based wraparound supports—including nutrition therapy, behavioral health screening, health coaching, and digital tools—alongside incretin-based pharmacotherapy. Proactively screen for disordered eating, refer patients to registered dietitians and behavioral health specialists, and leverage health plan resources to address barriers to adherence and long-term success.

Take action today: Use the MCO Provider Directories to identify in-network Registered Dietitians and behavioral health professionals. Your leadership in coordinated, multidisciplinary care can make a lasting difference in the lives of TennCare members.

# Nutrition Therapy and Registered Dietitian Services

Nutrition therapy is a guideline-recommended component of obesity care, particularly for patients using incretin-based therapies for weight management. Registered Dietitians support medication tolerance, reduce nutrition-related risks, and promote sustainable behavior change. Registered Dietitians are eligible to contract as a provider with all three TennCare MCOs and may bill for reimbursable services provided within their scope of practice.



## Clinical Value of Nutrition Therapy

Nutrition counseling improves weight loss effectiveness, helps manage side effects, prevents nutrient deficiencies, and supports long-term weight maintenance.

Referral to a Registered Dietitian may be appropriate for patients initiating incretin-based therapies, experiencing side effects, or encountering nutrition-related barriers.

RD services are available to TennCare patients and Medical Nutrition Therapy (MNT) is a covered benefit when medically necessary and billed in accordance with TennCare policy. Program services provided by licensed or credentialed RDs may include:

- › Initial nutrition assessment focused on weight history, dietary patterns, clinical factors, and behavioral readiness
- › Behavior-focused counseling, incorporating evidence-based strategies for weight management
- › Individualized nutrition intervention plans, emphasizing sustainable lifestyle change
- › Coordination with primary care and care management teams, as appropriate
- › Ongoing reassessment and follow-up counseling to monitor progress and adjust care plans

Referral is not required. Prior auth is not required.

## Codes for RD Services Relevant to Obesity Care

Code	Description	Session Type	Duration	Telehealth coverage
97802	Medical nutrition therapy; initial assessment & intervention, individual, face-to-face	Individual	15 minutes	Yes
97803	Medical nutrition therapy; reassessment & intervention, individual, face-to-face	Individual	15 minutes	Yes
97804	Medical nutrition therapy; group (2+ individuals)	Group	30 minutes	No
G0270	MNT reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen	Individual	Varies	Yes
G0271	MNT reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen	Group	Varies	No
G0473	Face-to-face behavioral counseling for obesity	Group	30 minutes	No
G0447	Face-to-face behavioral counseling for obesity	Individual	15 minutes	No
G0108	Diabetes outpatient self-management training	Individual	30 minutes	Yes
G0109	Diabetes outpatient self-management training	Group	30 minutes	Yes

- › Time-based billing applies. Documentation should reflect assessment, counseling, and time spent
- › Documentation typically includes a nutrition assessment, individualized care plan, counseling provided, and follow-up goals
- › Providers should verify payer-specific requirements and consult the Provider Administration Manual for definitive guidance
- › Providers may identify in-network Registered Dietitians by using the Find Care tool: <https://www.bcbst.com/get-care/find-care>

# Behavioral Health and Disordered Eating Screening

Behavioral health conditions, including disordered eating, are prevalent among individuals with obesity and can affect treatment safety and outcomes. Routine screening enables early identification and timely referral for appropriate care.

## Evidence-Based Screening Tools

Validated screening instruments commonly used in primary care and obesity treatment settings include:

- › SCOFF Questionnaire
- › Eating Disorder Screen for Primary Care (ESP)
- › Screening for Disordered Eating (SDE)
- › Binge Eating Disorder Screener (BEDS-7)
- › Eating Disorder Examination Questionnaire (EDE-Q)



<b>Name of Screen</b>	<b>Description</b>	<b>Scoring / Interpretation</b>	<b>Accuracy</b>	<b>Time</b>	<b>Typical Clinical Setting(s)</b>
SCOFF Questionnaire	Brief screening tool designed for non-specialists to identify possible eating disorders, primarily anorexia nervosa and bulimia nervosa.	≥2 positive responses indicate a positive screen requiring further assessment.	Sensitivity ~100% for anorexia nervosa and bulimia nervosa; specificity ~85–90%.	5 yes/no questions (~1 minute)	Primary care; internal medicine; OB/GYN; endocrinology; obesity medicine; pre-GLP-1 screening
Eating Disorder Screen for Primary Care (ESP)	Primary-care–specific screening tool to identify risk of eating disorders.	Any abnormal response indicates a positive screen requiring evaluation.	Demonstrated good sensitivity in primary care populations.	5 yes/no questions (~1–2 minutes)	Primary care; family medicine; preventive care visits
Screening for Disordered Eating (SDE)	Brief, self-report screening tool designed for use in primary care to identify disordered eating patterns, including anorexia nervosa, bulimia nervosa, and binge-eating disorder. Validated for adults.	≥2 “yes” responses indicate a positive screen requiring further evaluation.	Demonstrated improved sensitivity and specificity compared with SCOFF in primary care populations; validated psychometric properties.	5 questions (~1 minute)	Primary care; internal medicine; family medicine; preventive care visits; obesity medicine; behavioral health integration

Name of Screen	Description	Scoring / Interpretation	Accuracy	Time	Typical Clinical Setting(s)
BEDS-7 (Binge-Eating Disorder Screener)	Condition-specific screener for probable binge-eating disorder.	Weighted scoring; positive screen suggests probable BED.	Validated for BED with good reliability and specificity.	7 questions (~2–3 minutes)	Primary care; obesity medicine; endocrinology; weight-management programs
Eating Disorder Examination Questionnaire (EDE-Q)	Self-report tool assessing frequency and severity of eating-disorder behaviors.	Produces subscale and global scores; higher scores indicate greater severity.	Gold-standard symptom severity measure with strong psychometric validity.	28 questions; past 28 days (~10–15 minutes)	Outpatient behavioral health; specialty eating disorder clinics; intensive outpatient programs; integrated primary care for follow-up assessment

**Implementation Note:** These screening tools may or may not be available within a provider’s Electronic Health Record (EHR) assessment suite. If implemented outside the EHR, practices may need additional workflow steps (e.g., template builds, scoring workflows, documentation standards, staff training) and should confirm any applicable organizational policies, licensing/scope-of-practice requirements, and/or permissions needed to administer, score, and document results. Screening tools support identification of risk but do not replace clinical evaluation or diagnosis. These screening tools are not diagnostic and should not be used in isolation for clinical decisions. Clinical judgment and appropriate referrals remain essential to ensure optimal patient care.



## Recommended Follow-Up for a Positive Screen

- 1 Discuss results with the patient using supportive, non-stigmatizing language.
- 2 Conduct or refer for a comprehensive clinical assessment.
- 3 Evaluate for medical or behavioral health risks requiring urgent attention.
- 4 Refer to behavioral health or eating-disorder–experienced providers as appropriate.  
  
Telehealth behavioral health services may be utilized for mild to moderate needs, with referral to in person or higher levels of care when clinically indicated.
- 5 Coordinate care with dietitians, primary care, and health plan supports as needed.

Providers may identify appropriate in-network behavioral health providers by using the **Find Care** tool and selecting **Behavioral Health** or **Mental Health** specialties, including psychiatrists, psychologists, and licensed therapists (e.g., LCSW, LPC, LMFT), and refining by keywords (e.g., disordered eating, anorexia, bulimia, binge eating disorder) when available.

<https://www.bcbst.com/get-care/find-care>

Below are examples of disordered eating treatment providers. Please check for current in-network options. BlueCare approves out-of-network services on a case-by-case basis through its Utilization Management prior authorization process, as outlined in the Provider Administration Manual and related authorization forms posted on the **provider website**. These providers are out of our network, but Single Case Agreement has been used, when needed.

- › **Vanderbilt Eating Disorders (Nashville, TN)** – Outpatient; geared toward children, adolescents, and young adults. Evaluation/management plus medical, psychological, and nutritional treatment.  
  
719 Thompson Lane, Suite 36300,  
Nashville, TN 37201
- › **Focus Treatment Center (Chattanooga, TN)** – Youth and adults; residential and virtual outpatient care.  
  
7429 Shallowford Road,  
Chattanooga, TN 37421
- › **Veritas Georgia – The Emily Program (Dunwoody, GA)** – Residential, Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP); virtual care.  
  
41 Perimeter Center East, Suite 250,  
Dunwoody, GA 30346
- › **Veritas North Carolina – The Emily Program (Durham, NC)** – Residential, PHP, IOP.  
  
4024 Stirrup Creek Drive, Suite 200,  
Durham, NC 27703
- › **The Transformation Center** – Inpatient, Residential, PHP, IOP, Outpatient therapy  
  
1088 Rogers Road, Memphis, TN 38018

## Health Plan Population Health Support

Health plans offer Population Health care management services designed to complement clinical care and support patients between visits. Depending on eligibility, supports may include dietitian services, health coaching, behavioral health referrals, pharmacy education, and digital tools.

Providers remain the central decision-makers in patient care. The Obesity Model of Care is intended to reinforce treatment plans and address barriers that affect outcomes.

Please call **1-888-416-3025** to refer BlueCare, TennCare*Select* or CoverKids members in need of assistance from the Population Health Care Team.



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bluecare.bcbst.com](http://bluecare.bcbst.com)