

Documenting Prior Lifestyle Intervention

How to document prior lifestyle intervention history in a way that satisfies step therapy requirements — and survives payer review.

Includes: five essential documentation elements · three note examples · do's and don'ts · printable patient session log

Why This Matters

Most commercial payers require documentation that a patient attempted structured lifestyle intervention before approving a GLP-1. The most common reason this step therapy requirement fails is not that the patient didn't try — it's that the documentation doesn't clearly establish what was done, for how long, and why it wasn't sufficient. This guide fixes that.

SECTION 1

The Five Essential Documentation Elements

Every prior lifestyle intervention note submitted in support of a GLP-1 PA must include all five of these elements. Missing even one is a common denial trigger.

<p>1</p>	<p>Program Name Identify the specific program or provider type. Registered dietitian (RD/RDN) visits · Commercial weight loss program (e.g., Weight Watchers / WW) · Clinic-based structured nutrition counseling · Intensive Behavioral Therapy (IBT) for obesity · Medically supervised low-calorie diet program</p>
<p>2</p>	<p>Dates — Start and End Specify the exact duration. Most payers require 3–6 months minimum. Include month and year at minimum. Visit-level dates are stronger. Example: 'March 2023 through October 2023 (8 months).' Vague language like 'the past year' is insufficient.</p>
<p>3</p>	<p>Type and Intensity of Intervention Describe what was actually done during the program. Dietary approach (caloric restriction, Mediterranean, protein-focused) · Exercise regimen and frequency · Behavioral counseling components · Frequency of visits or check-ins · Any structured meal replacement or monitored component</p>

4	<p>Supervision Status</p> <p>Establish that the intervention was supervised or professionally directed.</p> <p>Payers distinguish between 'patient tried a diet' and 'patient participated in a supervised program.'</p> <p>Document who supervised: RD, behavioral health provider, PCP with structured obesity counseling, or certified weight management coach within a formal program.</p>
5	<p>Outcome and Reason for Insufficiency</p> <p>Document the result and why pharmacological therapy is now appropriate.</p> <p>Weight lost and regained (weight cycling) · Plateau despite adherence · Medical limitation preventing exercise intensification · Comorbidities inadequately controlled despite lifestyle change · Medically fragile: further caloric restriction not appropriate without pharmacological support</p>

SECTION 2

Three Documentation Examples

The same patient history — three ways it could be written. Only one will support a GLP-1 prior authorization.

EXAMPLE A — FAILS PA (too vague, no dates, no outcome)

"Patient has tried diet and exercise in the past without success. Recommending GLP-1 medication for weight management."

What's missing:

- No program name identified
- No start or end dates — duration unknown
- No description of what was tried or how long
- No supervision status — could be self-directed
- No outcome documented — 'without success' is not clinical language

EXAMPLE B — ACCEPTABLE (passes most payers, could be stronger)

"Patient participated in a structured weight loss program from January 2023 to June 2023 (6 months). Patient lost 8 lbs during the program but regained weight after discontinuation. Further lifestyle intervention has not produced sustained weight loss. GLP-1 therapy is being considered for chronic weight management given BMI of 34.2 with hypertension."

EXAMPLE C — IDEAL (all five elements present, clinically specific)

"Patient participated in a structured, supervised weight management program through our clinic's registered dietitian (RD) from February 2023 through September 2023 (8 months). Program included monthly individual RD counseling sessions focused on caloric restriction (1,400–1,600 kcal/day) and Mediterranean-style dietary pattern, combined with a structured walking program (target 150 min/week). Patient demonstrated consistent attendance (7 of 8 scheduled visits) and adherence to dietary plan as reported by RD session notes.

During this period, patient achieved a peak weight loss of 11 lbs (5.1% body weight). Weight subsequently plateaued and patient regained 7 lbs over the following 3 months despite continued behavioral adherence, suggesting physiological resistance to further calorie-restriction-based weight loss. Current BMI 36.8 with active comorbidities including HTN on two agents and obstructive sleep apnea. Further intensification of caloric restriction is not clinically appropriate without pharmacological support. GLP-1 receptor agonist therapy is indicated given failure of adequate supervised lifestyle intervention and ongoing metabolic risk."

SECTION 3

Do's and Don'ts at a Glance

□ DO	□ DON'T
Name the specific program or supervising provider type	Write 'diet and exercise' without any further detail
Include exact start and end dates (month and year minimum)	Use vague timeframes like 'over the past year' or 'recently'
Describe what the intervention involved (dietary approach, exercise)	Assume the reviewer will infer what 'a program' entailed
State whether the program was professionally supervised	Leave ambiguous whether it was self-directed or supervised
Document the clinical outcome: weight lost, plateau, regain	Write 'without success' — this is not clinical documentation language
Explain why further lifestyle intervention alone is insufficient	Leave the clinical rationale for pharmacotherapy unstated
Attach program records, dietitian notes, or weight logs if available	Rely solely on a brief note with no supporting documentation

SECTION 4

Patient Lifestyle Intervention Session Log

Give this form to patients at the start of a supervised lifestyle program. Ask them to bring it to every session and return it before the PA is submitted. Attach a completed copy to your prior authorization documentation.

Patient Name: _____	Date of Birth: _____	Prescribing Provider: _____
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Date	Provider / Program Seen	Session Type (dietitian / counseling / check-in)	Weight at Visit	Notes / Goals Discussed

Program start date:	_____	Program end date:	_____
Total sessions attended:	_____	Starting weight:	_____ lbs
Ending weight:	_____ lbs	Total weight change:	_____ lbs

Provider / program coordinator signature: _____ Date: _____

DISCLAIMER

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This document is provided for general educational and informational purposes among healthcare professionals. It does not constitute clinical protocols, treatment guidelines, formulary guidance, or legal advice. Prior authorization requirements, covered diagnoses, step therapy criteria, and payer policies vary by plan, formulary, and plan year — always verify current criteria directly with the relevant payer before submitting. Documentation examples are illustrative only and must be adapted to the individual patient's actual clinical history.

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