Human Services Department (HSD)— <i>Centennial Care</i> <sup>127, 128, 129</sup>			
Assessment & Counseling	Pharmacotherapy	AE STAT.	
COVERAGE may <u>include</u> :	NOT COVERED	OF THE STATE OF	
<ul> <li>Preventive Counseling G0438-G0439, 99401-99404, 99385-99387, 99395-99397</li> <li>The Alternative Benefit Plan (ABP)—for recipients aged 19-64 years at/below 100% FPL—includes coverage for preventive</li> </ul>	NM Medicaid <u>excludes</u> coverage of drugs used for weight loss/weight control.	TVES FLANDER F	
services, primary care visits, annual physical exams, lifestyle/behavior change counseling, chronic disease management, and nutritional evaluation/counseling for obesity.		Adults with obesity: $28\%^3$ Adults with diabetes: $10\%^3$	
<ul> <li>These services may not be covered for standard Medicaid recipients (over age 20) but may be provided through an MCO.</li> </ul>		<ul><li>27% of residents covered by Medicaid/CHIF</li><li>\$4.9 billion in total Medicaid spending (2015)</li></ul>	
<ul> <li>ABP recipients may be subject to small co-pays (non-preventive services only) depending on income.</li> </ul>	Bariatric Surgery COVERAGE may include:	<ul><li>88% enrolled in managed care</li><li>12% enrolled in fee-for-service <sup>4</sup></li></ul>	
Behavioral Assessment/Intervention G0447, 96150-96151, 96153-96154	Gastric Bypass, Gastric Band, Sleeve Gastrectomy	Resources & Contacts:	
<ul> <li>MCOs may choose to cover weight-loss programs as valued-added services, but these services are not covered under any NM Medicaid plan. (see also the Centennial Rewards program)</li> </ul>	<ul> <li>Prior authorization is required.</li> <li>Bariatric surgery services are only covered when medically indicated and alternatives are not successful.</li> <li>Limited to once per lifetime under ABP; no</li> </ul>	<b>NM Public Regulation Commission</b> Phone: 800-947-4722 <b>Human Services Department</b>	
Nutritional Consultation & Therapy* 97802-97804, G0270	- Limited to once per lifetime under ABP; no limitation for full Medicaid if medical necessity is met	Phone: 505-827-3100	
- *Service may be performed by a physician, dietician, or other qualifying practitioner.		<b>New Mexico Department of Health</b> Phone: 505-827-2619	

NEW MEXICO MEDICAID: MANAGED CARE PLANS <sup>130,131</sup> 4 plans total   683,219 enrollees			
Molina Healthcare (231,839 enrollees)	<b>Presbyterian Health Plan, Inc.</b> (225,253 enrollees)	Blue Cross Blue Shield of NM (138.331 enrollees)	
<b>MOLINA</b> ° HEALTHCARE	A PRESBYTERIAN	BlueCross BlueShield of New Mexico	
In addition to standard Medicaid services, Molina Healthcare covers:	In addition to standard Medicaid services, PHP covers:	In addition to standard Medicaid services, BCBSNM covers:	
<ul> <li>Value-Added Benefits</li> <li>Free access to evidence-based disease management and lifestyle change programs: <i>MyCD</i> Program and National Diabetes Prevention Program</li> <li>Extended full Medicaid benefits for women enrolled in maternity-only COE</li> <li>Up to 42 home-delivered meals/year after hospital discharge</li> </ul> Pharmacotherapy Possible coverage for OTC lipase inhibitor (orlistat/ <i>Alli</i> ) only; see OTC formulary. Bariatric Surgery Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage.	<ul> <li>Value-Added Benefits</li> <li>Wellness benefit covers up to 3 provider counseling visits; may include nutrition guidance, assistance w/ stress or life-changes, or employee assistance services.</li> <li>Adult physicals and related tests</li> <li>Extended full Medicaid benefits for women enrolled in maternity-only COE</li> </ul> Bariatric Surgery Must complete a prior authorization request to obtain coverage.	<ul> <li>Value-Added Benefits         <ul> <li>Transportation to/from exercise classes, health education sessions, and community support groups.</li> <li>Adult physicals and related tests</li> <li>Extended full Medicaid benefits for wome enrolled in maternity-only COE</li> </ul> </li> <li>Bariatric Surgery         <ul> <li>Must complete a prior authorization request to obtain coverage; see medical determination guidelines. (Providers can also submit a voluntary predetermination request.)</li> </ul> </li> </ul>	
<u>Resources</u> Phone: 1-800-580-2811 2017 Provider Manual Medicaid Prior Authorization Guide	<b><u>Resources</u></b> Phone: 505-923-5200 <b>2017 Practitioner &amp; Provider Manual</b> <b>Prior Authorization Guide</b>	<b><u>Resources</u></b> Phone: 505-291-3585 <b>Community Centennial Provider Manual</b> <b>Child Obesity Provider Toolkit</b>	

