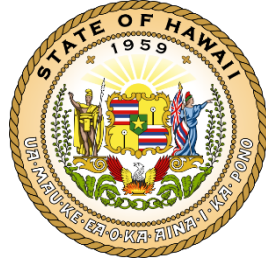


# HAWAII

## Med-QUEST <sup>52, 53, 54, 55</sup>

Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: <b>22%</b> <sup>3</sup>            Adults with diabetes: <b>9%</b> <sup>3</sup></p> <p><b>18%</b> of residents covered by Medicaid/CHIP  <b>\$2.0 billion</b> in total Medicaid spending (2015)</p> <p><b>99%</b> enrolled in managed care  <b>&lt; 1%</b> enrolled in fee-for-service <sup>4</sup></p> <p><b>Resources &amp; Contacts:</b></p> <p><b>Med-QUEST Division of Hawaii</b>            Phone: 808-587-3521</p> <p><b>Hawaii Division of Insurance</b>            Phone: 808-586-2790</p> <p><b>Hawaii State Department of Health</b>            Nutrition &amp; Physical Activity Section            Phone: 808-586-4671</p>
<p><b>COVERAGE may include:</b></p> <p><b>Preventive Counseling</b>            99385-99387, 99395-99397</p> <ul style="list-style-type: none"> <li>- Preventive risk assessments and health education services are covered for adults and children.</li> <li>- Coverage for routine physical exams is limited to once every two years for adults.</li> <li>- These periodic health assessments include screening for comorbidities and counseling on physical activity/nutrition.</li> </ul> <p><b>Behavioral Assessment/Intervention</b>            G0447, 96150-96155</p> <p><b>Nutritional Consultation &amp; Therapy</b>            97802-97804</p> <ul style="list-style-type: none"> <li>- Indicates reimbursement for nutritional counseling codes, but no mention of coverage/guidance in plan documents</li> </ul>	<p><b>COVERAGE may include:</b></p> <p>Xenical (<i>Orlistat</i>)</p> <ul style="list-style-type: none"> <li>- Prior authorization is required (submit <b>Form 1144B</b>).</li> <li>- Initial 3-month approval criteria:<sup>56</sup> <ul style="list-style-type: none"> <li>o Patient BMI <math>\geq 30 \text{ kg/m}^2</math> or BMI <math>\geq 27 \text{ kg/m}^2</math> with a comorbidity</li> <li>o Prescribed in conjunction with a reduced-calorie diet</li> </ul> </li> <li>- Subsequent authorization requests may be approved up to six months if patient demonstrates weight loss or maintenance of weight loss from initial period.</li> <li>- A daily multivitamin will be approved for use in conjunction with Xenical.</li> </ul>	
	<p><b>Bariatric Surgery</b></p>	
	<p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- Prior authorization is required for all requests; must be submitted in writing using <b>Form 1144</b>.</li> <li>- HMSA plan provides coverage <b>criteria</b></li> </ul> <p><u>Note:</u> <i>HI Medicaid specifically excludes coverage for jejunioileal bypass procedures.</i></p>	