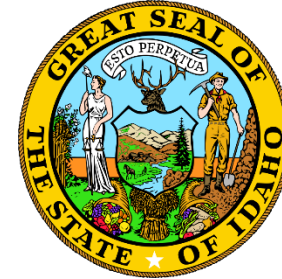


IDAHO

Department of Health & Welfare (DHW) ^{57, 58, 59, 60}

Assessment & Counseling	Pharmacotherapy ⁶¹		
<p>COVERAGE may include:</p> <p><i>Indicates reimbursement for preventive medicine codes, but not mentioned elsewhere in plan documents (possible coverage through weight management program)</i></p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - DHW offers Preventive Health Assistance (PHA) benefits to members with Basic or Enhanced Medicaid coverage, including provider reimbursement of up to \$200 per year for services provided in a licensed Weight Management Program⁶² that addresses lifestyle change through physical fitness, balanced diet, and personal health education. To enroll, participants must: <ul style="list-style-type: none"> - be over the age of five - have a BMI ≥ 30 kg/m² or a BMI ≤ 18.5 kg/m² (adults); BMI in the overweight or underweight category (children) complete the WM Agreement Form with their primary care provider <p>Behavioral Assessment/Intervention 96150-96154, G0473</p> <p>Nutritional Consultation & Therapy G0270, S9470</p> <ul style="list-style-type: none"> - Intensive nutritional education/counseling services (G0270, S9470)⁶³ are available only to children and pregnant women by physician referral. 	<p>COVERAGE may include:</p> <p>Xenical, Belviq, Contrave</p> <ul style="list-style-type: none"> - Prior authorization is required. Coverage criteria for consideration include BMI ≥ 40 kg/m² (BMI ≥ 35 kg/m² with a comorbidity) and documented weight loss failure with diet and exercise alone. <p><i>Note: DHW generally excludes coverage for weight loss products (except lipase inhibitors) and amphetamines used for weight loss.</i></p> <tr> <th data-bbox="730 792 1367 862">Bariatric Surgery</th> <td data-bbox="730 862 1367 1432"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure. - Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital. </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure. - Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital.
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Adults with obesity: **29%** ³
Adults with diabetes: **7%** ³

18% of residents covered by Medicaid/CHIP
\$1.7 billion in total Medicaid spending (2015)

93% enrolled in primary care case management
7% enrolled in fee-for-service ⁴

Resources & Contacts:

Idaho Department of Health & Welfare
Phone: 208-334-5500

Idaho Medicaid Program
Phone: 302-255-9500

Idaho Physical Activity & Nutrition Program
Phone: 208-334-5788