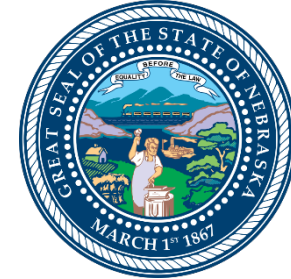


# NEBRASKA

Department of Health & Human Services (DHHS) <sup>115, 116, 117</sup>

Assessment & Counseling	Pharmacotherapy		
<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 services are only covered through EPSDT and for adult annual GYN or DD exams (copay required).</li> </ul> <p><b>Behavioral Assessment/Intervention</b> None</p> <ul style="list-style-type: none"> <li>- NMAP will not make payment for services provided when the sole diagnosis is "obesity".</li> <li>- Routine physical exams and weight control programs for adults are not covered.</li> <li>- Services may be covered when they are an integral and necessary part of a course of treatment for another serious medical condition.</li> </ul> <p><b>Nutritional Consultation &amp; Therapy</b> 97802-97804</p> <ul style="list-style-type: none"> <li>- Beginning in 2018, NE will <b>add</b> medical nutritional therapy as a covered preventive service</li> </ul> <p><i><b>NOTE:</b> Additional services may be covered for Heritage Health plan members under the managed care benefits package.</i></p>	<p><b>NOT COVERED</b></p> <p>NMAP explicitly <u>excludes</u> coverage of drugs or items recommended for weight control and/or appetite suppression.</p> <tr> <th data-bbox="728 716 1362 786">Bariatric Surgery</th> <td data-bbox="728 786 1362 1432"> <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.</li> <li>- Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity.</li> </ul> <p><i><b>Note:</b> Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.</i></p> </td> </tr>	Bariatric Surgery	<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.</li> <li>- Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity.</li> </ul> <p><i><b>Note:</b> Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.</i></p>
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Adults with obesity: **30%** <sup>3</sup>  
Adults with diabetes: **8%** <sup>3</sup>

**13%** of residents covered by Medicaid/CHIP  
**\$1.9 billion** in total Medicaid spending (2015)

**77%** enrolled in managed care  
**23%** enrolled in fee-for-service <sup>4</sup>

**Resources & Contacts:**

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Phone: 402-471-3121

**DHHS ACCESSNebraska**  
Phone: 855-632-7633

**Nebraska Department of Insurance**  
Phone: 402-471-2201