

MEDICAID FEE-FOR-SERVICE TREATMENT OF OBESITY INTERVENTIONS

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*50 State &
District of
Columbia
Survey*

- 2013 -

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

STOP
STRATEGIES TO
OVERCOME & PREVENT **OBESITY**
ALLIANCE

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Methodology and Findings

Methodology:

Research findings are based on an online document review of Medicaid provider manuals, drug formularies, and fee schedules conducted between August 14 and January 10, 2013. Findings are categorized into three broad categories: Nutritional Assessment/Consultation, Pharmaceutical Therapy, and Bariatric Surgery. We grouped CPT codes into four sub-categories: preventive counseling, nutritional consultation, disease management and education, and behavioral consultation and therapy. For the EPSDT sub-section, only services in excess of standard EPSDT coverage (refer to the Appendix for CMS regulations concerning EPSDT) are reported.

Search terms included: obesity, morbid obesity, weight, weight-loss, diet, nutrition, bariatric surgery, gastric bypass, roux-en-y, anorexiants, appetite suppressants, Phentermine, Adipex, Suprenza, Lonamin, Orlistat, Xenical, Qsymia, Belviq, and Lorcaserin

Findings:

Prevention-

7 states cover all obesity-related preventive care CPT codes. 30 states cover 1 or more obesity-related preventive care CPT code. 19 states cover no obesity-related preventive care CPT codes and/or state that obesity-related preventive care services are explicitly excluded in respective provider manuals. Coverage for 1 state (KS) was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

Provider manuals indicate that only one state – OH – states that the state *may* cover obesity-related preventive services.

Nutrition-

Six states cover all obesity-related nutritional consult CPT codes. Twenty-eight states cover 1 or more obesity-related nutritional consult CPT code. Twenty-one states cover no obesity-related nutritional consult CPT codes. Coverage for one state – KS – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

Provider manuals indicated that while six states – CT, MN, NM, SD, UT, WV – may utilize nutrition CPT codes, they are not reimbursable for treating obesity. Provider manuals also indicated that four states – GA, MI, NE, VT – that do not utilize nutrition CPT codes, do reimburse for nutritional counseling.

Disease Management-

No states cover all obesity-related disease management CPT codes. Seventeen states cover 1 or more obesity-related disease management CPT codes. Thirty-two states cover no obesity-related disease management CPT codes. Coverage for one state – KS – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

Behavioral Consultation-

Eleven states cover all obesity-related behavioral consult CPT codes. Twenty-five states cover 1 or more obesity-related behavioral consult CPT code. Twenty-four states cover no obesity-related behavioral consult CPT codes. Coverage for one state – KS – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

Pharmaceuticals-

Fourteen states cover obesity drugs. Of these states, five – AL, LA, ND, NJ, SC – limit coverage to lipase inhibitors (Orlistat/Xenical). Five states – Alabama, Hawaii, North Dakota, Virginia, and Wisconsin – require that certain weight-loss benchmarks be met over a specified timeframe in order to continue medication coverage once started. 36 states explicitly exclude all obesity drug coverage, with one state – VT – expressly citing safety concerns as justification for non-coverage. Coverage for 1 state – KS – was undeterminable.

Xenical: seven states – Alabama, Hawaii, Idaho, Michigan, North Dakota, Virginia, and Wisconsin - cover Xenical with a prior authorization. Four states – Arkansas, Connecticut, Louisiana, and New Hampshire - do not have Xenical listed on the preferred drug list (PDL) or prior authorization list, but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – Maryland – does not cover Xenical.

Alli: Five states – Arkansas, Connecticut, Hawaii, Louisiana, New Hampshire - did not have Alli on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. 4 states – Alabama, Maryland, Michigan, North Dakota - do not cover Alli. 3 states – Idaho, Virginia, and Wisconsin - had indeterminable coverage.

Qsymia: One state – Wisconsin - covers Qsymia with a prior authorization. 6 states – Arkansas, Connecticut, Hawaii, Idaho, Louisiana, and New Hampshire – did not have Qsymia on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. 4 states – Alabama, Maryland, Michigan, and North Dakota – do not cover Qsymia. 1 state – Virginia - had indeterminable coverage.

Belviq: Two states – Maryland and Wisconsin – cover Belviq with a prior authorization. 7 states – Arkansas, Connecticut, Hawaii, Idaho, Louisiana, Michigan, and New Hampshire - did not have Belviq on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. 2 states – Alabama and North Dakota – do not cover Belviq. 1 state – Virginia – had indeterminable coverage.

Phentermine: Forty-one states do not cover phentermine. Of the remaining 10 states, 9 states – ID, AR, HI, VA, RI, NH, FL, MD – did not have Phentermine on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – KS – had undeterminable coverage. WI is the only state to clearly cover phentermine.

Bariatric Surgery-

46 states cover bariatric surgery. Of these states, 36 require prior authorization and 37 require criteria other than BMI alone to determine eligibility. 5 states explicitly exclude bariatric surgery.

CPT/HCPCS-II Codes

In the **State-by-State Charts** section, if CPT/HCPCS-II codes are listed for a state, refer to the table below for a full listing of which codes match which services. States may still restrict eligibility for these benefits and may summarily exclude their use for the prevention and treatment of obesity, however, we did not find an indication in the provider manuals or fee schedules to indicate that this is the case.

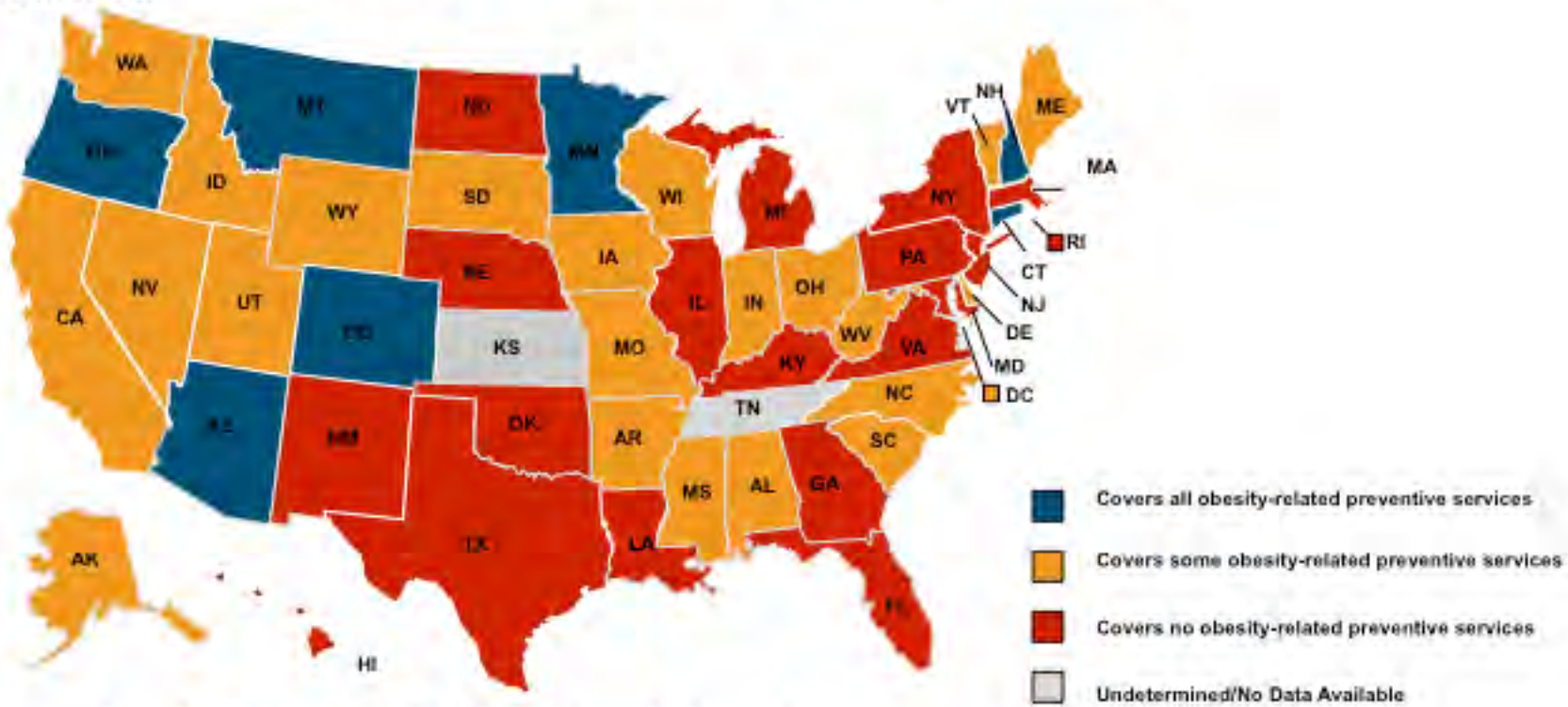
Providers and beneficiaries should **always** check with their respective billing entity **before** assuming services are covered.

Table 1: Obesity-related CPT/HCPCS-II Codes

CPT/HCPCS-II code	Code description	Obesity-related service
Prevention		
99401-99404 or 99411-99412	Counseling and/or risk factor reduction intervention (individual or group)	Obesity prevention counseling
Nutrition		
S9452	Nutrition class, non-physician provider	Nutrition class
97802-97804 and/or S9470	Medical nutrition therapy (individual or group); nutritional assessment and intervention by non-physician provider	Nutritional counseling
Disease Management		
99078	Miscellaneous services; physician educational services to patients in group setting	Group counseling for patients with symptoms/illnesses
S0315-S0316	Health education disease management program; initial and follow-up assessments	Health education
S9445-S9446	Patient education, not otherwise specified non-physician provider, individual or group	Health education
98960-98962	Education and training for patient self-management, by non-physician	Counseling for individuals or groups of patients with symptoms/illnesses
Behavioral Consult and Therapy		
96150-96155	Health and behavior assessments (health-focused clinical interview, behavior observations, psychophysiological monitoring, health-oriented questionnaires)	Health and behavioral intervention/counseling
S9449	Weight management class, non-physician provider	Weight management class
S9451	Exercise class, non-physician provider, per session	Exercise class

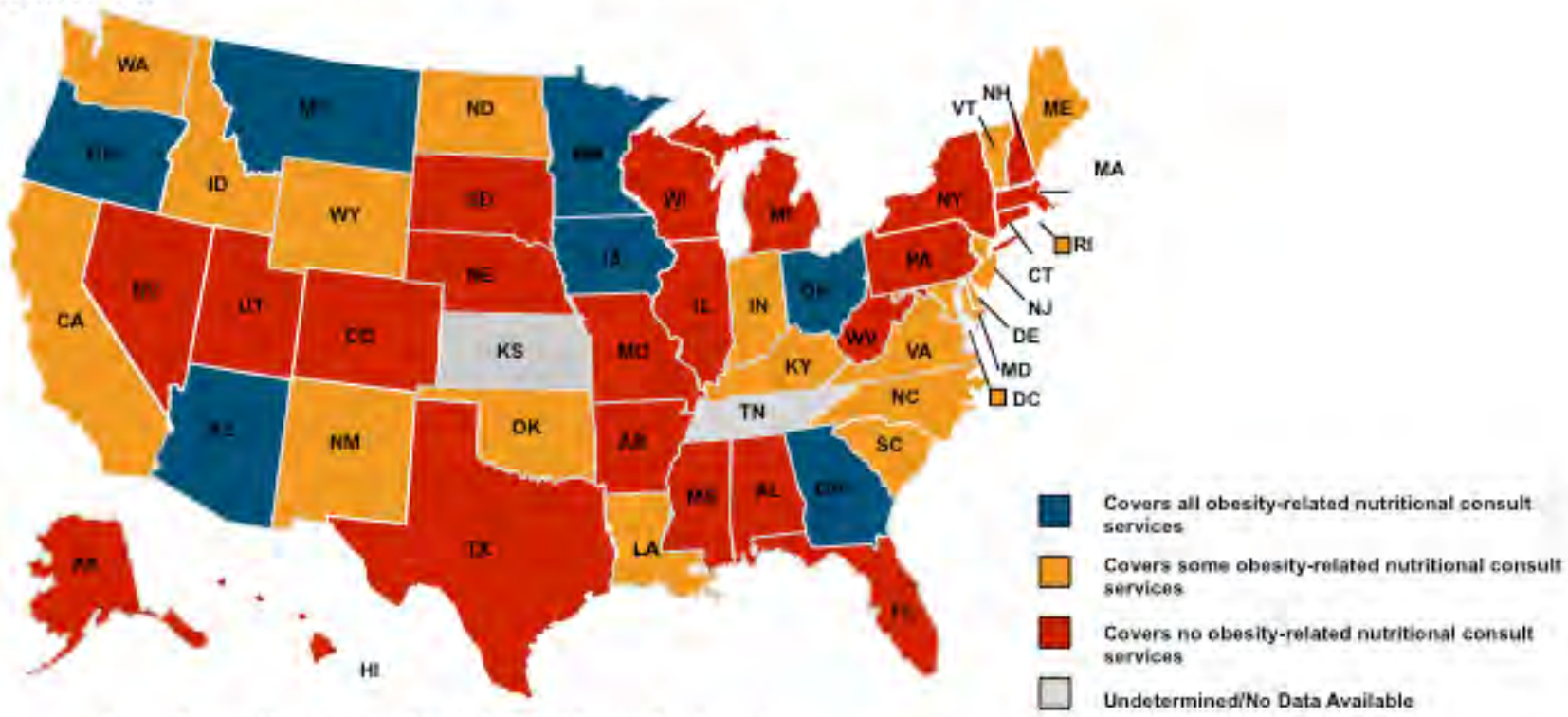
Maps of State Coverage

Map 1: Medicaid Coverage of Obesity-Related Preventive Counseling Services



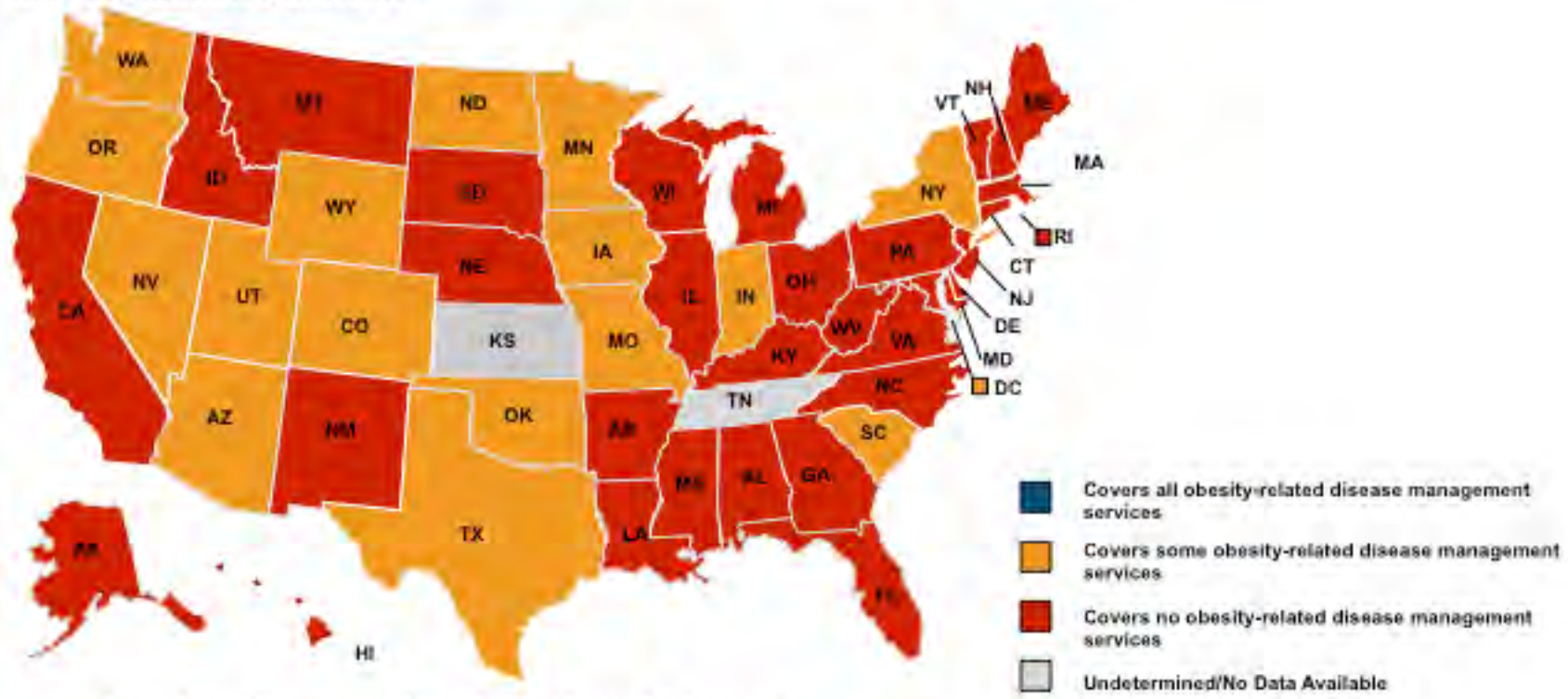
Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
Note: Common Preventive Services are defined as CPT codes 99401-99404 and 99411-99412

Map 2: Medicaid Coverage of Obesity-Related Nutritional Consult Services



Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
 Note: Common Nutritional Consult Services are defined as CPT codes S9452, 97802-97804, S9470

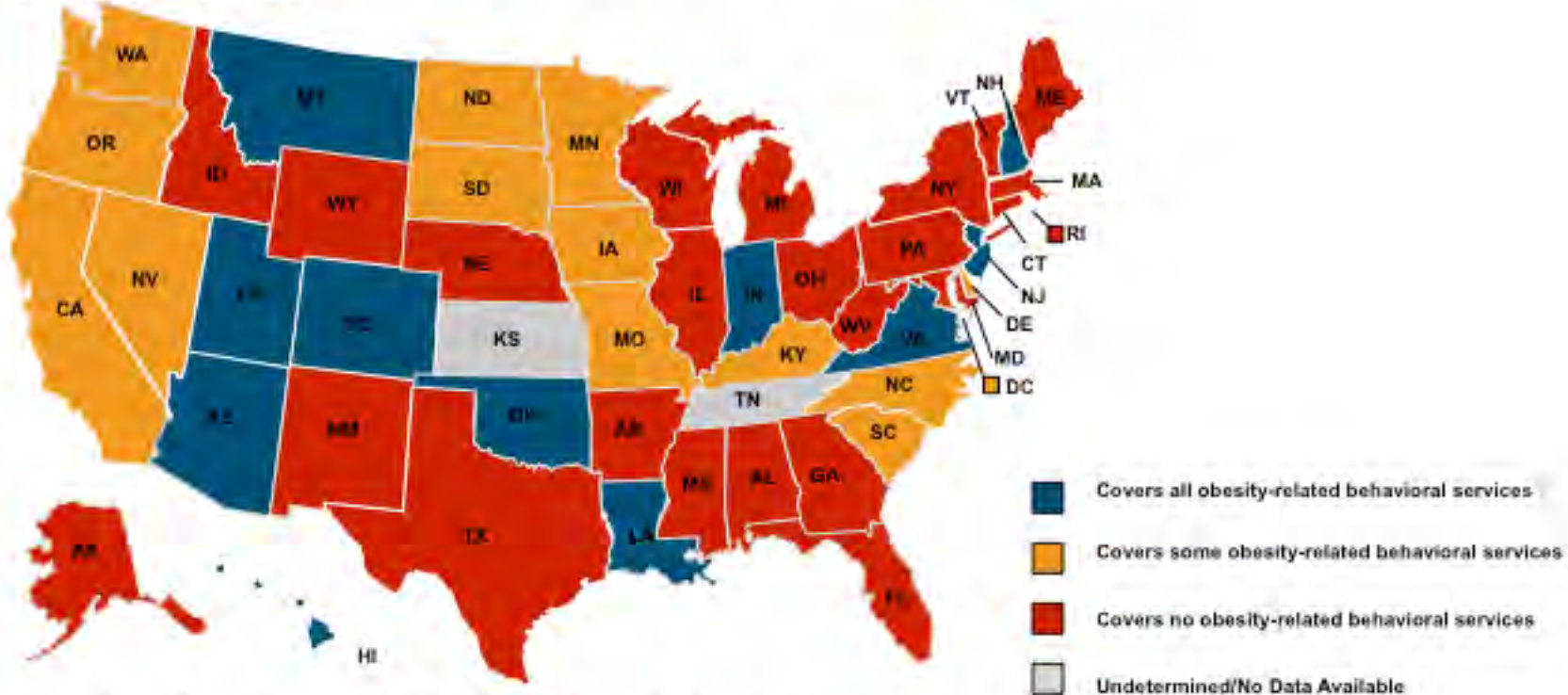
Map 3: Medicaid Coverage of Obesity-Related Disease Management and Education Services



Source: Provider Manuals and CPT Code Search of Provider Fee Schedules

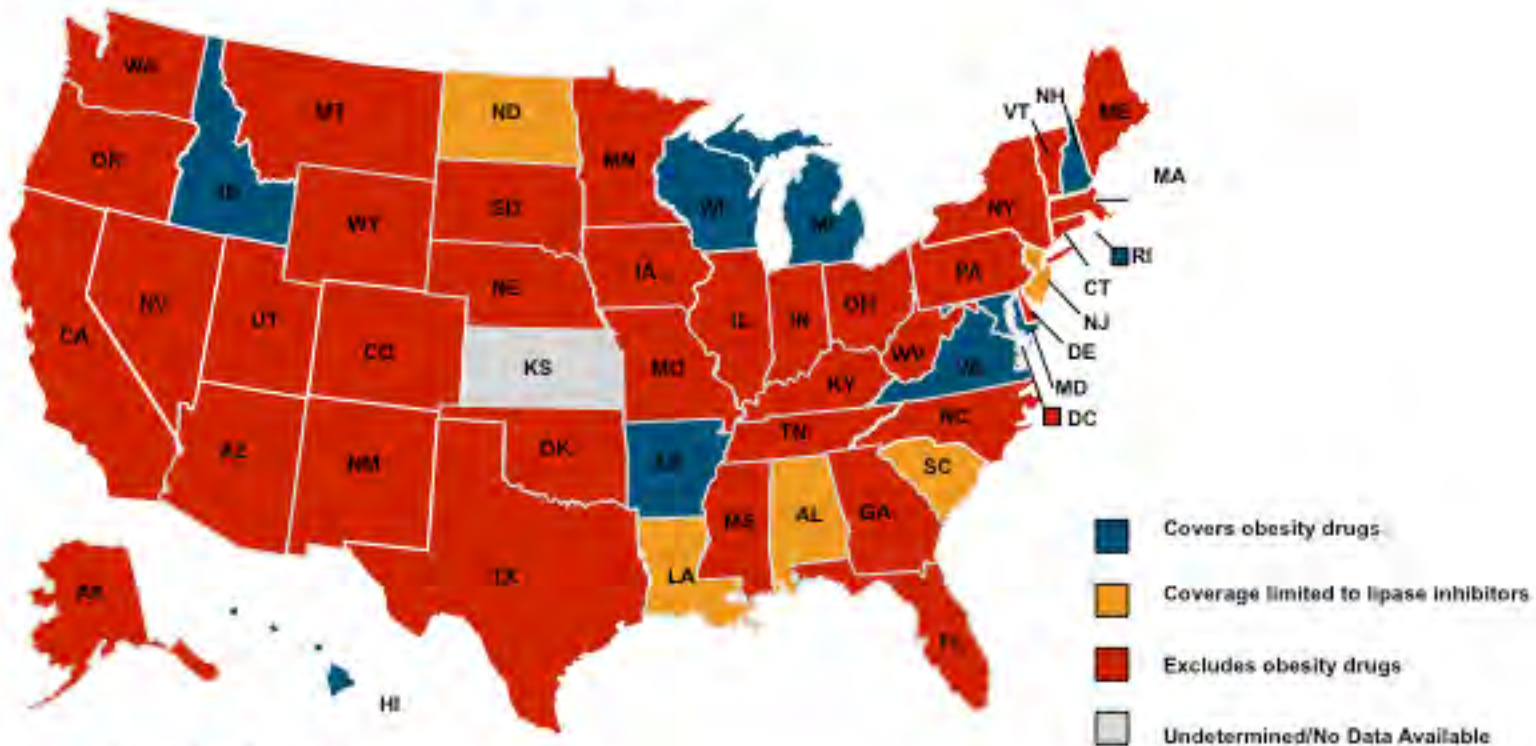
Note: Common Disease Management Services are defined as CPT codes 99070, S0315-S0316, S9445-S9446, and 98960-98962

Map 4: Medicaid Coverage of Obesity-Related Behavioral Consult and Therapy Services



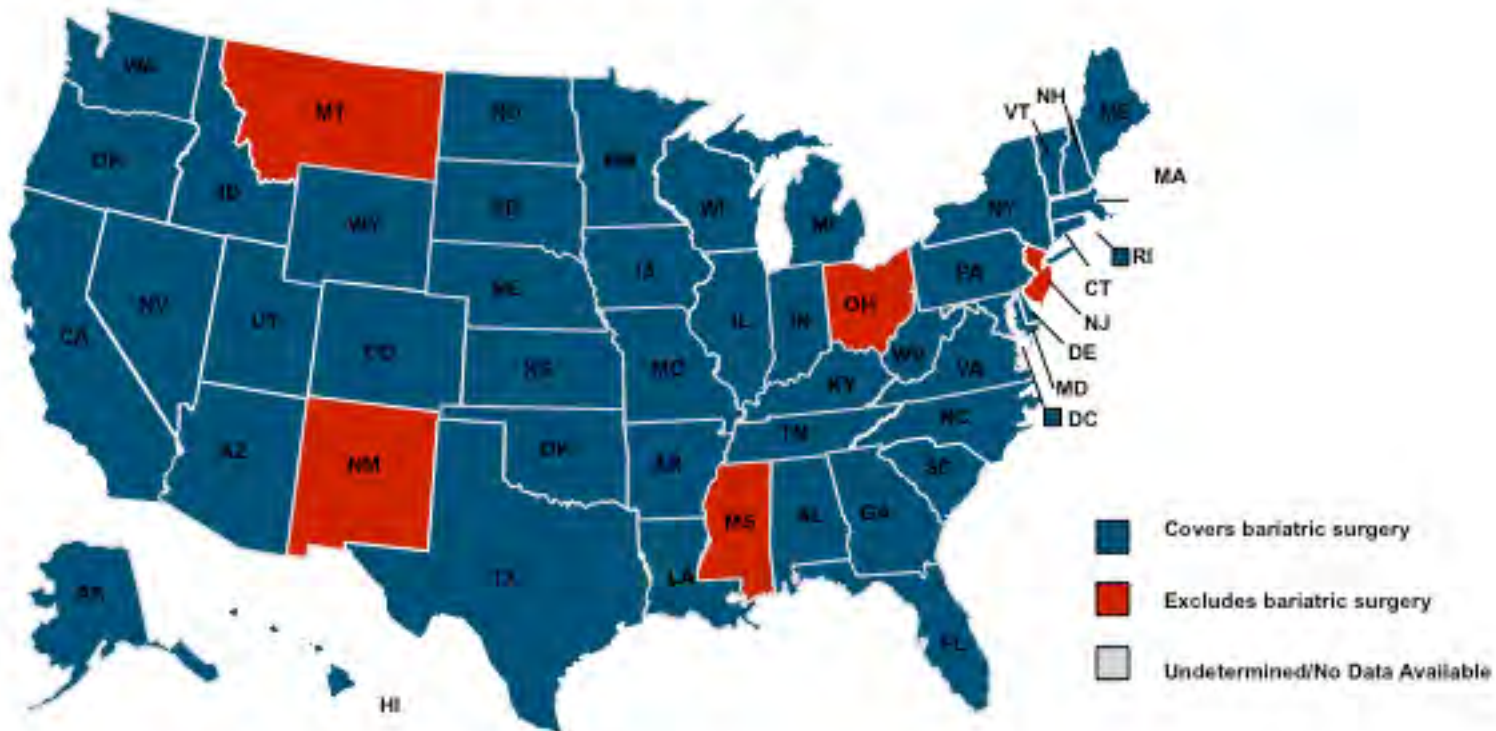
Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
 Note: Common Behavioral Services are defined as CPT codes 96150-96155, S9499, S9451

Map 5: Medicaid Coverage of Obesity Drugs



Source: State Provider Manuals

Map 6: Medicaid Coverage of Bariatric Surgery



Source: State Provider Manuals

ALABAMA Alabama Medicaid Agency		
Nutritional Assessment/Counseling ¹²	Pharmaceutical Therapy ³	Bariatric Surgery ⁴
<p>Adults: Medicaid does not cover dietitians except for recipients under 21 years of age.</p> <p>CPT Codes: 99401-99402</p> <p>EPSDT: Diet instruction performed by a physician is considered part of a routine visit</p> <p>Health care services, other than specified screenings, require prior approval</p>	<p>Prior authorization required. PA requirements not specified beyond PA form.</p> <p>Xenical is the only agent currently covered.</p> <p>To receive prior authorization for Xenical®, the patient must be 18 years of age or older and have at least one of the following primary medical diagnoses:</p> <ul style="list-style-type: none"> • Diabetes mellitus • Hypertension • Hyperlipidemia <p>Renewal requests require the patient’s previous and current weights (in pounds). Continued weight loss must be documented for renewals.</p> <p>There must be documentation in the patient record to support failure with prior physician supervised exercise/diet regimen(s) of at least 6 months duration. Documentation must also show that adjuvant therapy is planned.</p> <p>Medical justification may include peer-reviewed literature, medical record documentation, or other information specifically requested.</p> <p>Approval may be given for up to 3 months with initial request, and up to 6 months for each subsequent request to a total approval period not to exceed 2 years for the recipient.</p>	<p>Prior authorization required.</p> <p>Must be within 18 and 64 years of age. Must meet specific medical criteria and PA or the surgery will be considered cosmetic and will not be covered by Medicaid.</p> <p>Specific prior authorization criteria not found.</p>

ALASKA
Department of Health and Social Services

Nutritional Assessment/Counseling^{56, 7}	Pharmaceutical Therapy⁸	Bariatric Surgery⁹
<p>Adults: Swimming therapy, weight loss programs, programs to improve overall fitness, and maintenance therapy are not covered services.</p> <p>CPT Codes: 99401-99404</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p> <p>Coverage for a child under 21 years of age includes one initial assessment within a calendar year, and up to 12 additional hours within a calendar year for counseling and follow-up care, unless additional visits are prescribed by a physician, ANP, or other licensed health care practitioner who may order those services within the scope of the practitioner’s license. Medical justification is required for prescribed services in excess of 12 hours per calendar year.</p>	<p>Services related to weight loss or obesity are not covered.</p>	<p>Prior authorization required.</p> <p>Gastric bypass may be covered if there is medical justification and if a service authorization is received.</p> <p>Specific prior authorization criteria not found.</p>

ARIZONA
Health Care Cost Containment System (AHCCCS)

Nutritional Assessment/Counseling¹⁰	Pharmaceutical Therapy¹¹	Bariatric Surgery¹²
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, S0315-S0316, S9451</p> <p>EPSDT: Nutritional assessments are conducted to assist EPSDT members whose health status may improve with nutrition intervention. AHCCCS covers the assessment of nutritional status provided by the member's primary care provider (PCP) as a part of the EPSDT screenings specified in the AHCCCS EPSDT Periodicity Schedule, and on an inter-periodic basis as determined necessary by the member's PCP. AHCCCS also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP. This includes EPSDT eligible members who are under or overweight. To initiate the referral for a nutritional assessment, the PCP must use the Contractor referral form in accordance with Contractor protocols. Prior authorization (PA) is not required when the assessment is ordered by the PCP.</p> <p>Includes note in the periodicity schedule that, "If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered."</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Anti obesity agents 	<p>Prior authorization required.</p> <p>Bariatric surgery will continue to be covered under Medicaid, AHCCCS providers must use evidence-based guidelines before authorizing bariatric surgery.</p> <p>Specific prior authorization and evidence-based guideline criteria not found.</p>

**ARKANSAS
Arkansas Medicaid**

Nutritional Assessment/Counseling	Pharmaceutical Therapy¹³	Bariatric Surgery¹⁴
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 99401-99402</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior authorization required</p> <p>Approval criteria: Diagnosis of hyperlipidemia in the past 365 days, AND One of the following criteria:</p> <ul style="list-style-type: none"> • Criterion 1: Drug claims for concurrent niacin and HMG-CoA reductase inhibitor (statin) therapy for 180 days in the last 270 days, AND Maximum doses of both drugs (niacin and HMG-CoA reductase inhibitor) for >60 days in the past 90 days • Criterion 2: Drug claim for orlistat in the past 45 days (Signifying above criteria previously met) <p>Quantity limits apply</p>	<p>Prior authorization required</p> <ol style="list-style-type: none"> A. The patient must be between 18 and 65 years of age. B. The beneficiary has a documented body-mass index >35 and has at least one co-morbidity related to obesity. C. The beneficiary must be free of endocrine disease as supported by an endocrine study consisting of a T3, T4, blood sugar and a 17-Keto Steroid or Plasma Cortisol. D. Under the supervision of a physician the beneficiary has made at least one documented attempt to lose weight in the past. The medically supervised weight loss attempt(s) as defined above must have been at least six months in duration. E. Medical and psychiatric contraindications to the surgical procedure have been ruled out (and referrals made as necessary) F. A complete history and physical, documenting <ol style="list-style-type: none"> 1. beneficiary's height, weight, and BMI 2. the exclusion or diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome, G. A psychiatric evaluation no more than three months prior to the requesting authorization. The evaluation should address these issues: <ol style="list-style-type: none"> 1. Ability to provide, without coercion, informed consent, 2. family and social support, 3. patient ability to comply with the postoperative care plan and, identify potential psychiatric contraindications <p>Covered Procedures</p> <ul style="list-style-type: none"> • Open and laparoscopic Roux-en-Y gastric bypass (RYGBP) • Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS) • Laparoscopic adjustable gastric banding (LAGB) Vertical banded gastroplasty • Gastric Bypass <p>Non-covered Procedures</p> <ul style="list-style-type: none"> • The following bariatric surgery procedures are non-covered: • Open adjustable gastric banding • Open and laparoscopic sleeve gastrectomy

**CALIFORNIA
Medi-Cal**

Nutritional Assessment/Counseling	Pharmaceutical Therapy	Bariatric Surgery ¹⁵
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96153, 99401, S9470</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded (not included in drug formulary or mentioned in provider manual).</p>	<p>Prior authorization required</p> <p>Morbid obesity can be a health danger because of the associated increased prevalence of cardiovascular risk factors such as hypertension, hypertriglyceridemia, hyperinsulinemia, diabetes mellitus and low levels of high-density lipoprotein (HDL) cholesterol. Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents. When these less drastic measures have failed or are not appropriate, providers may use the following surgical treatment options for morbidly obese recipients. TAR approval is required and recipients must meet ALL criteria specified:</p> <ul style="list-style-type: none"> • The recipient has a BMI, the ratio of weight (in kilograms) to the square of height (in meters), of: Greater than 40, or Greater than 35 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery. • The recipient has failed to sustain weight loss on conservative regimens. Examples of appropriate documentation of failure of conservative regimens include but are not limited to: <ul style="list-style-type: none"> ○ Severe obesity has persisted for at least five years despite a structured physician-supervised weight-loss program with or without an exercise program for a minimum of six months. ○ Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss. • The recipient has a clear understanding of available alternatives and how his or her life will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved. • The recipient has received a pre-operative medical consultation and is an acceptable surgical candidate • Authorization for bariatric surgery will only be approved for a Centers for Medicare and Medicaid Services certified Center of Excellence <p>Additional criteria apply - refer to source for full criteria</p>

COLORADO
Department of Health Care Policy and Finance

Nutritional Assessment/Counseling¹⁶	Pharmaceutical Therapy¹⁷	Bariatric Surgery¹⁸
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96155, 99401-99404, 99411-99412, S9445</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Drugs for anorexia (weight loss) 	<p>Colorado Medicaid covers bariatric surgery for the treatment of clinically severe obesity, when medically necessary as described in this policy. Bariatric surgery is preferably performed under the guidance of a multidisciplinary team (including surgeon, physician, dietician, and licensed qualified mental health professional) particularly experienced in the performance of bariatric surgery and the pre- and post-operative management of bariatric surgery.</p> <p>Colorado Medicaid is committed to risk-appropriate care that will enhance optimal health and well being. Best practice guidelines include establishing a healthy lifestyle incorporating regular exercise, as well as a diet high in fruits and vegetables and low in both saturated fats and sugars. Bariatric surgery plays a role in managing severely obese clients who are unable to achieve appropriate body weight by diet and exercise alone, especially in situations of clinically severe obesity with medical co-morbidities.</p> <p>Colorado Medicaid does not distinguish between criteria for adults and teenagers, except that the mental health evaluations for teenagers must also address issues specific to the teenagers' maturity as relates to compliance with postoperative.</p>

CONNECTICUT
Department of Social Services

Nutritional Assessment/Counseling^{19, 20}	Pharmaceutical Therapy²¹	Bariatric Surgery²²
<p>Adults: The Department will not cover services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies which states that the Agency shall pay for surgical services necessary to treat morbid obesity [when] as defined by the ICD that causes or aggravates another medical illness [is caused by, or is aggravated by, the obesity. Such illnesses shall include, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, “morbid obesity” means “morbid obesity” as defined by the International Classification of Diseases (ICD), as amended from time to time]</p> <p>CPT Codes: 99401-99404, 99411-99412, 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> Any drugs used in the treatment of obesity. 	<p>Covered when medically necessary as defined by the ICD that causes or aggravates another medical illness, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system.</p>

DELAWARE
Health & Social Services Division of Medicaid & Medical Assistance

Nutritional Assessment/Counseling	Pharmaceutical Therapy²³	Bariatric Surgery²⁴
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96154, 99411-99412, S9470</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs indicated for the treatment of obesity are not routinely covered by the DMAP.</p>	<p>Prior authorization required.</p> <p>The DMAP may cover bariatric surgery for treatment of obesity in adults when the patient’s obesity is causing significant illness and incapacitation and when all other more conservative treatment options have failed.</p> <p>All requests for bariatric surgery must be prior authorized. This includes the surgeon, assistant surgeon (if medically necessary), anesthesiologist, and facility.</p> <p>Requests for prior authorizations of bariatric surgery must be submitted in writing.</p> <p>Specific prior authorization criteria not found.</p>

**DISTRICT OF COLUMBIA
Department of Health Care Finance**

Nutritional Assessment/Counseling²⁵	Pharmaceutical Therapy²⁶	Bariatric Surgery²⁷
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96151-96155, 99401, 99411, S9470, S9445, S9451</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Anti-obesity drugs 	<p>Prior authorization required.</p> <p>Gastric bypass requires written justification and prior authorization.</p> <p>Specific prior authorization criteria not defined.</p>

FLORIDA
Agency for Health Care Administration

Nutritional Assessment/Counseling²⁸	Pharmaceutical Therapy²⁹	Bariatric Surgery³⁰
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: None</p> <p>EPSDT: Based on the provider’s medical discretion, the following elements, as appropriate for the child’s age and health history, should be documented:</p> <ul style="list-style-type: none"> • Height and weight (measure and plot on a standard chart) <p>Includes note to: See the CDC website at www.cdc.gov/growthcharts/; AAP website at www.aap.org; and Bright Futures website at www.brightfutures.org for information on new growth charts to calculate and plot weight, height, and Body Mass Index (BMI) using age and gender-appropriate graphs; as well as, information on weight problems, such as obesity.</p> <p>Anticipatory guidance follows AAP BrightFutures Anticipatory Guidelines</p>	<p>Medicaid does not reimburse for appetite suppressants (unless prescribed for an indication other than obesity)</p>	<p>Prior authorization required.</p> <p>All bariatric surgical procedures require prior authorization by the inpatient hospital Medicaid QIO peer review organization.</p> <p>All bariatric surgical procedures requested for overweight and obesity must use the additional ICD-9 code to identify body mass index (V85.1-V85.45).</p> <p>Note: See Authorization for Inpatient Hospital Admission in Chapter 2 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for the inpatient hospitalization authorization procedures. The Florida Medicaid Handbooks are located on the fiscal agent’s website at www.my-medicaid-florida.com</p> <p>Specific prior authorization criteria not found.</p>

GEORGIA
Department of Community Health

Nutritional Assessment/Counseling³¹	Pharmaceutical Therapy³²	Bariatric Surgery³³
<p>Adults: The Diagnostic, Screening and Preventive Services Program reimburses a broad range of diagnostic, screening, and preventive services. These services are provided at an office, clinic, school-based clinic, or similar facility in Georgia. Services include nutritional counseling.</p> <p>Nutritional Counseling (Individual & Group): Dietitians licensed by the Georgia Board of Examiners may bill for Nutritional Counseling. Medicaid reimburses for new patient nutritional assessment, established patient nutritional, counseling and nutritional group counseling visits:</p> <ul style="list-style-type: none"> • Nutritional Counseling (individual or group) can be billed as a single service if it was the only service provided that day. • Nutritional Counseling (individual or group) rendered in combination with other clinic services on a particular day should not be billed separately. • Nutritional Counseling for WIC-eligible members must be beyond the first two (2) nutrition education contacts. • Nutritional Group Counseling classes must be specific to client’s nutrition-related medical condition and diagnosis. <p>CPT Codes: None</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Agents used for anorexia or weight gain. 	<p>Bariatric Surgery for the treatment of morbid obesity is considered medically necessary when the following criteria are met:</p> <ol style="list-style-type: none"> 1. Presence of morbid obesity; and 2. Member has completed growth (18 years of age or documentation of completion of bone growth); and 3. The member must concurrently participate in an organized multidisciplinary surgical preparatory regimen coordinated by a qualified bariatric surgeon in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the member’s ability to comply with post-operative medical care and dietary restrictions; and 4. Member has participated in a physician-supervised nutrition and exercise program (including a low calorie diet, increased physical activity, and behavioral modification); and 5. Mental health evaluation by a psychiatrist or psychologist to determine any contraindications as listed below, mental competency and understanding of the nature, extent and possible complications of the surgery and ability to sustain dietary behavioral modifications needed to ensure a successful outcome of surgery. <p>Procedures Covered Only the following surgical procedures are covered:</p> <ol style="list-style-type: none"> a. Gastric segmentation along its vertical axis with a Roux-en Y bypass with distal anastomosis placed in the jejunum (Open - CPT 43846 or 43847 and Laparoscopic -CPT 43644) b. Laparoscopic adjustable silicone gastric banding (LASGB) (CPT 43770) c. Biliopancreatic Diversion with Duodenal Switch (Open -CPT 43847) <p>Non-Covered Procedures The following procedures are not covered due to being unsafe or not adequately studied:</p> <ol style="list-style-type: none"> a. Open adjustable gastric banding (CPT 43843) b. Open and laparoscopic vertical banded gastroplasty (CPT 43842) c. Gastric balloon (CPT 43843) d. Intestinal bypass (CPT43659) <p>Additional criteria apply – refer to source for full criteria</p>

**HAWAII
Med-QUEST**

Nutritional Assessment/Counseling³⁴	Pharmaceutical Therapy³⁵	Bariatric Surgery³⁶
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96155</p> <p>EPSDT: The screenings, assessments, surveillance, and anticipatory guidance under EPSDT are based upon the recommendations of CMS and the most current American Academy of Pediatrics (AAP) and Bright Futures guidelines.</p> <p>Other services are covered under EPSDT for clients up to the age of 21 years when the client’s physician has completed and submitted a prior authorization and DHS has determined that the services are medically necessary.</p>	<p>Prior authorization required for appetite suppressants (anorexics)</p> <p>General Prior Authorization Requirements: 1. Must be for one of the indications noted above; and 2. Used in conjunction with a reduced calorie diet</p> <p>Xenical/Orlistat Prior Authorization Requirements: 1. Patient’s height and weight or BMI; 2. Patient’s program for weight loss.</p> <p>Indications: 1. For patients with an initial Body Mass Index (BMI) greater than or equal to 30kg/m2 OR greater than or equal to 27kg/m2 in the presence of at least one other risk factor such as hypertension, sleep apnea, diabetes, dyslipidemia, coronary heart disease or other atherosclerotic diseases; and 2. Maintenance of weight loss</p> <p>Other types of weight loss products such as Meridia/Sibutramine may have more specific prior authorization criteria</p> <p>Initial approval will be for a maximum of 3 months. If there is weight loss or the recipient has been able to maintain prior weight loss during this initial period, subsequent prior authorization requests may be approved up to a maximum of 6 months.</p> <p>Refer to source for full criteria.</p>	<p>Prior authorization required.</p> <p>Prior authorizations required for gastroplasty for morbid obesity.</p> <p>Prior authorization criteria not detailed.</p> <p>Jejuno-ileal bypass procedures for morbid obesity is specifically excluded.</p>

IDAHO
Department of Health and Welfare

Nutritional Assessment/Counseling³⁷	Pharmaceutical Therapy³⁸	Bariatric Surgery^{39,40}
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 99401-99404, S9470</p> <p>EPSDT: Following criteria must be met for dietary counseling</p> <ul style="list-style-type: none"> • Ordered by a physician • Determined to be medically necessary • Payment for two visits during the calendar year is available at a rate established by DHW <p>Children may receive two additional visits when prior authorized.</p>	<p>Prior authorization required</p> <p>Must meet all criteria before coverage will be considered</p> <ul style="list-style-type: none"> • BMI \geq 40 with no co-morbidity or BMI \geq 35 with co-morbidity • Waist-to-Hip ratio 0.8-0.85 in females or 0.95-1.0 in males • Failed diet and exercise alone (include chart notes showing trials and failures) • Age over 18 years 	<p>Prior authorization required.</p> <p>Prior authorization is required for all bariatric surgeries as outlined in Information Release IR#MA04-57, Bariatric Surgery, Panniculectomy/Abdominoplasty, available online at: http://www.healthandwelfare.idaho.gov/DesktopModules/ArticlesSortable/ArticlesSrtView.aspx?tabID=0&ItemID=1346&mid=10309. Prior authorization requests should be directed to Qualis Health at 800 783-9207</p> <p>Idaho Medicaid rules concerning bariatric surgery are found in sections 431-434 of Idaho Code IDAPA 16.03.09, Medicaid Basic Plan Benefits, available online at: http://adm.idaho.gov/adminrules/rules/idapa16/0309.pdf.</p> <p>Medicaid will only cover bariatric surgeries that are performed in a Medicare approved Bariatric Surgery Center (BSC) or a Bariatric Surgery Center of Excellence (BCSE).</p> <p>Abdominoplasty or panniculectomy is covered when medically necessary, as defined in Section 011 of these rules, and when the surgery is prior authorized by the Department. The request for prior authorization must include the following documentation:</p> <ol style="list-style-type: none"> a. Photographs of the front, side and underside of the participant's abdomen; b. Treatment of any ulceration and skin infections involving the panniculus; c. Failure of conservative treatment, including weight loss; d. That the panniculus severely inhibits the participant's walking; e. That the participant is unable to wear a garment to hold the panniculus up; and (3-30-07) f. Other detrimental effects of the panniculus on the participant's health such as severe arthritis in the <p>Additional criteria apply – refer to source for full criteria</p>

ILLINOIS
Department of Healthcare and Family Services

Nutritional Assessment/Counseling⁴¹	Pharmaceutical Therapy⁴²	Bariatric Surgery⁴³
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: None</p> <p>EPSDT: Obesity services are mentioned but not explicitly detailed; focuses entirely on preventive action</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Weight loss drugs 	<p>Prior authorization required.</p> <p>Effective with dates of service October 1, 2012, and after, providers will be required to request prior approval for surgeries for morbid obesity.</p> <p>Payment for this service may be made only in those cases in which the physician determines that obesity is exogenous in nature, the recipient has had the benefit of other therapy with no success, endocrine disorders have been ruled out, and the body mass index (BMI) is 40 or higher, or 35 to 39.9 with serious medical complications.</p>

INDIANA
Office of Medicaid Policy and Planning

Nutritional Assessment/Counseling	Pharmaceutical Therapy⁴⁴	Bariatric Surgery^{45,46}
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96155, 99401, 99403-99404, 99411-99412, 97802-97804, 99078, S0315- S0316, S9445-S9446, S9449, S9451-S9452</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Anorectics or any agent used to promote weight loss 	<p>Prior authorization required.</p> <p>Bariatric surgery is recognized as medically necessary when used for the treatment of morbid obesity. All types of bariatric surgery are subject to the following conditions.</p> <p>Scope and duration of failed weight loss therapy must meet the following criteria.</p> <ol style="list-style-type: none"> a. Morbid obesity has persisted for at least five years duration, and b. Physician-supervised non-surgical medical treatment 2 has been unsuccessful for at least 6 consecutive months. Or b. Member has successfully achieved weight loss after participating in physician-supervised non-surgical medical treatment but has been unsuccessful at maintaining weight loss for two years [> 3 kg (6.6 lb.) weight gain].

IOWA
Department of Human Services

Nutritional Assessment/Counseling ⁴⁷	Pharmaceutical Therapy ⁴⁸	Bariatric Surgery ⁴⁹
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150, 96152-96154, 99402, 97802-97804, S9470, 98960-98962</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned however, Licensed dietitians employed by or under contract with physicians may provide nutritional counseling services to recipients age 20 and under.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Drugs used to cause anorexia, weight gain or weight loss 	<p>Prior authorization required.</p> <p>Specific prior approval criteria not found.</p>

KANSAS
Kansas Health Policy Authority

Nutritional Assessment/Counseling	Pharmaceutical Therapy	Bariatric Surgery ^{50 51}
<p>Adults: Provider Manual was inaccessible with weblink on state Medicaid agencies website</p> <p>CPT Codes:</p> <ul style="list-style-type: none"> • MediKan (Traditional FFS Medicaid): None <p>EPSDT: Provider Manual was inaccessible with weblink on state Medicaid agencies website</p>	<p>None found.</p>	<p>Prior authorization required.</p> <p>Open or laparoscopic Roux-en-Y bypass (RYGB), open or laparoscopic biliopancreatic diversion (BPD), with or without duodenal switch (DS), or laparoscopic adjustable silicone gastric banding (LASGB) will be considered medically necessary when selection criteria are met.</p> <p>Must meet either 1 (adults) or 2 (adolescents):</p> <ol style="list-style-type: none"> 1. For adults aged 18 years or older, presence of severe obesity that has persisted for at least the last 2 years (24 months), documented in contemporaneous clinical records, defined as any one of the following: <ul style="list-style-type: none"> • Body mass index (BMI) exceeding 40 • BMI greater than 35 in conjunction with either of the following severe comorbidities: <ul style="list-style-type: none"> ○ Clinically significant obstructive sleep apnea ○ Coronary heart disease ○ Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes) ○ Type 2 diabetes mellitus 2. Consumer has attempted weight loss in past without successful long-term weight reduction AND Consumer must meet either physician-supervised nutrition and exercise program or multi-disciplinary surgical preparatory regimen) <p>Bariatric surgery is only covered when performed at a Center of Excellence.</p> <p>Additional criteria apply – including separate criteria for children and adolescents - refer to source for full criteria</p>

KENTUCKY
Department for Medicaid Services
Cabinet for Health and Family Services

Nutritional Assessment/Counseling	Pharmaceutical Therapy ⁵²	Bariatric Surgery ⁵³
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96153, 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Drugs used for anorexia, weight loss, or weight gain 	<p>Prior authorization required.</p> <p>Bariatric Surgery for the treatment of morbid obesity is considered medically necessary when pre-authorized with the following criteria met:</p> <ol style="list-style-type: none"> 1. Presence of morbid obesity, defined as either: Body mass index (BMI)* exceeding 40; OR, BMI greater than 35 in conjunction with ANY of the following severe comorbidities: Coronary heart disease; OR, Type 2 diabetes mellitus; OR, Clinically significant obstructive sleep apnea (i.e., member meets the criteria for treatment of obstructive sleep apnea; OR, Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite optimal medical management); AND; 2. Member has completed growth (18 years of age or documentation of completion of bone growth); AND; 3. The member must concurrently participate in an organized multidisciplinary surgical preparatory regimen coordinated by a qualified bariatric surgeon in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the member's ability to comply with post-operative medical care and dietary restrictions. AND; 4. Member has participated in a physician-supervised nutrition and exercise program (including a low calorie diet, increased physical activity, and behavioral modification). This physician-supervised nutrition <p>Additional criteria apply – refer to source for full criteria</p>

LOUISIANA
Medicaid (Health Services Financing)
Office of Management and Finance, Department of Health and Hospitals

Nutritional Assessment/Counseling	Pharmaceutical Therapy ⁵⁴	Bariatric Surgery ⁵⁵
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 96150-96155, 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Anorexics – Medicaid does not reimburse for anorexics with the exception of orlistat; <p>Medicaid will provide reimbursement to outpatient pharmacies for orlistat prescriptions based on the following criteria:</p> <ul style="list-style-type: none"> • An authorized prescriber has hand written the prescription - no facsimiles allowed; • Patient is twelve years of age or older; • Only original prescriptions—no refills are allowed; • Maximums of ninety (90) capsules and thirty (30) days supply; • Patient has a documented current body mass index (BMI) of twenty-seven (27) or greater and the prescriber had identified the BMI, in his/her handwriting, on the dated prescription or a dated and signed attachment to the prescription; • Patient has other risk factors warranting the use of Orlistat and the prescriber has identified an approved ICD-9-CM diagnosis code in his/her handwriting, on the dated prescription or a dated and signed attachment to the prescription; and • No provisions for override of the prospective drug utilization edits, i.e., early refill (ER) and duplicate drug (ID) editing. <p>Refer to source for full criteria</p>	<p>Requires prior authorization.</p> <p>Louisiana Medicaid covers bariatric or weight loss surgery as an option only after a comprehensive and sustained program of diet and exercise with or without pharmacologic measures has been unsuccessful over time. Bariatric surgery may consist of open or laparoscopic procedures that revise the gastro-intestinal anatomy to restrict the size of the stomach and/or reduce absorption of nutrients.</p> <p>Prior Authorization: Surgeons who perform bariatric surgery must obtain prior authorization through the fiscal intermediary’s Prior Authorization (PA) Unit. The PA request shall include a thorough multidisciplinary evaluation within the previous 12 months.</p> <p>NOTE: A physician letter documenting recipient qualifications and medical necessity must accompany the PA request and must include confirmatory evidence of co-morbid condition(s). Photographs must be submitted with the request for consideration of bariatric surgery.</p>

**MAINE
Office of MaineCare Services
Department of Health and Human Services**

Nutritional Assessment/Counseling	Pharmaceutical Therapy⁵⁶	Bariatric Surgery⁵⁷
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 99401-99403, 99411-99412, 97802-97803</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Anorexic, or certain weight loss drugs. 	<p>Requires prior authorization.</p> <p>Reimbursement will be made to the physician, hospital or other health care provider for services related to gastric bypass, gastroplasty surgery or adjustable gastric banding only when prior approval has been granted by the Department . The request for prior authorization must be submitted by the surgeon who will be performing the surgery.</p> <p>For Members age twenty-one (21) years and younger, the surgery must also be recommended by all of the following, with documentation submitted with the prior approval request:</p> <ul style="list-style-type: none"> • a primary care provider; • an endocrinologist; • second surgeon not affiliated with the first surgeon’s practices; and • a licensed mental health professional specializing in children’s mental health”

MARYLAND
Medical Programs, Department of Health and Mental Hygiene

Nutritional Assessment/Counseling⁵⁸	Pharmaceutical Therapy⁵⁹	Bariatric Surgery⁶⁰
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: HealthChoice is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider for coverage details).</p> <p>EPSDT: Cites and directs practitioners to Childhood Obesity Action Network/NICH guidelines on identification and treatment.</p> <p>Cites and directs practitioners to Bright Futures guidelines for nutritional assessment and treatment</p>	<p>Prior authorization required:</p> <ul style="list-style-type: none"> • Belviq (Lorcaserin) <p>Not covered:</p> <ul style="list-style-type: none"> • Xenical/Alli (Orlistat) 	<p>Prior authorization required.</p> <p>PA criteria not found.</p>

MASSACHUSETTS
MassHealth, Office of Health and Human Services

Nutritional Assessment/Counseling	Pharmaceutical Therapy ⁶¹	Bariatric Surgery ⁶²
<p>Adults: Does not explicitly mention.</p> <p>CPT Codes: None</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The MassHealth agency does not pay for any drug used for the treatment of obesity.</p>	<p>Prior authorization required.</p> <p>MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.</p> <p>MassHealth bases its determination of medical necessity for bariatric surgery on a combination of clinical data and presence of indicators that would affect the relative risks and benefits of the procedure (if appropriate, including post-operative recovery).</p> <p>Specific prior authorization criteria not found</p>

MICHIGAN
Department of Community Health

Nutritional Assessment/Counseling⁶³	Pharmaceutical Therapy^{64,65}	Bariatric Surgery⁶⁶
<p>Adults: MDCH policy covers obesity treatment when done for the purpose of controlling life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone. The physician must request PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> • The medical history; • Past and current treatment and results; • Complications encountered; • All weight control methods that have been tried and failed; and • Expected benefits or prognosis for the method being requested. <p>CPT Codes: None</p> <p>EPSDT: Well-Child visits follow the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care which indicates all components and age-specific indicators for performing the various components.</p> <p>Treatment guidelines not found.</p>	<p>MDCH policy covers obesity treatment when done for the purpose of controlling life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone. The physician must request PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> • The medical history; • Past and current treatment and results; • Complications encountered; • All weight control methods that have been tried and failed; and • Expected benefits or prognosis for the method being requested. <p>Prior Authorization form only available for Xenical/Orlistat</p>	<p>Prior authorization required.</p> <p>MDCH policy covers obesity treatment when done for the purpose of controlling life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone. The physician must request PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> • The medical history; • Past and current treatment and results; • Complications encountered; • All weight control methods that have been tried and failed; and • Expected benefits or prognosis for the method being requested. <p>If surgical intervention is desired, a psychiatric evaluation of the beneficiary’s willingness/ability to alter their lifestyle following surgical intervention must be included.</p> <p>If the request is approved, the provider receives an authorization letter for the service, including billing instructions. A copy of the authorization letter must be attached to all claims submitted to MDCH for weight reduction services</p>

MINNESOTA
Department of Human Services

Nutritional Assessment/Counseling ⁶⁷	Pharmaceutical Therapy ⁶⁸	Bariatric Surgery ⁶⁹
<p>Adults: MHCP covers physician visits, medical nutritional therapy, mental health services*, and laboratory work provided for weight management. Services must be billed by enrolled providers on a component basis with current CPT codes.</p> <p>If an MHCP recipient elects to participate in a weight loss program, the recipient may be billed for components of the program that are not covered, as long as the recipient is informed of charges in advance.</p> <p>CPT Codes: 96150-96154, 99401-99405, 99411-99412, 97802-97804, S9470, 98960-98962, 99078, S0315-S0316</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p> <p>Adolescent bariatric surgery coverage detailed at same link as adult</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> • Drugs which are limited or excluded by the state as allowed by federal law (OBRA 90) 	<p>Prior authorization required.</p> <p>All of the criteria listed below must be met in order to authorize bariatric surgery. Patients not meeting the criteria, who have one or more immediate, life-threatening comorbidities, will be considered for approval on a case-by-case basis:</p> <ol style="list-style-type: none"> 1. The recipient is clinically obese with one of the follow: <ul style="list-style-type: none"> • BMI of 40 or higher • BMI of 35-40 with one or more comorbid conditions. 2. The BMI level qualifying the patient for surgery (> 40 or > 35 with one of the above comorbidities) must be of at least two years duration. <ul style="list-style-type: none"> • A patient’s required attempt(s) to lose weight may cause their BMI to fluctuate around the discrete required levels during the two-year period. The two-year period will not necessarily start over, or be prolonged, under this scenario, but will be decided on a case-by-case basis. • The recipient has made at least one serious medically supervised attempt to lose weight in the past, under the supervision of a physician, physician’s assistant, nurse practitioner, or registered dietician. The medically supervised weight loss attempt(s) must have been at least six months in duration 3. Medical and psychiatric contraindications to the surgical procedure have been ruled out <p>Additional criteria apply – refer to source for full criteria</p>

**MISSISSIPPI
Division of Medicaid**

Nutritional Assessment/Counseling⁷⁰	Pharmaceutical Therapy⁷¹	Bariatric Surgery^{72,73}
<p>Adults: Not explicitly mentioned.</p> <p>CPT Codes: 99401-99403</p> <p>EPSDT: Primary care providers or other health centers that provide primary care services must offer to conduct periodic and medically necessary interperiodic visits to screen all Medicaid-eligible children and youth up to age twenty-one (21) in accordance with the EPSDT Periodicity Schedule as recommended by the American Academy of Pediatrics, and must provide or refer such beneficiaries to assessment, diagnosis, and treatment services.</p> <p>Treatment guidelines not found.</p>	<p>Pharmacy program exclusions include:</p> <ul style="list-style-type: none"> • Drugs when used for anorexia, weight loss, or weight gain. 	<p>Non-covered services include:</p> <ul style="list-style-type: none"> • Gastric surgery including any technique or procedure for the treatment of obesity or weight control, regardless of medical necessity.

MISSOURI
MO HealthNet Division, Department of Social Services

Nutritional Assessment/Counseling⁷⁴	Pharmaceutical Therapy⁷⁵	Bariatric Surgery⁷⁶
<p>Adults: The treatment of obesity is noncovered unless the treatment is an integral and necessary part of a course of treatment for a concurrent or complicating medical condition.</p> <p>CPT Codes: 99402, 99404, S0315-S0316</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs used to promote weight loss are excluded under MO HealthNet.</p>	<p>Morbid obesity treatment: Morbid obesity, as defined by the American Medical Association (AMA) is a Body Mass Index (BMI) greater than 40. The treatment of obesity is covered by MO HealthNet (MHD) when the treatment is an integral and necessary course of treatment for a concurrent or complicating medical treatment. The following codes for bariatric surgery, gastric bypass, gastroplasty, and laparoscopy are covered codes by MHD for patients with a BMI of greater than 40 and a co-morbid condition(s). These services must be prior authorized. Refer to section 8 of the physician's manual to review MHD's prior authorization policy. 43644 43645 43659 43770 43845 43846 43847 43848</p> <p>The following are covered codes by MHD for patients with a BMI of greater than 40 and a co-morbid condition(s), but do not require a prior authorization request. 43771 43772 43773 43774</p>

MONTANA

Department of Public Health and Human Services

Nutritional Assessment/Counseling ⁷⁷	Pharmaceutical Therapy ⁷⁸	Bariatric Surgery ⁷⁹
<p>Adults: Physicians and mid-level practitioners who counsel and monitor clients on weight reduction programs can be paid for those services. If medical necessity is documented, Medicaid will also cover lab work. Similar services provided by nutritionists are not covered for adults.</p> <ul style="list-style-type: none"> • Medicaid does not cover the following weight reduction services: • Weight reduction plans/programs (e.g., Jenny Craig, Weight Watchers) • Nutritional supplements • Dietary supplements • Health club memberships • Educational services of nutritionists <p>CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Medicaid prescription drug program does not reimburse for the following items or services:</p> <ul style="list-style-type: none"> • drugs prescribed for weight reduction 	<p>Gastric Bypass Surgery and weight loss surgery for adults are not covered under basic Montana Medicaid.</p> <p>Covered by Full Medicaid for individuals under 21 years old. http://medicaidprovider.hhs.mt.gov/pdf/medicaidinfohandbook.pdf</p>

NEBRASKA Department of Health & Human Services		
Nutritional Assessment/Counseling ⁸⁰	Pharmaceutical Therapy ⁸¹	Bariatric Surgery ⁸²
<p>Adults: Treatment for obesity: NMAP will not make payment for services provided when the sole diagnosis is "obesity". Obesity itself cannot be considered an illness. The immediate cause is a caloric intake which is persistently higher than caloric output. When obesity is the only diagnosis, treatment cannot be considered reasonable and necessary for the diagnosis or treatment of an illness or injury.</p> <p>While obesity is not itself considered an illness, there are conditions which can be caused by or aggravated by obesity. This may include, but is not limited to the following: hypothyroidism, Cushing's disease, hypothalamic lesions, cardiac diseases, respiratory diseases, diabetes, hypertension, and diseases of the skeletal system. Treatment for obesity may be covered when the services are an integral and necessary part of a course of treatment for another serious medical condition.</p> <p>CPT Codes: None</p> <p>EPSDT: Obesity is considered appropriate for nutritional counseling.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Payment by NMAP will not be approved for:</p> <ul style="list-style-type: none"> • Drugs or items prescribed or recommended for weight control and/or appetite suppression 	<p>Prior authorization required for: Gastric bypass surgery for obesity which includes the following procedures:</p> <ol style="list-style-type: none"> a. Gastric bypass; b. Gastric stapling; and c. Vertical banded gastroplasty <p>Non-covered services include:</p> <ul style="list-style-type: none"> • Ileal bypass or any other intestinal surgery for the treatment of obesity <p>NMAP will not make payment for services provided when the sole diagnosis is "obesity". Obesity itself cannot be considered an illness. The immediate cause is a caloric intake which is persistently higher than caloric output. When obesity is the only diagnosis, treatment cannot be considered reasonable and necessary for the diagnosis or treatment of an illness or injury.</p> <p>While obesity is not itself considered an illness, there are conditions which can be caused by or aggravated by obesity. This may include, but is not limited to the following: hypothyroidism, Cushing's disease, hypothalamic lesions, cardiac diseases, respiratory diseases, diabetes, hypertension, and diseases of the skeletal system. Treatment for obesity may be covered when the services are an integral and necessary part of a course of treatment for another serious medical condition.</p> <p>Additional criteria apply – refer to source for full criteria</p>

NEVADA Department of Health and Human Services, Division of Health Care Financing & Policy		
Nutritional Assessment/Counseling	Pharmaceutical Therapy ⁸³	Bariatric Surgery ⁸⁴
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96150-96154, 99401, 98960-98962</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Nevada Medicaid Drug Rebate program will not reimburse for the following pharmaceuticals:</p> <ul style="list-style-type: none"> • Agents used for weight loss. 	<p>Prior authorization required.</p> <p>Bariatric Surgery is a covered Nevada Medicaid benefit reserved for recipients with severe and resistant morbid obesity in whom efforts at medically supervised weight reduction therapy have failed and who are disabled from the complications of obesity. Morbid obesity is defined by Nevada Medicaid as those recipients whose Body Mass Index (BMI) is 35 or greater, and who have significant disabling comorbidity conditions which are the result of the obesity or are aggravated by the obesity.</p> <p>This benefit includes the initial work-up, the surgical procedure and routine post surgical follow-up care. The surgical procedure is indicated for recipients between the ages of 21 and 55 years with morbid obesity. (Potential candidates older than age 55 will be reviewed on a case by case basis.)</p> <p>Documentation supporting the reasonableness and necessity of bariatric surgery must be in the recipient's record and submitted with the PA.</p> <p>Coverage is restricted to recipients with the following indicators:</p> <ul style="list-style-type: none"> • BMI of 35 or greater; • Waist circumference of more than 40 inches in men, and more than 35 inches in women; • Obesity related comorbidities that are disabling; • Strong desire for substantial weight loss; • Be well informed and motivated; • Commitment to a lifestyle change; • Negative history of significant psychopathology that contraindicates this surgical procedure.

**NEW HAMPSHIRE
Department of Health and Human Services**

Nutritional Assessment/Counseling	Pharmaceutical Therapy⁸⁵	Bariatric Surgery⁸⁶
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96150-96155, 99401-99404, 99411-99412</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Requires clinical prior authorization for anti-obesity medication.</p>	<p>Prior authorization required.</p> <p>Prior authorization criteria not found.</p>

**NEW JERSEY
NJ FamilyCare**

Nutritional Assessment/Counseling	Pharmaceutical Therapy⁸⁷	Bariatric Surgery⁸⁸
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96150-96155, 97802-97803</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following classes of prescription drugs or conditions are not covered under the New Jersey Medicaid or NJ FamilyCare fee-for-service programs:</p> <ul style="list-style-type: none"> • Antiobesics and anorexiant, with the exception of lipase inhibitors, when used in treatment of obesity (see N.J.A.C. 10:51-1.14, Prior authorization); coverage of lipase inhibitors shall be limited to obese individuals with a Body Mass Index (BMI) equal to or greater than 27 kg/m² and less than 30 kg/m² with co-morbidities of hypertension, diabetes or dyslipidemia; and obese individuals with a BMI equal to or greater than 30 kg/m² without comorbidities 	<p>Does not appear to be covered for standard fee-for-service Medicaid beneficiaries.</p>

**NEW MEXICO
Human Services Department**

Nutritional Assessment/Counseling⁸⁹	Pharmaceutical Therapy⁹⁰	Bariatric Surgery⁹¹
<p>Adults: New Mexico Medicaid does not provide coverage for the following:</p> <ol style="list-style-type: none"> 1. Services not considered medically necessary for the condition of the recipient; 2. Dietary counseling for the sole purpose of weight loss; 3. Weight control and weight management programs; and 4. Commercial dietary supplements or replacement products marketed for the primary purpose of weight loss and weight management. <p>CPT Codes: 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>General excluded services include:</p> <ul style="list-style-type: none"> • weight loss/weight control drugs 	<p>MAD does not reimburse for bariatric surgery or other weight reduction surgeries or procedures.</p>

NEW YORK
Department of Health

Nutritional Assessment/Counseling⁹²	Pharmaceutical Therapy⁹³	Bariatric Surgery⁹⁴
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 98960-98962</p> <p>EPSDT: Children and adolescents with asthma, diabetes, or other chronic health conditions who are also obese or overweight should be counseled about healthy dietary regimens, or referred to a physician who specializes in nutritional issues. These children may benefit from intense nutritional counseling in combination with mental health and family counseling support.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following are examples of drugs/drug uses which are not reimbursable by Medicaid:</p> <ul style="list-style-type: none"> • Drugs whose sole clinical use is the reduction of weight 	<p>Only five Bariatric Specialty Centers in New York City designated by the NYS Department of Health will be reimbursed for the procedures grouped to APR-DRG 403, including sleeve resection of the stomach.</p> <ul style="list-style-type: none"> • Harlem Hospital Center (Manhattan) • St. Luke's Roosevelt (Manhattan) • Brookdale Medical Center (Brooklyn) • Lutheran Medical Center (Brooklyn) • Montefiore Medical Center (Bronx) <p>Only non New York City hospitals that meet the Centers for Medicare & Medicaid Services (CMS) minimum facility standards and are designated as a Medicare Approved Facility for Bariatric Surgery will be reimbursed for the procedures grouped to APR-DRG 403, including sleeve resection of the stomach.</p>

NORTH CAROLINA
Department of Health and Social Services

Nutritional Assessment/Counseling	Pharmaceutical Therapy⁹⁵	Bariatric Surgery⁹⁶
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96150-96151, 99404, 99412, 97802-97803</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following is a list of services not covered by Medicaid or NCHC when billed under the Outpatient Pharmacy Program:</p> <ul style="list-style-type: none"> • Weight loss and weight gain drugs 	<p>Prior authorization required.</p> <p>NC Medicaid (Medicaid) recipients shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.</p> <p>NC Health Choice (NCHC) recipients, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and shall meet policy coverage criteria, unless otherwise specified.</p> <p>Procedures, products, and services related to this policy are covered when they are medically necessary</p> <p>Prior authorization criteria not found.</p>

NORTH DAKOTA
Department of Human Services

Nutritional Assessment/Counseling^{97 98}	Pharmaceutical Therapy⁹⁹	Bariatric Surgery^{100 101}
<p>Adults: Nutritional services are allowed up to four (4) visits per calendar year without prior authorization</p> <p>Medicaid does not pay for:</p> <ul style="list-style-type: none"> • Exercise classes • Nutritional supplements for the purpose of weight reduction • Instructional materials and books <p>CPT Codes: 96150-96152, 96154, 97802-97804, 99078</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs which are limited or excluded by the state or federal law. These include:</p> <ul style="list-style-type: none"> • Agents when used for anorexia or weight gain <p>Orlistat is covered, by prior authorization, with dietitian evaluation, for recipients with a body mass index of 40 or greater (height and weight must be supplied). Updates on progress are required semi-annually with coverage terminated if no progress is shown (specifically 5% weight loss in 6 months) or coverage continuing as long as progress is made until the BMI falls below 30.</p>	<p>Prior authorization required.</p> <p>Weight loss surgery requires prior authorization from North Dakota Health Care Review, Inc. and must be provided in writing at least four (4) weeks in advance.</p> <p>Criteria for coverage include:</p> <ol style="list-style-type: none"> 1. BMI >40 (a BMI >35 may be considered with presence of serious comorbidity); 2. Failure of obesity management programs to achieve weight loss over the past five (5) years (the weight loss program should be documented monthly and supervised by a physician or professional). Documentation of weight/year for the last five (5) years is required. Chart notes for the last three (3) years from a PCP plus documentation of participation in a supervised program need to be submitted; 3. Presence of severe disease condition(s) due to obesity that are not adequately controlled with current medical treatment; 4. Active participation in their medical management; 5. A formal psychiatric evaluation performed by a specialist (psychiatrist/psychologist) demonstrating emotional stability over the past year; and 6. Documentation from surgeon stating the patient is able to tolerate the procedure and is willing to comply postoperatively both physical and psychologically.

OHIO
Department of Job & Family Services

Nutritional Assessment/Counseling^{102, 103}	Pharmaceutical Therapy¹⁰⁴	Bariatric Surgery¹⁰⁵
<p>Adults: Medicaid-covered preventive medicine services may include, but are not necessarily limited to:</p> <ul style="list-style-type: none"> • Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit; and • Medical nutritional therapy <p>CPT Codes: 99402-99404, 97802-97804, S9470, S9452</p> <p>EPSDT: Screening components of the healthchek (EPSDT) visit shall be provided to individuals at ages and at frequencies in accordance with American academy of pediatrics recommendations for preventative pediatric health care (March, 2000), www.aap.org.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs that fall into one of the following categories are non-covered by the Ohio medicaid pharmacy program:</p> <ul style="list-style-type: none"> • Drugs for the treatment of obesity. 	<p>Non-covered procedures include:</p> <ul style="list-style-type: none"> • Treatment of obesity, including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures.

OKLAHOMA
SoonerCare

Nutritional Assessment/Counseling ¹⁰⁶	Pharmaceutical Therapy ¹⁰⁷	Bariatric Surgery ¹⁰⁸
<p>Adults: Payment is made for six hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, physician assistant, advanced practice nurse, or nurse midwife and be face to face encounters between a licensed registered dietitian and the member. Services must be expressly for diagnosing, treating or preventing, or minimizing the effects of illness. Nutritional services for the treatment of obesity is not covered unless there is documentation that the obesity is a contributing factor in another illness.</p> <p>CPT Codes: 96150-96155, 97802-97804, 98960-98962, S9445</p> <p>EPSDT: Payment is made for medically necessary nutritional counseling as described above for adults. Nutritional services for the treatment of obesity may be covered for children as part of the EPSDT benefit.</p>	<p>The following drugs, classes of drugs, or their medical uses are excluded from coverage:</p> <ul style="list-style-type: none"> Agents used primarily for the treatment of anorexia or weight gain. Drugs used primarily for the treatment of obesity, such as appetite suppressants are not covered. Drugs used primarily to increase weight are not covered unless otherwise specified. 	<p>Prior authorization required.</p> <p>The approval for a SoonerCare Member to have bariatric surgery requires two Prior Authorizations.</p> <ol style="list-style-type: none"> Potential Candidacy Prior Authorization Bariatric Surgery Prior Authorization <p>The covered procedure for bariatric surgery is the Laparoscopic Banded Gastroplasty and the Roux-en-Y procedure.</p> <p>Specific prior authorization criteria not found.</p>

**OREGON
Oregon Health Plan**

Nutritional Assessment/Counseling^{109, 110}	Pharmaceutical Therapy¹¹¹	Bariatric Surgery¹¹²
<p>Adults: Non-covered services include weight loss programs, including, but not limited to, Optifast, Nutrisystem, and other similar programs. Food supplements will not be authorized for use in weight loss</p> <p>Medical treatment of obesity is limited to accepted intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period.</p> <p>CPT Codes: 96150-96154, 99401-99404, 99411-99412, 97802-97804, S9470, 99078</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Agents used for weight loss are not covered by the Oregon Health Plan</p>	<p>Prior authorization required.</p> <p>Bariatric surgery for obesity is covered for:</p> <ul style="list-style-type: none"> • individuals 18years and older • with a BMI >35 with type II diabetes or another significant comorbidity or • BMI >40 without a significant comorbidity. • The individual must have no prior history of roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless in failure due to complications of the original surgery. • The individual must also participate in psychological, medical, surgical, and dietician evaluations. • The individual must also participate in post-surgical evaluations. <p>Additional criteria apply – refer to source for full criteria</p>

PENNSYLVANIA
Department of Public Welfare

Nutritional Assessment/Counseling	Pharmaceutical Therapy¹¹³	Bariatric Surgery¹¹⁴
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: None</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Non-compensable services and items include drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.</p>	<p>Non-covered services include:</p> <ul style="list-style-type: none"> gastroplasty for morbid obesity, gastric stapling or ileojejunal shunt, except when all other types of treatment of morbid obesity have failed

**RHODE ISLAND
Department of Human Services**

Nutritional Assessment/Counseling¹¹⁵	Pharmaceutical Therapy¹¹⁶	Bariatric Surgery¹¹⁷
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 97802-97804</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior Authorization is required for all drugs not included within the scope of the Medical Assistance Program. A prior authorization form must be signed by the prescribing provider and forwarded to the pharmacy where the prescription is to be filled. The pharmacist will then submit to the Medical Assistance Program this form for approval. Approval will be granted on the basis of the required information that was supplied. This prior approval will last for the duration of the prescription.</p> <p>In general, the types of drugs not included are the following:</p> <ul style="list-style-type: none"> • Anorexiant (all types, limited to a three-month approval only) 	<p>Prior authorization required</p> <p>Gastric Bypass</p> <ol style="list-style-type: none"> 1. Treatment for morbid obesity is covered when the individual is 50% above or 100 pounds over their ideal body weight, whichever is greater, according to a table of desired weight. The duration of obesity must exceed three years, though non- consecutive years are acceptable. One or more of the following conditions must be present: <ol style="list-style-type: none"> 1. Physical trauma caused by excess weight 2. Pulmonary and circulatory insufficiencies 3. Complications related to the treatment of conditions such as arteriosclerosis, diabetes, coronary disease, etc. 2. Surgical procedures will be approved for recipients between the ages of 18 and 60 years old. 3. A second operation to restore the gastrointestinal tract to normal (or as near to normal as possible), when medically necessary, is covered. 4. The following information must be included: <ol style="list-style-type: none"> 1. A detailed history of the recipient including height, weight, duration of obesity, and concurrent diagnosis of the recipient 2. Information ruling out other correctable causes of obesity 3. Documentation regarding other gastric surgeries and failed attempts at weight loss <p>Panniculectomy And Lipectomy procedures are also covered – refer to source for full criteria</p>

SOUTH CAROLINA
Department of Health and Human Services

Nutritional Assessment/Counseling¹¹⁸	Pharmaceutical Therapy¹¹⁹	Bariatric Surgery¹²⁰
<p>Adults: Obesity is now recognized as a disease state. Policy is currently being written and will be published at a later date. The following services are non-covered by Medicaid:</p> <ul style="list-style-type: none"> • Supplemental fasting • Intestinal bypass surgery • Gastric balloon for treatment of obesity <p>KePRO must preauthorize all claims for these services. Approval will be based on medical records that document established criteria.</p> <p>CPT Codes: 96150-96154, 99401-99404, 97802, S9445, S9446</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded products include:</p> <ul style="list-style-type: none"> • Weight control products (except for lipase inhibitors) <p>Lipase inhibitors require prior authorization.</p> <p>Xenical®(orlistat) for diagnosis of morbid obesity:</p> <ul style="list-style-type: none"> •Patient must have a diagnosis of obesity in the presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia). •Patient must have an initial body mass index (BMI) >30kg/m2. •Patient must be on a reduced fat and calorie diet with nutritional counseling regarding adherence to dietary guidelines. 	<p>Prior authorization required.</p> <p>Gastric bypass surgery and vertical-banded gastroplasty are performed for patients with extreme obesity. Gastric bypass surgery or vertical-banded gastroplasty for morbid obesity may be covered by Medicaid if both of the following conditions are met:</p> <ul style="list-style-type: none"> • It is medically necessary for the individual to have such surgery. • The surgery is to correct an illness that caused the obesity or was aggravated by the obesity. <p>Prior authorization is required from the QIO, KePRO. InterQual screening criteria applies. An annual evaluation will be required for all individuals who receive gastric bypass surgery or vertical-banded gastroplasty.</p>

SOUTH DAKOTA
Department of Social Services

Nutritional Assessment/Counseling¹²¹	Pharmaceutical Therapy¹²²	Bariatric Surgery¹²³
<p>Adults: Non-covered services include gastric bypass, gastric stapling, gastroplasty, any similar surgical procedure, or any weight loss program or activity</p> <p>CPT Codes: 96150-96154, 99401-99402</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Non-covered services include:</p> <ul style="list-style-type: none"> Agents used for anorexia, weight loss or weight gain. 	<p>Prior authorization required.</p> <p>Gastric surgery for weight loss is covered when it is an integral and necessary part of a course of treatment for another illness such as cardiac disease, respiratory disease, diabetes, or hypertension and the individual meets all of the following criteria:</p> <ul style="list-style-type: none"> The individual is severely obese with Body Mass Index (BMI) over 40 and is at least 21 years of age. There is a significant interference with activities of daily living. There is documented conservative (non-surgical) promotion of weight loss by a physician supervised weight loss program. Dietician consult is recommended, if available, and the individual must have documentation of 4 consecutive monthly visits with their primary care physician to monitor compliance with, and results of, a conservative weight loss program. The recipient is motivated and well-informed. The recipient is free of significant systemic illness unrelated to obesity, is not actively abusing drugs or alcohol, and does not use tobacco or if a tobacco user has discontinued use for 4 months documented in the medical record. It is medically and psychologically appropriate for the individual to have such surgery. The procedure will be performed at a Medicare approved Center of Excellence in South Dakota and if lap band/gastric banding procedure has been approved by the South Dakota Medical Assistance Program the follow-up adjustments must be performed by the surgeon who did the original surgery or a surgical partner in that practice. <p>Additional criteria apply – refer to source for full criteria</p>

TENNESSEE
TENNCare

Nutritional Assessment/Counseling ¹²⁴	Pharmaceutical Therapy ¹²⁵	Bariatric Surgery ¹²⁶
<p>Adults: Services, products, and supplies that are specifically excluded from coverage under the TennCare program. Weight loss or weight gain and physical fitness programs including, but not limited to:</p> <ul style="list-style-type: none"> • Dietary programs of weight loss programs, including, but not limited to, Optifast, Nutrisystem, and other similar programs or exercise programs • Food supplements will not be authorized for use in weight loss programs or for weight gain • Health clubs, membership fees (e.g., YMCA) • Marathons, activity and entry fees • Swimming pools <p>CPT Codes: TennCare is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider as coverage may vary).</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded products include:</p> <ul style="list-style-type: none"> • Agents when used for anorexia, weight loss, or weight gain 	<p>Bariatric Surgery, defined as surgery to induce weight loss is covered when medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare.</p> <p>Acceptable bariatric surgical procedures include Roux-en-Y Gastric and Biliopancreatic Diversion with Duodenal Switch. Gastric stapling is not an acceptable bariatric procedure.</p>

**TEXAS
Health and Human Services Commission**

Nutritional Assessment/Counseling¹²⁷	Pharmaceutical Therapy¹²⁸	Bariatric Surgery^{129 130}
<p>Adults: Medical nutrition counseling services for the diagnosis of obesity without a comorbid condition is not a benefit.</p> <p>A wide variety of medical nutrition services are available, from individual to group therapy, and are detailed in-depth within the full source.</p> <p><u>Texas Medicaid Wellness Program</u> The Texas Medicaid Wellness Program is a special health program for people who get Medicaid and have long-lasting or serious health conditions. People who get traditional fee-for-service Medicaid can join the wellness program. Weight control: Some people in this program might be able to join the Weight Watchers program at no charge.</p> <p>CPT Codes: 99078</p> <p>EPSDT Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Exclusions: Medicaid may deny a request if it determines the drug is included in one or more of the following classes: 1)Amphetamines, when used for weight loss, and obesity control drugs.</p>	<p>Bariatric surgery (Lap Band and Roux-en-Y Gastric Bypass) is approved for patients, as long as it is approved by a Bariatric Surgery Center of Excellence surgeon and facility as approved by the American Society of Metabolic and Bariatric Surgery. Patients must have a BMI of 35 or greater along with comorbidities. Also, patients must participate in a 6-month physician-directed weight-loss program within 12 months of request for bariatric surgery.</p> <p>Non-covered services include: Intra-gastric balloon for obesity</p>

**UTAH
Department of Health**

Nutritional Assessment/Counseling¹³¹	Pharmaceutical Therapy¹³²	Bariatric Surgery¹³³
<p>Adults: Medications for appetite suppression (oral or injectable), experimental surgical procedure, experimental therapies, or education/nutritional/support programs for treatment of obesity or weight control are excluded from coverage.</p> <p>CPT Codes: 96150-96155, 99411, 97802-97803, S9470, 99078, S0315, S9446, S9449, S9452</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Social Security Act, Section 1927(d) (2) states: “The following drugs or classes of drugs, or their medical uses, may be excluded from coverage or otherwise restricted by a state participating in the master rebate agreement.”</p> <p>1. Agents when used for anorexia, weight loss or weight gain</p>	<p>Prior authorization required.</p> <p>Surgery for obesity (i.e. gastric bypass, gastroplasty) will be considered when the patient meets each of the seven items below including BMI threshold, age, comorbidities, informed consent, etc.</p>

VERMONT
Office of Vermont Health Access (OVHA)

Nutritional Assessment/Counseling¹³⁴	Pharmaceutical Therapy¹³⁵	Bariatric Surgery¹³⁶
<p>Adults: Medical nutrition therapy services are paid through the enrolled primary care physician, inpatient hospital, outpatient hospital, registered dietitians (RD) and school health services. Registered Dietitian billing is restricted to three codes specific to RD services. These services are not reimbursable when billed by a physician</p> <p>CPT Codes: 99401-99404</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Effective 10/12/2011, anti-obesity agents (weight loss agents) are no longer a covered benefit for all Vermont Pharmacy Programs. This change is resultant from Drug Utilization Review (DUR) Board concerns regarding safety and efficacy of these agents.</p>	<p>In addition to the specific exclusions listed elsewhere in VHAP-Limited rules and procedures, benefits will not be provided for the treatment of obesity, except when:</p> <ol style="list-style-type: none"> 1. The physician determines that the body mass index is over 40 (according to Table 1 in the Methods for Voluntary Weight Loss and Control booklet by the National Institute of Health Technology Assessment Conference Statement of March 1992); 2. There are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and 3. The DVHA approves the treatment in advance.

VIRGINIA
Department of Medical Assistance Services

Nutritional Assessment/Counseling¹³⁷	Pharmaceutical Therapy¹³⁸	Bariatric Surgery¹³⁹
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 96150-96155, 97802-97803,</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Follows disability criteria under Social Security (SSA Publication 64-039) Part III, § 9.09</p> <p>9.09 Obesity. Weight equal to or greater than the values specified (100 percent above desired level), and one of the following:</p> <ul style="list-style-type: none"> A. History of pain and limitation of motion in any weight-bearing joint or lumbosacral spine (on physical examination) associated with findings on medically acceptable techniques of arthritis in the affected joint of lumbosacral spine; or B. Hypertension with diastolic blood pressure persistently in excess of 100 mm. Hg measured with appropriate size cuff; or C. History of congestive heart failure manifested by past evidence of vascular congestion such as hepatomegaly, peripheral or pulmonary edema; or D. Chronic venous insufficiency with superficial varicosities in a lower extremity with pain on weight bearing and persistent edema; or E. Respiratory disease with total force vital capacity equal to or less than 2.0 L. or a level of hypoxemia at rest equal to or less than the values specified in Table-III A or III-B or III-C 	<p>Prior authorization required.</p> <p>Elective surgery, as defined by the Virginia Medical Assistance Program, is surgery that is not medically necessary to restore or materially improve a body function. This includes surgery for conditions such as morbid obesity, virginal breast hypertrophy, and procedures that might be considered cosmetic.</p>

WASHINGTON
Department of Social and Health Services

Nutritional Assessment/Counseling ^{140, 141, 142}	Pharmaceutical Therapy ¹⁴³	Bariatric Surgery ¹⁴⁴
<p>Adults: Excluded services include weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services</p> <p>The Agency covers medical nutrition therapy when medically necessary. Medical conditions that can be referred to a certified dietitian include, but are not limited to, the following: Obesity– Use diagnosis codes 278.00, 278.01 or 278.02 on your claim.</p> <p>CPT Codes: 96150-96154, 99401, 97802-97804, 99078,</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs and indications excluded from coverage by Washington Administrative Code (WAC) such as drugs prescribed for:</p> <ul style="list-style-type: none"> • Weight loss or gain 	<p>Bariatric surgeries must be performed in an agency-approved Center of Excellence hospital and requires PA.</p> <p>The agency covers medically necessary bariatric surgery for clients 21 through 59 years of age in an approved hospital with a bariatric surgery program in accordance with WAC 182-531-1600.</p> <p>Bariatric case management fee The agency may authorize up to 34 units of a bariatric case management fee as part of the Stage II bariatric surgery approval. One unit of HCPCS code G9012 = 15 minutes of service. Prior authorization is required.</p> <p>This fee is given to the primary care provider of bariatric surgeon performing the services required for Bariatric Surgery Stage II. This includes overseeing weight loss and coordinating and tracking all the necessary referrals, which consist of a psychological evaluation, nutritional counseling, and required medical consultations as requested by the agency.</p> <p>Additional criteria (including physician restrictions) apply – refer to source for full criteria</p>

**WEST VIRGINIA
Mountain Health Choices**

Nutritional Assessment/Counseling¹⁴⁵	Pharmaceutical Therapy¹⁴⁶	Bariatric Surgery¹⁴⁷
<p>Adults: Certain services and items are not covered by the Medicaid Program. Non-covered services include, but not limited to, the following:</p> <ul style="list-style-type: none"> • Nutritional (dietary) counseling • Weight reduction (obesity) clinics/programs. <p>CPT Codes: 99401-99402, 97802</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following list of drugs, drug products, and related services are not reimbursable. Non-covered services are not eligible for a West Virginia Department of Health and Human Resources (WVDHHR) fair hearing. Non-covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Agents used for weight loss or weight gain 	<p>Prior authorization required</p> <p>The patient's primary care physician or the bariatric surgeon may initiate the medical necessity review and prior authorization by submitting a request, along with all the required information, to the West Virginia Medical Institute (WVMI), 3001 Chesterfield Place, Charleston, West Virginia 25304. The West Virginia Medical Institute (WVMI) will perform medical necessity review and prior authorization based upon the following criteria:</p> <ul style="list-style-type: none"> • A Body Mass Index (BMI) greater than 40 must be present and documented for at least the past 5 years. Submitted documentation must include height and weight. • The obesity has incapacitated the patient from normal activity, or rendered the individual disabled. Physician submitted documentation must substantiate inability to perform activities of daily living without considerable taxing effort, as evidenced by needing to use a walker or wheelchair to leave residence. • The patient must have a documented diagnosis of diabetes that is being actively treated with oral agents, insulin, or diet modification. The rationale for this criteria is taken from the Swedish Obese Subjects (SOS) study, International Journal of Obesity and Related Metabolic Disorders, May, 2001 • Patient must have documented failure at two attempts of physician supervised weight loss, attempts each lasting six months or longer. These attempts at weight loss must be within the past two years, as documented in the patient medical record, including a description of why the attempts failed. • The patient must demonstrate ability to comply with dietary, behavioral and lifestyle changes necessary to facilitate successful weight loss and maintenance of weight loss. Evidence of adequate family participation to support the patient with the necessary lifelong lifestyle changes is required. <p>Additional criteria (including physician restrictions) apply – refer to source for full criteria</p>

**WISCONSIN
ForwardHealth**

Nutritional Assessment/Counseling^{148,149}	Pharmaceutical Therapy¹⁵⁰	Bariatric Surgery¹⁵¹
<p>Adults: Weight management services (e.g., diet clinics, obesity programs, weight loss programs) are reimbursable only if performed by or under the direct, on-site supervision of a physician and only if performed in a physician's office. Weight management services exceeding five visits per calendar year require PA.</p> <p>For weight management services, food supplements, and dietary supplies (e.g., liquid or powdered diet foods or supplements, OTC diet pills, and vitamins) that are dispensed during an office visit are not separately reimbursable by Wisconsin Medicaid.</p> <p>CPT Codes: 99401-99404</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior authorization required</p> <p>Covered Drugs: Benzphetamine, Diethylpropion, Phentermine. Phendimetrazine. Qysmia, Xenical®</p> <p>Clinical criteria for approval of a PA request for anti-obesity drugs require one of the following:</p> <ul style="list-style-type: none"> • The member has a BMI greater than or equal to 30. • The member has a BMI greater than or equal to 27 but less than 30 and two or more of the following risk factors: <ul style="list-style-type: none"> ○ Coronary heart disease. ○ Dyslipidemia. ○ Hypertension. ○ Sleep apnea. ○ Type II diabetes mellitus. <p>In addition, all of the following must be true:</p> <ul style="list-style-type: none"> • The member is 16 years of age or older. (<i>Note:</i> Members need only to be 12 years of age or older to take Xenical®.) • The member is not pregnant or nursing. • The member does not have a history of an eating disorder (e.g., anorexia, bulimia). • The prescriber has evaluated and determined that the member does not have any medical or medication contraindications to treatment with the anti-obesity drug being requested. • For controlled substance anti-obesity drugs, the member does not have a medical history of substance abuse or misuse. • The member has participated in a weight loss treatment plan (e.g., nutritional counseling, an exercise regimen, a calorie-restricted diet) in the past six months and will continue to follow the treatment plan while taking an anti-obesity drug. <p><i>Note:</i> ForwardHealth does not cover the brand name (i.e., innovator) anti-obesity drugs if an FDA-approved generic equivalent is available. ForwardHealth does not cover any brand name innovator phentermine products. In addition, ForwardHealth does not cover OTC anti-obesity drugs.</p> <p>Weight loss targets must be met in specified timeframe or coverage will be terminated. Lifetime caps apply.</p> <p>Additional criteria apply - refer to source for full criteria</p>	<p>Prior authorization required</p> <p>All covered bariatric surgery procedures (CPT procedure codes 43644, 43645, 43770-43775, 43843, 43846-43848) require PA. A bariatric procedure that does not meet the PA approval criteria is considered a noncovered service</p> <p>The approval criteria for PA requests for covered bariatric surgery procedures include all of the following:</p> <ul style="list-style-type: none"> • The member has a BMI greater than 35 with at least one documented high-risk, life limiting comorbid medical conditions capable of producing a significant decrease in health status that are demonstrated to be unresponsive to appropriate treatment. There is evidence that significant weight loss can substantially improve the following comorbid conditions: <ul style="list-style-type: none"> ○ Sleep apnea. ○ Poorly controlled Diabetes Mellitus while compliant with appropriate medication regimen. ○ Poorly controlled hypertension while compliant with appropriate medication regimen. ○ Obesity related cardiomyopathy. • The member has been evaluated for adequacy of prior efforts to lose weight. If there have been no or inadequate prior dietary efforts, the member must undergo 6 months of a medically supervised weight reduction program. This is separate from and not satisfied by the dietician counseling required as part of the evaluation for bariatric surgery. <ul style="list-style-type: none"> • The member has been obese for at least 5 years. • The member is 18 years of age or older and has completed growth. • The member has not had bariatric surgery before or there is clear evidence of compliance with dietary modification and supervised exercise, including appropriate lifestyle changes, for at least two years. • The bariatric center where the surgery will be performed has been approved by ASBS guidelines as a Center of Excellence and meet one of the following requirements: <ul style="list-style-type: none"> • The center has been certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center. • The facility has been certified by the ASBS as a Bariatric Surgery Center of Excellence. <p>Additional criteria apply – refer to source for full criteria</p>

WYOMING
Office of Healthcare Financing

Nutritional Assessment/Counseling ¹⁵²	Pharmaceutical Therapy ¹⁵³	Bariatric Surgery ¹⁵⁴
<p>Adults: Not explicitly mentioned</p> <p>CPT Codes: 99401-99405, S9470, 99078</p> <p>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded in legend drug exclusions:</p> <ul style="list-style-type: none"> Anorexiant products 	<p>Prior Authorization required</p> <p>Procedure Code Range: 43644, 43770, 43842, 43843, 43846, 43848</p> <p>Medicaid will consider coverage of gastric bypass surgery on adults on a case-by-case basis, with the appropriate documentation, if it is medically appropriate for the individual to have such surgery and if the surgery is to correct an illness that is aggravated by the obesity</p> <ul style="list-style-type: none"> The client must meet the weight criteria for clinically severe obesity, which is BMI>40, or 35-40 with co-morbid conditions. Documentation of the client’s BMI and obesity related co-morbid medical conditions exacerbated by the obesity are required The primary physician must submit a complete client history and physical examination notes, including a three-year record of the client’s weight and documented efforts to lose weight by conventional means. Conventional means must describe at least two different non-surgical programs of dietary regiments that include appropriate exercise and a supported behavioral modification program utilizing licensed mental health therapists. Documentation of pre-operative psychological evaluation by a psychiatrist or licensed clinical psychologist affiliated with a clinic (not associated with the physician’s group recommending the procedure); within the last 90-days to determine if the clients has the emotional stability to follow through with the medical regimen hat must accompany the surgery <p>Additional criteria apply - refer to source for full criteria</p>

Appendix: Mandated EPSDT Services¹⁵⁵

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of the following screening, diagnostic, and treatment services:

Screening Services

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

Other Necessary Health Care Services

States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in a state's Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.

Diagnostic Services

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation. States should develop quality assurance procedures to assure that comprehensive care is provided.

Treatment

Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

Periodicity Schedule

Periodicity schedules for periodic screening, vision, and hearing services must be provided at intervals that meet reasonable standards of medical practice. States must consult with recognized medical organizations involved in child health care in developing their schedules. Alternatively, states may elect to use a nationally recognized pediatric periodicity schedule (i.e., Bright Futures). A separate dental periodicity schedule is also required.

Some studies have shown that EPSDT ostensibly already covers obesity-related services but provider confusion due to lack of guidance and prior authorization requirements or other administrative hurdles may discourage benefit uptake.¹⁵⁶

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Note: All electronic sources were visited between August 14 2013 and December 31 2013. Not all hyperlinks may be accessed as weblinks may have changed since this data was compiled.

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