

# Medicaid Coverage of Obesity Treatments: Definitions

## Nutrition Counseling (NC) Coverage Definitions

<b>Covered</b>	The state covers nutrition counseling. Fee schedules have been used to interpret coverage where necessary because few states were explicit about nutrition counseling coverage for obesity unless tied to metabolic and bariatric surgery requirements.
<b>Not Covered</b>	Not covered means that nutrition counseling is “not scheduled” and no obesity-specific codes or general codes that could be used to bill for obesity services were indicated as covered on the fee schedule.

## Intensive Behavioral Therapy Coverage (IBT) Definitions

<b>Covered</b>	The state covers intensive behavioral therapy. Few states were explicit about this coverage. In states with no explicit coverage, fee schedules have been used to derive coverage.
<b>Covered with limitations</b>	No obesity-specific codes or general codes that could be used to bill for obesity services were indicated as covered on the fee schedule.
<b>Not Covered</b>	Intensive behavioral therapy is not covered.

## Obesity Medication (OM) Coverage Definitions

<b>Covered</b>	The state will cover obesity medications for the specific purpose of treating obesity (not to treat Type 2 diabetes with obesity as a secondary condition). There are no limitations or restrictions to coverage, and the state offers both new generation (Saxenda and Wegovy) and older generation (Contrave, Qysmia, Phentermine, etc.) medications. The drugs covered for obesity were reviewed from the state fee for service (FFS) and the managed care organization (MCO) Prescription Drug List (PDL) of the MCO with the greatest number of enrollees. The drugs that were considered include: Saxenda, Wegovy, Xenical, Alli, Contrave, Qysmia, Phentermine, Benzphetamine, Diethylpropion, and Phendimetrazine.
<b>Covers only limited medications</b>	The state only covers medications, without limitations or restrictions, from either the new generation (Saxenda/Wegovy) or the older generation drug (Contrave/Qysmia/Phentermine, etc.) categories.

## Obesity Medication (OM) Coverage Definitions

<b>Covered with limitations</b>	The state will cover obesity medications for the specific purpose of treating obesity, and all obesity medications are covered (both new generation and older generation) but there are limitations to coverage overall and criteria that must be met at the patient level.
<i>OM Limitations</i>	<i>Definitions</i>
BMI	The state has specified the body mass index (BMI) criteria a patient must meet.
Age	There are restrictions on coverage based on age. (Coverage for adolescents is not included for purposes of this research).
Comorbidity regardless of BMI	The patient must have a diagnosis of at least one from a list of specified comorbidities in addition to meeting a minimum defined BMI value.
Medical necessity conditions	There are specific criteria an individual patient must meet for the state to cover the obesity medication.
Designated program	The patient must participate in a designated program for coverage (i.e., group therapy, exercise, counseling, regular medical monitoring).
<b>Covered with restrictions</b>	The state will cover obesity medications for the specific purpose of treating obesity, and all obesity medications are covered (both new generation and older generation) but there are limitations to coverage overall and criteria that must be met at the patient level.
<i>OM Restrictions</i>	<i>Definitions</i>
Third party entity for evaluations	The state has contracted with a third-party entity to manage utilization of obesity medication and process claims.
Proof of failed attempts	The patient must provide documentation of participation in a structured weight loss program within a specific period of time prior to request for coverage.
Time	There is a time frame for initiation of obesity medication after which renewal must be approved.
Renewal	There are conditions for approval of renewal of the medication.
Renewal weight loss	The patient must achieve a specific amount of weight loss for the medication to be renewed.

## Metabolic and Bariatric Surgery (MBS) Coverage Definitions

<b>Covered</b>	The state includes coverage for metabolic and bariatric surgery (MBS). If a BMI value for coverage is available, it follows the American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines for surgery (MBS should be covered for a person with a BMI >35 and BMI $\geq$ 30 and above with at least one comorbidity).
<b>Covered with limitations</b>	The state includes coverage for metabolic and bariatric surgery, however there are limitations to coverage.
<i>MBS Limitations</i>	<i>Definitions</i>
Age	There are restrictions on coverage based on age, i.e. only 18-64y is covered, <21y is not covered, or >65y is not covered. (Coverage for adolescents is not included for purposes of this research)
Body Mass Index (BMI)	The state has specified the BMI criteria the patient must meet and the criteria exceeds the current ASMBS guidelines (which are $\geq$ 35 or >30 with a comorbidity).
Comorbidity regardless of BMI	The patient must have a diagnosis for at least one comorbidity regardless of BMI for coverage.
Qualifying comorbidities	The specific comorbidities, or types of comorbidities, the state has defined with which a patient must have a diagnosis to meet the criteria for coverage.
“Center of Excellence” requirement	For a metabolic and bariatric surgery procedure to occur, provider must practice at a “center of excellence” established or defined by the state.
Provider restriction	Restricts the type of provider that is required to perform metabolic and bariatric surgery.
<b>Covered with restrictions</b>	The state includes coverage for metabolic and bariatric surgery but there are restrictions to coverage including criteria that a patient must meet to ensure surgery will be covered.
<i>MBS Restrictions</i>	<i>Definitions</i>
Documentation of weight loss attempt	The patient is required to document previous weight loss attempts.
Number of weight loss attempts	The patient is required to document the number of previous weight loss attempts.
Obesity minimum duration	The patient is required to have had a diagnosis of obesity for a minimum period of time in order to meet the criteria for metabolic and bariatric surgery approval.

## Metabolic and Bariatric Surgery (MBS) Coverage Definitions

Length of weight loss attempt	The patient is required to have a certain length of time spent on alternative weight loss programs.
Recency of weight loss attempt	There is a length of time in the recent past within which the patient must have attempted weight loss (i.e., within the past 18 months).
Weight loss program required	The patient is required to participate in a structured weight loss program before metabolic and bariatric surgery.
Limitations on revisions and corrections	The state has established limits on the number or type of revision of original metabolic/ bariatric surgical procedure it will cover, such as lifetime limitation on number of related surgeries, or exclusion of revisional surgeries – only those to correct a complication caused by the initial surgical procedure.
Revisions and corrections post-op non-compliance	The criteria that must be met for a repeat bariatric and metabolic surgery to be approved includes a requirement that the patient (and/or provider) provide proof of compliance with all previously prescribed postoperative nutrition and exercise programs. In other words, the patient must prove that the complications were not caused by “overeating” or any other non-compliant behavior after the first procedure.
Revisions and corrections inadequate weight loss	Inadequate weight loss is one of the criteria used to determine whether a correction or revision to metabolic and bariatric surgery will be covered, if the patient provides proof they complied with the nutrition and exercise program postoperative requirements after the first surgery,
History of substance use disorder	A patient could be excluded from coverage if there is a history of substance use disorder (SUD) now or in past; some states exclude patients with a SUD within a certain time, i.e. 18 months, and some exclude patients who have ever had a SUD.
Mental health evaluation	The patient is required to be evaluated by a mental health professional prior to approval of metabolic and bariatric surgery.