

MEDICAID FEE-FOR-SERVICE TREATMENT OF OBESITY INTERVENTIONS

50 State & District of Columbia Survey

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ALABAMA
Alabama Medicaid Agency

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutritional Services: Diet instruction performed by a physician is covered as a routine service.¹</p> <p>Preventive Medicine for adults is excluded from coverage.²</p>	<p>Prenatal Care: Medicaid-eligible pregnant women are entitled to receive Prenatal Education, which consists of a series of classes which teach pregnant women about the process of pregnancy, healthy lifestyles, and prenatal care.³</p>	<p>EPSDT: Services include a nutritional status assessment based on dietary history, height, weight, and necessary laboratory determinations. Health education is also required as part of EPSDT services. Such education should provide information on the benefits of healthy lifestyles and practices.⁴</p>	<p>Case Management: The Patient 1st primary care case management program (PCCM), established under §1905(b) (1) waiver, covers regular diabetes screening and requires providers to educate patients about importance of diabetes and cholesterol screening.⁵</p>	<p>Weight Loss Drugs: The Agency presently covers Xenical (Orlistat) subject to prior authorization and only if a co-morbidity is medically confirmed.⁶</p> <p>Prior Authorization: Form 369 has a specific field for Xenical requests:</p> <ol style="list-style-type: none"> 1) Patient BMI and past and current weight; 2) Documentation of physician-supervised diet regimen for at least six months; and 3) Planned adjunctive therapy.⁷ 	<p>Covered Procedures: Gastric Bypass and Lap Band surgeries. Agency covers <u>one</u> surgery/patient.</p> <p>Prior Authorization: Beneficiary must have a</p> <ol style="list-style-type: none"> 1) BMI consistent with morbid obesity diagnosis; 2) Presence of obesity-related medical complications; 3) Planned adjunctive therapy before and after surgery; 4) Physician-patient risk benefit counseling; 5) Minimum 6 months physician-supervised weight loss efforts BMI consistent with morbid obesity diagnosis.⁸

¹ ALA. ADMIN. CODE r. 560-X-6.13(11) (2009).

² ALA. ADMIN. CODE r. 560-X-6.13(30) (2009).

³ ALA. ADMIN. CODE r. 560-X-50.01(1)(a)(1) (2009).

⁴ Ala. Medicaid Agency, *Provider Manual: EPSDT Services* att. A at A11 (2009), http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_Oct.2009/Oct09_A.pdf.

⁵ Ala. Medicaid Agency, *Provider Manual: Ch. 29 39-1* (2006), http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_Jan.2006/Jan06_39.pdf.

⁶ Ala. Medicaid Agency, *Provider Notice 00-05* (June 6, 2000), http://www.medicaid.state.al.us/news/Provider_Notices/00_Provider_Notices/PN-2000-05.pdf.

⁷ Ala. Medicaid Agency, *Alabama Medicaid Pharmacy Prior Authorization Request Form 369* (Feb. 2008), http://www.medicaid.state.al.us/documents/program-RX/PA_Forms/3J-6-a-Ph_PA_Form369_2-23-08.pdf.

⁸ Ala. Medicaid Agency, *Facts About Alabama Medicaid Coverage of Bariatric Surgical Procedures* (June 2008), http://www.medicaid.state.al.us/documents/Billing/5-H_Prior.Authorization/Facts_Bariatric_Procedures_6-4-08.pdf.

ALASKA
Department of Health and Social Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Weight Loss Programs: Such as Jenny Craig, Weight Watchers, or similar weight loss programs are excluded from coverage. ⁹	Prenatal Care: Nutrition services covered through referral for pregnant women at high risk nutritionally. ¹⁰	EPDST: Complete physical exams, health-related measurements, and determination of nutritional status. ¹¹	Chronic and Acute Medical Assistance: Chronic and Acute Medical Assistance (CAMA) program provides physician services and medication to individuals with targeted chronic diseases who would otherwise not qualify for Medicaid. Diabetes and hypertension are covered medical conditions. ¹²	Weight Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage. ¹³	Covered Procedures: Procedures are eligible for coverage, contingent on authorization by private utilization review firm Qualis Health. 1) Gastric bypass, 2) Laparoscopic gastroplasty, 3) Gastric adjustable band. ¹⁴

⁹ Alaska Dept. Health & Social Services, *Alaska Medicaid Recipient Services* 11 (2006), http://www.hss.state.ak.us/dhcs/medicaid_medicare/news_medicaid/MedicaidRecipientHandbook1.pdf.

¹⁰ ALASKA ADMIN. CODE tit. 7, 43.924 (2010).

¹¹ ALASKA ADMIN. CODE tit. 7, § 43.452 (2010).

¹² ALASKA ADMIN. CODE tit. 7, §§ 48.500-48.525 (2010); ALASKA STAT. § 47.08.150(c)(1)(C)(i)-(iii) (2010).

¹³ ALASKA ADMIN. CODE tit. 7, § 43.590(b)(1) (2010).

¹⁴ Alaska Dept. Health & Social Services, *Select Diagnoses and Procedures Pre-Certification List* app. A at 5 (2006), http://www.hss.state.ak.us/dhcs/pdl/drug_lists_pdl/qualis_precertificationlist_pdl.pdf (specific prior authorization criteria are unavailable).

ARIZONA
Health Care Cost Containment System AHCCCS

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Primary Care: Covered services include preventive health risk assessments for early detections and treatment for chronic diseases such as hypertension and cholesterol. Services exceeding guidelines require showing of medical necessity for coverage.¹⁵</p>	<p>Prenatal Care: Maternity care providers are directed to educate patients on proper nutrition and avoidance of risky behaviors.¹⁶</p>	<p>EPSDT: Health education, nutritional assessment and therapy.¹⁷</p> <p>Childhood Obesity Program: Adopted Chronic Care Model¹⁸ and developed tiered guidelines¹⁹ for prevention and reduction of obesity. Medical intervention is family-focused.</p>	<p>Disease Management: AHCCCS does not provide additional services for managing obesity-related co-morbidities.²⁰</p>	<p>Weight-Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage.²¹</p>	<p>Weight Loss Surgery: AHCCCS is implementing a benefit redesign to go into effect on October 1, 2010. Bariatric surgery will not be eliminated; however, specific criteria for coverage for bariatric surgery will be developed and added to the AHCCCS Medical Policy Manual. The specific criteria will be provided upon publication.²²</p> <p>NOTE: Beginning October 1, 2011, bariatric surgical procedures, including laparoscopic and open gastric bypass and restrictive procedures are excluded from coverage.²³</p>

¹⁵ ARIZ. ADMIN. CODE § R9-22-205 (2008); AHCCCS, *Medical Policy for AHCCCS Covered Services* 310-16 – 310-17 (2009), <http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>.

¹⁶ AHCCCS, *Medical Policy for AHCCCS Covered Services* 410-4 (2009), <http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf>.

¹⁷ ARIZ. ADMIN. CODE § R9-22-213 (2008).

¹⁸ Am. Acad. Pediatrics, Arizona Chapter, *Preventing Obesity in Children and Youth* at 4-9 (Aug. 2008).

¹⁹ AHCCCS, *Childhood Obesity Medical Guidelines*, [http://www.azaap.net/userfiles/Early%20Childhood%20Obesity%20TF%20Position%20Paper%20Final\(3\).pdf](http://www.azaap.net/userfiles/Early%20Childhood%20Obesity%20TF%20Position%20Paper%20Final(3).pdf).

²⁰ The state statutory and regulatory codes and Medicaid provider manual are silent on such services.

²¹ CMS, *Excluded Drug Coverage Information by State: Arizona* (Nov. 2009), <http://www.cms.hhs.gov/States/Downloads/ArizonaEDC.pdf>

²² AHCCCS, *Provider Notification Memorandum – AHCCCS Benefit Changes Effective October 1, 2010* att. A at 6 (Aug. 2, 2010), http://www.azahcccs.gov/reporting/Downloads/Legislation/2010seventh/BenefitChanges_10-1-10.pdf.

²³ AHCCCS, *Benefit Redesign Implementation – Draft AHCCCS System Impacts Summary* 5 (June 22, 2010),

<http://azahcccs.gov/commercial/Downloads/HIPAA/5010/2010/May/BenefitRedesignImplementSystemconsiderationsPlans519.pdf>

ARKANSAS
Arkansas Medicaid

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Healthy Arkansas: Statewide public information campaign to promote physical activity, good nutrition, and smoking cessation. Provides wellness toolkits for the workplace and links to community-based resources.²⁴</p>	<p>Prenatal Care: Medical, nutritional, and psychosocial risk assessment conducted by provider; high risk pregnant women receive nutritional and other indicated counseling as well as case management services.²⁵</p>	<p>EPSDT: Mandated periodic health screening with age-appropriate health education on the benefits of healthy lifestyles and disease prevention.²⁶</p>	<p>Diabetes Disease Management: Partnership with Lilly to provide diabetes self-management training and education to Medicaid beneficiaries.²⁷</p>	<p>Weight Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage.²⁸</p>	<p>Covered Procedures:</p> <ol style="list-style-type: none"> 1) Open and laparoscopic Roux-en-Y bypass; 2) Open and laparoscopic Biliopancreatic Diversion; 3) Laparoscopic adjustable gastric banding; 4) Gastric bypass. <p>Eligibility:</p> <ol style="list-style-type: none"> 1) Between 18-65 years old; 2) BMI > 35 w/at least one co-morbidity; 3) Absence of endocrine disease; 4) At least 6 months of physician-supervised attempted weight loss; 5) Medical and psychiatric contraindications have been addressed; 6) Discussed risk factors.²⁹

²⁴ Healthy Arkansas, <http://www.state.ar.us/ha/home.html> (last visited Aug 2, 2010).

²⁵ Arkansas Medicaid, *Provider Manual: Provider – Section II-55* § 247.200 (Mar. 15, 2005), https://www.medicaid.state.ar.us/Download/provider/amprcd/Manuals/PHYSICN/PHYSICN_II.doc.

²⁶ Arkansas Medicaid, *Provider Manual: Child Health Services (EPSDT) – Section II-12*, § 212.290 (Oct. 10, 2003), https://www.medicaid.state.ar.us/Download/provider/amprcd/Manuals/epsdt/EPSDT_II.doc.

²⁷ Lilly.com, Diabetes Disease Management, State-by-State Success, Arkansas, <http://www.lillyforbetterhealth.com/Pages/arkansas.aspx> (last visited March 23, 2010).

²⁸ Arkansas Medicaid, *Provider Manual: Pharmacy - Section II-5* § 212.000 (Oct. 1, 2006), https://www.medicaid.state.ar.us/Download/provider/amprcd/Manuals/pharmacy/PHARMACY_II.doc.

²⁹ Arkansas Medicaid, *Provider Manual Update: Transmittal #165* (Nov. 1, 2009), http://www.sos.arkansas.gov/elections/elections_pdfs/register/Oct09Reg/016.06.09-036.pdf.

**CALIFORNIA
Medi-Cal**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Screening and Counseling: Office of Clinical Preventive Medicine (OCPM) initiated the “Staying Healthy” questionnaire that targets risky health behaviors. The questionnaire is completed by new patients and guides the course of primary care treatment.³⁰</p>	<p>Prenatal Care: Comprehensive Perinatal Services Program (CPSP) provides range of nutritional, psychosocial and general health educational services. The frequency and intensity of these services may be increased if justified through high risk assessment by provider. High risk factors include morbid obesity and co-morbidity.³¹</p>	<p>EPSDT: Mandated periodic health screening with age-appropriate health education on the benefits of healthy lifestyles and disease prevention.</p> <p>School-Based Services: Local Educational Agencies (LEAs) may bill Medi-Cal for EPSDT assessments and targeted case management services performed in the school setting for Medi-Cal enrolled children and families.³²</p>	<p>Disease Management Program: Pilot program in select locations targeting beneficiaries with diabetes, coronary artery disease, and COPD.³³</p>	<p>Weight Loss Drugs: Medications indicated to induce weight loss in obese individuals are covered by Medi-Cal with a showing of medical necessity.³⁴</p>	<p>Covered Procedures: The full spectrum of gastric restrictive procedures with or without gastric bypass.</p> <p>Eligibility Criteria:</p> <ol style="list-style-type: none"> 1) Severe obesity BMI> 40 or BMI>35 with substantial co-morbidity 2) Less drastic structured have interventions failed; 3) No history of substance abuse, severe psychiatric impairment or noncompliance; 4) Discussion of alternatives and required life change; 5) Pre-and post-operative treatment plan.³⁵

³⁰ Dept. of Health Care Services, Office of Clinical Preventive Medicine, available at <http://www.dhcs.ca.gov/services/Pages/OCPMHistory.aspx>.

³¹ Cal. Dept. of Health Care Services, *Criteria Manual, Ch. 6.4: Comprehensive Perinatal Services Program* (2004), http://www.dhcs.ca.gov/services/medi-cal/Pages/ManualofCriteria_ada.aspx.

³² CAL. WELF. & INST. CODE § 14132.06 (2009).

³³ CAL. WELF. & INST. CODE § 14132.27 (2009).

³⁴ Cal. Dept. of Health Care Services, *Title XIX State Plan: Requirements Relating to Payment for Covered Outpatient Drugs for Categorically Needy*, Att. 3.1.A.1 at 2 (Jan. 1, 2006), <http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>.

³⁵ Medi-Cal, *Provider Manual, Part II – Clinics and Hospitals, Surgery: Digestive System 1-4* (Nov. 2009), http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp.

COLORADO
Department of Health Care Policy and Finance

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Colorado does not appear to offer a separate benefit for adult preventive services.	Prenatal Plus: Pregnant women assessed as high risk for delivering a low-weight baby are eligible to receive prenatal care coordination, home visitation, nutrition and psychosocial counseling. ³⁶	EPSDT: Screening includes health education and anticipatory guidance. ³⁷	Telemedicine: As of July 1, 2010, the telemedicine pilot project ³⁸ , which monitored biometrics for patients with congestive heart failure, COPD, and diabetes, will expire and enter the evaluation stage. ³⁹ This pilot project was implemented at the inpatient setting.	Weight Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage. Specifically excluded from coverage. ⁴⁰	Medical Necessity: Bariatric surgery is not specifically excluded and there are no established eligibility requirements for coverage. Any covered procedure must be authorized with a showing of medical necessity. ⁴¹ Note: The Department of Health Care Policy and Finance held a benefits collaboration meeting to develop a Medicaid policy for bariatric surgery. The policy will be updated in this state profile upon publication. ⁴²

³⁶ 10 COLO. CODE REGS. § 2505-10, 8.748 (2010).

³⁷ 10 COLO. CODE REGS. § 2505-10, 8.280.4.A (2010).

³⁸ COLO. REV. STAT. § 25.5-5-702 (2009).

³⁹ COLO. REV. STAT. § 25.5-5-703 (2009).

⁴⁰ Colorado Dept. of Health Care Finance & Policy, *Medicaid Program Fact Sheet: Pharmacy Benefits* (Apr. 2008),

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1229570966993&ssbinary=true> .

⁴¹ 10 COLO. CODE REGS. § 2505-10, 8.076.1.8 (2010).

⁴² Colorado Dept. of Health Care Finance & Policy, *Provider Bulletin (B100026)* at 4 (July 2010),

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251640591229&ssbinary=true>

CONNECTICUT
Department of Social Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Treatment of Obesity: Outpatient services for the treatment of obesity are <u>not</u> covered.⁴³</p> <p>Additionally, treatment for obesity rendered at a rehabilitation clinic is <u>not</u> covered.⁴⁴</p>	<p>Prenatal Care: There are not extended services for pregnant Medicaid beneficiaries.</p>	<p>EPSDT: Health education, nutritional assessment, and anticipatory guidance on diet and development are covered services.⁴⁵</p>	<p>Treatment of Obesity as Part of Treating Another Illness: Inpatient or outpatient hospital services or procedures for the treatment of obesity, including gastric stapling, are excluded from coverage.</p> <p>Services in connection with the treatment of obesity could be covered services when such services are an integral and necessary part of the course of treatment for another illness.⁴⁶</p>	<p>Weight Loss Drugs: Medications for the treatment of obesity are excluded from coverage.⁴⁷</p>	<p>Eligibility Criteria: Reimbursement is authorized for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illnesses shall include illnesses of the endocrine or cardio-pulmonary systems or physical trauma associated with the orthopedic system.⁴⁸ Services to treat obesity beyond the scope of this definition are excluded from coverage.⁴⁹</p>

⁴³ Conn. Dept. of Social Services, *Connecticut interchange MMIS Provider Manual: Chapter 7 – Hospitals* § 150.2E.III.e at 44 (Jan. 2008), <https://www.ctdssmap.com> (Publications>Specific Policy-Regulation).

⁴⁴ Conn. Dept. of Social Services, *Connecticut interchange MMIS Provider Manual: Chapter 7 – Clinics* § 171.2E.III.f.1. at 30 (Jan. 2008), <https://www.ctdssmap.com> (Publications>Specific Policy-Regulation).

⁴⁵ Conn. Voices for Children, *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Quick Reference Guide* (Jan. 2007), <http://www.ctkidslink.org/media/other/cov07epsdtref.pdf>.

⁴⁶ Conn. Dept. of Social Services, *Connecticut interchange MMIS Provider Manual: Chapter 7 – Hospitals* § 150.1E.11.g.7 at 13 (Jan. 2008), <https://www.ctdssmap.com> (Publications>Specific Policy-Regulation).

⁴⁷ CONN. AGENCIES REGS. § 17-134d-81(e)(3)(B) (2010).

⁴⁸ CONN. AGENCIES REGS. § 17b-262-341(9) (2010).

⁴⁹ CONN. AGENCIES REGS. § 17b-262-342(12) (2010).

DELAWARE
Health & Social Services
Division of Medicaid & Medical Assistance

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
There is not a separate set of covered services under Medicaid for prevention.	Smart Start: Obesity is one of the risk factors qualifying women for referral to the “Smart Start” program. Services include nutrition counseling and collaboration with a social worker, if medically necessary, to address psycho-social problems. These services are in addition to other regularly covered Medicaid services and are available sixty to ninety days post-partum. ⁵⁰	EPSDT: Health education and anticipatory guidance must be at each exam and should focus on both parent and child. The guidance should help the family understand what to expect in the child’s development and provide information about the benefits of healthy lifestyles and disease prevention. ⁵¹ Enhanced Care for “At Risk” Children: This program is a continuation of the “Smart Start” program and provides at home counseling by nutritionists, among other services, to ameliorate conditions identified during the EPSDT screening. ⁵²	There is not a separate set of covered services under Medicaid for treatment of co-morbidities.	Weight Loss Drugs: Medications for the treatment of obesity are excluded from coverage. ⁵³	Bariatric Surgery: A prior authorization request may be granted for the treatment of adult obesity if: 1) Patient’s obesity causes significant illness and incapacitation; and 2) All other more conservative treatment options have failed. ⁵⁴

⁵⁰ Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: General Policy* § 1.35.2 (2010), <http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf>.

⁵¹ Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Practitioner Provider Specific Policy Manual* § 4.4.6 (2010), <http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf>.

⁵² Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: Clinic Services* 15 (200), <http://www.dmap.state.de.us/downloads/manuals/clinic.provider.specific.pdf>.

⁵³ Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *General Policy* § 1.15.1 (2010), <http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf>.

⁵⁴ Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: General Policy* § 1.21.10.1 (2010), <http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf>.

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Preventive Services: May be available if approved through prior authorization process.⁵⁵</p>	<p>Prenatal Care: Services for any other medical conditions that may complicate the pregnancy are provided with no limitation, so long as the services are covered under Medicaid and are related to the pregnancy.⁵⁶</p>	<p>EPSDT: If nutritional assessment suggests a dietary inadequacy or presence or risk of obesity, further assessment factors are indicated:</p> <ol style="list-style-type: none"> 1) Family, socioeconomic or community factors; 2) Quality and quantity of individual diet; 3) Physical and laboratory exams; 4) Prevention, treatment, and follow-up services such as dietary counseling and nutrition education.⁵⁷ 	<p>D.C. Medicaid does not appear to offer a separate set of covered services for chronic disease management.</p>	<p>Weight Loss Drugs: D.C. Medicaid does not cover anti-obesity medications.⁵⁸</p>	<p>Covered Procedures: Gastric bypass requires written justification and prior authorization through form 719A (the specific criteria for requesting gastric bypass surgery is unavailable).⁵⁹</p>

⁵⁵ DHCF, *District of Columbia Title XIX State Plan*, Supp. 1 to Att. 3.1-A at 21A (2000), <http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,609171.asp>

⁵⁶ DHCF, *District of Columbia Title XIX State Plan*, Supp. 1 to Att. 3.1-A at 27 (1997), <http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,609171.asp>.

⁵⁷ DHCF, *EPSDT Billing Manual* § 13.4 at 57 (revised Oct. 23, 2009), <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1468>.

⁵⁸ ACS, *District of Columbia Pharmacy Benefits Management Provider Manual* 11 (2010 v. 0.08), http://www.dcpbm.com/documents/DC%20MAA%20Provider%20Manual%20v8_final.doc.

⁵⁹ DHCF, *Requesting Prior Authorization: Prior Authorization Form 719* at 8 (Feb. 2010), <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1573>

FLORIDA
Agency for Health Care Administration

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage	Incentives
<p>Medicaid Reform Plan: A “consumer-driven” § 1115 demonstration project,⁶⁰ implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified populations⁶¹ and the plans purport to offer customized benefit packages to coordinate preventive care and disease management.</p>	<p>Healthy Start Coordinated Care Program: § 1915(b) waiver program to coordinate prenatal care through monthly outreach and case management, which stress tobacco cessation, nutrition and breastfeeding. Eligible beneficiaries are pregnant Medicaid beneficiaries in the MomCare (automatic enrollment) and have been screening as at high risk for poor birth outcomes. Children resulting from these pregnancies are also monitored until the age of three.⁶²</p>	<p>EPSDT: Child health checkups involve a nutritional assessment, health education, and anticipatory guidance. If nutritional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional education.⁶³</p>	<p>Disease Management: Healthier Florida is a disease management program administered through a partnership with AHCA and Pfizer. AHCA identifies and notifies Medicaid beneficiaries with two or more of the following diseases: diabetes, hypertension, COPD, congestive heart failure, and asthma, and these individuals are enrolled in the program to receive personalized assistance from community health professionals, social workers, pharmacists and dieticians.⁶⁴</p>	<p>Weight Loss Drugs: Appetite suppressants are excluded from coverage is prescribed to treat obesity.⁶⁵ Xenical (Orlistat) may be covered through a prior authorization request (Miscellaneous Prior Authorization Form).⁶⁶</p>	<p>Bariatric Surgery: Generally, all surgical procedures must be medically necessary, i.e. to protect life and prevent significant illness or disability. All bariatric surgical procedures require prior authorization by the inpatient hospital peer review organization.⁶⁷ (Detailed prior authorization criteria unavailable)</p>	<p>Enhanced Benefit Reward\$ Program: Participants in the Medicaid Reform Plan can earn pharmacy other-the-counter purchase credits of up to \$125.00 annually for participating in a weight loss program as one of the designated healthy behaviors. The credits may also be used toward smoking cessation, weight reduction, and other non-covered services under the managed care plan.⁶⁸</p>

⁶⁰ FLA. STAT. § 409.91211 (2010).

⁶¹ Enrollment in managed care is mandatory for the categorically needy, non-institutionalized, and non-dual eligible Medicaid populations. FLA. STAT. § 409.9122 (2010).

⁶² AHCA, *Florida Medicaid Summary of Services for Fiscal Year 2009-2010* at 105 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS_10_100105_SOS.pdf

⁶³ AHCA, *Child Health Check-Up Coverage and Limitations Handbook* § 2-2 at 18, § 2-7 at 23 (Oct. 2003), http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/tabId/39/Default.aspx.

⁶⁴ AHCA, *Disease Management Programs*, http://ahca.myflorida.com/Medicaid/Disease_Management/index.shtml (last visited Apr. 5, 2010); *Pfizer to Partner with State on Healthier Florida Program*, ORLANDO BUS. J., Jan. 1, 2007, http://orlando.bizjournals.com/orlando/stories/2007/01/15/daily7.html?jst=b_in_hl (last visited Apr. 5, 2010).

⁶⁵ AHCA, *Florida Medicaid Summary of Services for Fiscal Year 2009-2010* at 82 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS_10_100105_SOS.pdf.

⁶⁶ AHCA, *Florida Medicaid Summary of Services for Fiscal Year 2009-2010* at 83 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS_10_100105_SOS.pdf

⁶⁷ AHCA, *Prescribed Drug Services Coverage, Limitation & Reimbursement* § 2-2 at 21, § 2-125 at 145 (May 2008), http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/tabId/39/Default.aspx

⁶⁸ AHCA, *Enhanced Benefit Reward\$ Program*, http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/ (last visited Apr. 5, 2010); AHCA, *Florida Medicaid Reform Questions & Answers 2* (2005), http://ahca.myflorida.com/Medicaid/medicaid_reform/waiver/index.shtml

GEORGIA
Department of Community Health

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Georgia Medicaid does not appear to offer a specific covered benefit for preventive services.</p>	<p>Prenatal Care: Individualized case management to provide needed nutritional, medical, social and educational services to improve birth outcomes.⁶⁹</p>	<p>EPSDT: Nutritional counseling provided by licensed nutritionists is covered to address a child’s feeding deficiencies. Counseling services provided a social worker are also covered if indicated to determine the nature of barriers to the child’s effective treatment impacting the child’s development and the child’s family.⁷⁰</p>	<p>Enhanced Care for Chronic Illness: Disease management program for members of the Social Security Disabled population of Medicaid. It services members with chronic illnesses such as diabetes, congestive heart failure, and coronary artery disease.⁷¹</p>	<p>Weight Loss Drugs: Xenical is available through prior authorization for patients between the ages of 12 and 21 and will be authorized for one year.⁷²</p>	<p>Covered Procedures: The following procedures may be covered with prior authorization (Note: access to prior authorization criteria requires provider log-in):</p> <ol style="list-style-type: none"> 1) Laparoscopic, surgical gastric restrictive procedure; 2) Placement of adjustable gastric restrictive device; 3) Removal and/or replacement of adjustable gastric device⁷³

⁶⁹ Ga. Dept. of Comm. Health, *Georgia State Plan under Title XIX of the Social Security Act* att. 3.-1A at 103 (2009 update), http://www.dch.georgia.gov/00/channel_title/0,2094,31446711_80466652,00.html

⁷⁰ Ga. Dept. of Comm. Health, *Georgia State Plan under Title XIX of the Social Security Act* att. 3.-1A at 60 (2009 update), http://www.dch.georgia.gov/00/channel_title/0,2094,31446711_80466652,00.html.

⁷¹ Ga. Dept. of Comm. Health, Enhanced Care of Chronic Disease Program, http://www.georgia.gov/00/channel_title/0,2094,31446711_84607542,00.html (last visited Apr. 5, 2010).

⁷² Ga. Dept. of Comm. Health, *Xenical PA Summary*, http://dch.georgia.gov/vgn/images/portal/cit_1210/10/30/116871372Xenical.pdf.

⁷³ Ga. Dept. of Comm. Health, *Georgia State Plan under Title XIX of the Social Security Act* att. 3.-1A at 24 (2009 update), http://www.dch.georgia.gov/00/channel_title/0,2094,31446711_80466652,00.html.

**HAWAII
Med-QUEST**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Adult Preventive Services: Height-weight screening once every two years, counseling on health promotion depending on patient's health history, and periodic health assessments to determine risk or presence of disease and establish treatment plan.⁷⁴</p> <p>Obesity Treatment: Services such as weight control classes, weight loss programs, specially prepared diets, and gym membership are specifically excluded.⁷⁵</p>	<p>Prenatal Care: Education on nutrition and physical activity and risk assessments are considered important components of antepartum care. These services are not separately reimbursable.⁷⁶</p>	<p>EPSDT: Age appropriate anticipatory guidance on general health and nutrition and health risk assessment.⁷⁷</p>	<p>Med-QUEST does not offer a separate set of services for treatment and management of chronic disease.</p>	<p>Weight Loss Drugs: Anorexics require a prior authorization request including the patient's weight and program for weight loss.⁷⁸</p> <p>Prior authorization is required for Xenical and Meridia and patient must have:</p> <ol style="list-style-type: none"> 1) BMI > 30 or > 27 w/co-morbidity; and 2) A reduced calorie diet. <p>The initial request will be approved for 3 months and may be extended for an additional six month supply if the patient loses weight.⁷⁹</p>	<p>Covered Procedures: Gastric restrictive procedures with or without gastric bypass require prior authorization. Request for authorization by the Department is submitted on the general Form 1144, which does not include eligibility requirements specific to bariatric surgery.⁸⁰</p> <p>Non-Covered Procedures: Jejunum-ileal bypass procedures and panniculectomies are excluded from coverage.⁸¹</p>

⁷⁴ Med-QUEST, *Provider Manual* app. 6 *Guidelines and Special Programs* F165 (2002), <http://www.med-quest.us/PDFs/Appendix06/F165AdultPreventiveHealthv2.pdf>.

⁷⁵ Med-QUEST, *Provider Manual* app. 1 *Services/Items Not Covered by the Hawaii Medicaid Program* A53 (2002), <http://www.med-quest.us/PDFs/Appendix01/A50toA54ServicesandItemsNotCovered.pdf>.

⁷⁶ Med-QUEST, *Provider Manual* Ch. 6: *Medical/Surgical Services* 17 (2002), <http://www.med-quest.us/PDFs/Provider%20Manual/PMChp0602.pdf>.

⁷⁷ Med-QUEST, *Provider Manual* Ch. 5: *EPSDT Services* 2 (2002), <http://www.med-quest.us/PDFs/Provider%20Manual/PMChp0502.pdf>.

⁷⁸ Med-QUEST, *Provider Manual* Ch. 19: *Pharmacy Services* 6 (2002), <http://www.med-quest.us/PDFs/Provider%20Manual/PMChp1902.pdf>.

⁷⁹ Med-QUEST, *Provider Manual* app. 6 at F61-62, F84-F85 (2002), <http://www.med-quest.us/PDFs/Appendix06/F42-85DrugCovCriteria.pdf>.

⁸⁰ Med-QUEST, *Provider Manual* app. 1 *Services/Items that Require Authorization* A59 (2002), <http://www.med-quest.us/PDFs/Appendix01/A55toA62ServiceandItemsthatrequireauth.pdf>; State of Hawaii, Dept. of Human Services, Div. of Med-QUEST, Form 1144: *Request for Medical Authorization* (Sept. 2003), <http://www.med-quest.us/PDFs/Frequently%20Used%20Forms%20for%20Providers/1144%20Form%20Final%2009-18-03%20Request%20For%20Medical.pdf>.

⁸¹ State of Hawaii, Dept. of Human Services, *Policy Memoranda to QUEST Medical Plans* at 9 (July 31, 2006), <http://www.med-quest.us/PDFs/RFP%20Documents/QUEST%20Policy%20Memorandums/ADMINISTRATIVE%202006/ADM-0604.pdf>.

IDAHO
Department of Health and Welfare

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Behavioral Preventive Health Assistance (PHA): Covered benefits to specifically support tobacco cessation or weight loss with a mechanism to reward healthy behaviors and good health choices.⁸²</p> <p>PHA Eligibility: Participants complete a Health Questionnaire indicating desire to change behaviors related to weight management or tobacco use with one of the following characteristics:</p> <ol style="list-style-type: none"> 1) <u>Adult</u> with BMI ≥ 30; 2) <u>Child</u> overweight or obese according to CDC Child and Teen BMI calculator; or 3) Tobacco use⁸³ 	<p>Nutritional Services: Prenatal Nutritional services include intensive education, counseling, and monitoring. The need for nutritional services must be discovered during the physician's health assessment and provided by a licensed dietician.⁸⁴</p> <p>Prenatal Care: When ordered by the participant's attending provider, the following services are available after confirmation of pregnancy and extending 60 days post-partum:</p> <ol style="list-style-type: none"> 1) Individual and family social services focused on social and behavioral issues and 2) Education on health and nursing.⁸⁵ 	<p>EPSDT: The need for nutritional services, defined as intensive nutritional education, counseling and monitoring, must be discovered by physician-ordered screening services and be medically necessary. The Department must authorize nutritional services in excess of two visits per year.⁸⁶</p>	<p>Treatment of Obesity as Part of Treatment of Another Illness: Services in connection with non-surgical treatment of obesity are covered only when such services are an integral and necessary part of treatment for another medical condition that is covered by Medicaid.⁸⁷</p> <p>Case Management: Program of preventative and primary care services to manage the following chronic diseases: diabetes, asthma, hypertension, hyperlipidemia, and depression.⁸⁸</p>	<p>Weight Loss Drugs: Diet supplements and weight loss products are excluded, except lipase inhibitors when prior authorization is obtained.⁸⁹</p> <p>Medications for Cosmetic Purposes: Amphetamines and related products for cosmetic purposes or weight loss are also excluded, unless determined to be medically necessary by the Department through the prior authorization process.⁹⁰</p>	<p>Eligibility Criteria: <u>All</u> of the following must be met:</p> <ol style="list-style-type: none"> 1) BMI ≥ 40 or a BMI ≥ 35 with a documented co-morbidity; 2) Obesity is caused by or aggravated by a serious co-morbid condition; and 3) Participant received a timely psychiatric evaluation.⁹¹ <p>The Department will consider guidelines of private and public payers, evidence-based national standards of medical practice, and medical necessity of each participant's case when determine whether surgical correction will be authorized.⁹²</p> <p>Excluded Procedures: Idaho Medicaid does not cover laparoscopic, surgical gastric restrictive procedure <u>or</u> placement of adjustable gastric band. It appears that the other commonly accepted procedures are available if authorized.⁹³</p>

⁸² IDAHO ADMIN. CODE r. § 16.03.09.620 (2009).

⁸³ IDAHO ADMIN. CODE r. § 16.03.09.621 (2009).

⁸⁴ IDAHO ADMIN. CODE r. § 16.03.09.630 (2009).

⁸⁵ IDAHO ADMIN. CODE r. § 16.03.09.890-892 (2009).

⁸⁶ IDAHO ADMIN. CODE r. §§ 16.03.09.630-633 (2009).

⁸⁷ IDAHO ADMIN. CODE r. § 16.03.09.432.01 (2009).

⁸⁸ IDAHO ADMIN. CODE r. § 16.03.09.560-569 (2009).

⁸⁹ IDAHO ADMIN. CODE r. § 16.03.09.662.04(c) (2009); IDAHO ADMIN. CODE r. § 16.03.09.663 (2009).

IDAHO
Department of Health and Welfare

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>PHA Point System: One point equals \$1 (capped at \$200/annually), points can be exchanged for vouchers to purchase the following products or services:</p> <ol style="list-style-type: none"> 1) Over-the-counter smoking cessation or weight management products; 2) Physician-approved weight management program emphasizing one of the following: physical fitness, balanced diet, or personal health education; 3) Sporting or fitness program emphasizing improved physical health; or 4) Sports safety equipment <p>Additional points are earned by completion of programs or reaching desired goal.⁹⁴</p>					<p>Abdominoplasty or Panniculectomy: The prior authorization must include the following documentation:</p> <ol style="list-style-type: none"> 1) Multi-angle photographs of the abdomen; 2) Treatment of any ulceration and skin infections involving the panniculus; 3) Failure of conservative treatment, including weight loss; 4) The panniculus severely inhibits patient mobility; 5) Patient is unable to wear a garment to hold the panniculus up; and 6) Detrimental effects of the panniculus on the patient's health such as severe arthritis in the lower body.⁹⁵

⁹⁰ IDAHO ADMIN. CODE r. § 16.03.09.662.04(d) (2009).

⁹¹ IDAHO ADMIN. CODE r. § 16.03.09.431 (2009).

⁹² IDAHO ADMIN. CODE r. § 16.03.09.433.02 (2009).

⁹³ Idaho Dept. of Health & Welfare, Div. of Medicaid, *Provider Manual* 107 (Jan. 2010), http://www.qualishealth.org/cm/idaho-medicaid/upload/Id-ProvManual_Jan2010_FINAL-v2.pdf.

⁹⁴ IDAHO ADMIN. CODE r. § 16.03.09.622.01 (2009).

⁹⁵ IDAHO ADMIN. CODE r. § 16.03.09.432.01 (2009).

ILLINOIS
Department of Healthcare and Family Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Preventive Care: Preventive care for the general adult Medicaid population is not a separate covered service.⁹⁶</p> <p>Nutritional Services: Nutrition services in the clinic setting may not be billed as fee-for-service or as an encounter.⁹⁷</p>	<p>Prenatal Care: Risk assessments and subsequent counseling/education are covered at enhanced payment rates.⁹⁸</p>	<p>EPSDT: Nutritional assessment requires health history, dietary evaluation and BMI measurement. Follow-up is required for children with a BMI in the 95th or higher percentile for age and at risk for disease with early childhood caries, such as diabetes.⁹⁹</p>	<p>Disease Management: “Your Healthcare Plus” is a voluntary program administered by McKesson and targets disabled adults, adults and children with asthma, and adults with frequent emergency room visits (six or more within one year). The program helps patients with chronic diseases such as heart failure, coronary artery disease, high blood pressure, and diabetes, find a medical home for continuity of care.¹⁰⁰</p>	<p>Weight Loss Drugs: Anorectics, or combination drugs including anorectics, and weight loss drugs are not covered services.¹⁰¹</p>	<p>Eligibility Criteria: Surgery for morbid obesity shall be approved by the Department only in those cases in which the physician determines that:</p> <ol style="list-style-type: none"> 1) Obesity is exogenous; 2) Recipient attempted other therapy with no success, 3) Endocrine disorders have been ruled out; 4) BMI ≥ 40 or 35 to 39.9 with serious medical complications.¹⁰²

⁹⁶ ILL. ADMIN. CODE tit. 89, § 140.6 (g) (2010).

⁹⁷ Illinois Dept. of Healthcare and Family Services, *Handbook for Encounter Clinic Services* at 17 (June 2007), <http://www.hfs.illinois.gov/assets/0708d200.pdf>

⁹⁸ ILL. ADMIN. CODE tit. 89, § 140.922 (2010).

⁹⁹ Illinois Dept. of Healthcare and Family Services, *Handbook for Providers of Healthy Kids Services*, Ch. HK-200 at 27-28 (Mar. 2008), <http://www.hfs.illinois.gov/assets/hk200.pdf>.

¹⁰⁰ Illinois Dept. of Healthcare and Family Services, *Your Healthcare Plus*, <http://www.hfs.illinois.gov/dm/fact.html> (last visited Apr. 10, 2010).

¹⁰¹ ILL. ADMIN. CODE tit. 89, § 140.441(b) (2010); Illinois Dept. of Healthcare and Family Services, *Handbook for Providers of Pharmacy Services* § P-206.3 at 39 (2009), <http://www.hfs.illinois.gov/assets/p200.pdf>.

¹⁰² ILL. ADMIN. CODE tit. 89, § 140.413 (a)(3) (2010).

INDIANA
Office of Medicaid Policy and Planning

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Indiana Medicaid does not appear to offer a specific covered benefit for preventive services.	<p>Prenatal Care: All pregnant Medicaid beneficiaries undergo a risk assessment by the provider. If the pregnancy is not at risk of negative birth outcomes, reassessment and postpartum assessment will not be covered. However, services may be covered later in pregnancy if risk factors not present during the initial assessment are discovered.¹⁰³</p>	<p>EPSDT: Provides health education and nutritional assessment, providers are also directed to make note of family histories of obesity, hypertension, stroke, heart disease, diabetes, and similar chronic disease.</p> <p>Individualized Family Service Plan (IFSP): If appropriate, family training, counseling and home visit for child evaluation and nutrition services.¹⁰⁴</p>	<p>Diabetes Disease Management: Self-management training for diabetic beneficiaries to enhance understanding of diabetic disease states, nutrition, and physical activity, and encourage behavioral changes and risk factor reduction.¹⁰⁵</p>	<p>Weight Loss Drugs: Anorectics or any product used to promote weight loss are excluded from coverage. Additionally, amphetamines are excluded from coverage when prescribed for weight control or treatment of obesity.¹⁰⁶</p>	<p>Covered Services: Weight reduction surgery, including gastroplasty and related gastrointestinal surgery, requires prior authorization from the Department. The determination will be based on medical necessity of the individual case.¹⁰⁷</p>

¹⁰³ 405 IND. ADMIN. CODE § 5-11-5 (2009).

¹⁰⁴ Indiana Office of Medicaid Policy and Planning, *HealthWatch EPSDT Provider Manual* 4-8 (Mar. 2010), http://provider.indianamedicaid.com/media/23429/epsdt_healthwatch.pdf.

¹⁰⁵ 405 IND. ADMIN. CODE § 5-36-1(b)(1) (2009).

¹⁰⁶ 405 IND. ADMIN. CODE § 5-24-3(b)(1) (2009); 405 IND. ADMIN. CODE § 5-29-1(30) (2009).

¹⁰⁷ 405 IND. ADMIN. CODE § 5-3-13(a)(13), (b) (2009).

IOWA
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Eating Disorders: Characterized by gross disturbances in eating behavior and includes anorexia nervosa, bulimia and bulimorexia. Note that compulsive overeaters are not included in the definition of eating disorders and related services are not covered.¹⁰⁸</p>	<p>Risk Assessment: If assessment reflects a high-risk pregnancy, referral shall be made for enhanced services. Enhanced services include nutritional education.¹⁰⁹</p> <ol style="list-style-type: none"> 1) Initial assessment of nutritional risk based on height, current and pre-pregnancy weight; 2) Lab and clinical data, and self-reported information; 3) Ongoing nutritional assessment and individualized plan; 4) Referral to food assistance program if indicated. 	<p>EPSDT: Nutritional status assessment is required as part of a comprehensive health and developmental history, including an assessment of both physical and mental health development.</p> <p>Nutritional Counseling: Provided by licensed dietitians for recipients age 20 and under when a nutritional problem or a condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.¹¹⁰</p>	<p>Disease Management: Diabetes self-management education program.¹¹¹</p>	<p>Lipase Inhibitor Drugs: Xenical requires prior authorization with clinical diagnosis of hyperlipidemia. Documented requests for lipase inhibitor drugs for weight loss must include:</p> <ol style="list-style-type: none"> 1) Attempt at and failure of other weight loss programs; 2) BMI ≥ 30; 3) One or more co-morbidity; 4) A weight management plan including diet and exercise. <p>Prior authorization may be given for up to six months. Additional prior authorizations may be given after review of medical necessity and documented significant weight loss (at least 10%) from the individual's weight at the beginning of the previous prior authorization period.¹¹²</p>	<p>Intestinal/Gastric Bypass: Preauthorization required for surgical intervention for obesity. The request must provide the following information from the physician:</p> <ol style="list-style-type: none"> 1) Proposed date, location, and type of procedure; 2) Tentative diagnosis; 3) Medical history and chief complaint (include symptoms and duration of problem); 4) Preadmission treatment; 5) Outpatient studies¹¹³

¹⁰⁸ Iowa Dept. of Human Serv., *Provider Manual: Acute Care Hospitals* E-55 (2003), http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/ProvMan/Ahosp.pdf

¹⁰⁹ IOWA ADMIN. CODE r. 441-78.1 (249A) (14) (2009); IOWA ADMIN. CODE r. 441-78.25 (249A) (2)(c) (2009).

¹¹⁰ IOWA ADMIN. CODE r. 441-84.3 (249A) (1)(b) (2009); IOWA ADMIN. CODE r. 441-78.1 (249A) (22)(b) (2009).

¹¹¹ Iowa Dept. of Human Serv., *Provider Manual: Acute Care Hospitals* E-54 (2003), http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/ProvMan/Ahosp.pdf

¹¹² Iowa Dept. of Human Serv., *Iowa Medicaid Drug Prior Authorization Criteria* 10 (Apr. 2010), http://www.iowamedicaidpdl.com/index.pl/prior_authorization?noCache=240:1270663050.

¹¹³ Iowa Dept. of Human Serv., *Coverage and Limitations: Ambulatory Surgical Centers* E-12 (2002), <http://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/MedProvider.htm>.

KANSAS
Kansas Health Policy Authority (KHPA)

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Federally Qualified Health Centers: When provided in a federally qualified health center, the following services are reimbursable by Medicaid:</p> <ol style="list-style-type: none"> 1) Nutritional assessment and referral; 2) Preventive health education; 3) Blood pressure measurement; 4) Weight measurement; and 5) Cholesterol screening.¹¹⁴ <p>Nutrition Services: Individual-focused nutritional services provided by a licensed dietician are covered after appropriate referral is made. Services are limited to two 30 minute evaluation session and 11 follow-up sessions per beneficiary/year. Additional services require prior authorization.¹¹⁵</p>	<p>Prenatal Care: Provides services to women at risk of poor pregnancy outcomes, including nursing, nutrition, health education, and psycho-social assessments, interventions and referrals based on identified risk and health promotion education.¹¹⁶</p>	<p>EPSDT: Nutritional assessments required as part of the EPDST screen and include a determination of whether the child is at risk of being overweight.¹¹⁷ If a child's BMI is $\geq 85\%$, the physician should recommend appropriate nutrition and physical activity.¹¹⁸</p>	<p>Continuous Positive Airway Pressure: Continuous positive airway pressure is a covered service for KAN Be Healthy participants. Prior authorization and medical necessity is required. Criteria for medical necessity for the service for those with morbid obesity with documented sleep apnea include:</p> <ol style="list-style-type: none"> 1) 30% over average weight for height, sex, and age; 2) Sleep study with documented arterial oxygen of 80% or less; 3) Documented participation in a weight reduction program.¹¹⁹ 	<p>Weight Loss Drugs: Drugs for the treatment of obesity require prior authorization, including:</p> <ol style="list-style-type: none"> 1) Xenical (Orlistat); 2) Meridia (Sibutramine); and 3) Phentermine.¹²⁰ <p>Prior Authorization:</p> <ol style="list-style-type: none"> 1) Height, weight, BMI, waist circumference; 2) Presence of risk factors such as hypertension, dyslipidemia, diabetes, sleep apnea, CAD; 3) Treatment plan with reduced calorie diet and exercise and behavioral counseling. <p>For renewal requests, the patient must lose 5% of the baseline weight after the initial 3 month drug supply. Phentermine only allowed once per year for a 3 week period.¹²¹</p>	<p>Weight Loss Surgery Excluded: Kansas Medicaid currently limits weight loss services to pharmaceutical intervention. Studies are underway to evaluate the efficacy of bariatric surgery and it remains a funding issue to extend Medicaid coverage to bariatric surgery.¹²²</p>

¹¹⁴ KAN. ADMIN. REGS. § 129-5-118 (Lexis 2010).

¹¹⁵ Kansas Medical Assistance Program, *Provider Manual: Professional* 8-12 (Apr. 2010), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional_04062010_10021.pdf.

¹¹⁶ Kansas Medical Assistance Program, *Provider Manual: Professional* 8-52 (Apr. 2010), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional_04062010_10021.pdf.

¹¹⁷ Kansas Medical Assistance Program, *Provider Manual: General Benefits* 2-12 (Aug. 2008 version), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits_06232009_942.pdf.

¹¹⁸ Kansas Medical Assistance Program, *Provider Manual: General Benefits* 66 (Aug. 2008 version), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits_06232009_942.pdf.

¹¹⁹ Kansas Medical Assistance Program, *Provider Manual: Professional* 8-11 (Apr. 2010), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional_04062010_10021.pdf.

¹²⁰ KAN. ADMIN. REGS. § 129-5-8 (Lexis 2010).

¹²¹ Kansas Medical Assistance Program, *Weight Loss Initial Request Form* (2007), <http://www.khpa.ks.gov/pharmacy/download/WeightLossInitial.pdf>.

¹²² *Study on Coverage for Bariatric Surgery: Hearing on S.B. 511 Before the K.S. S. Comm. On Public Health and Welfare* (Feb. 2, 2009) (testimony of Doug Farmer, Director, State Employee Health Benefits Plan, Kansas Health Policy Authority), <http://www.khpa.ks.gov/legislative/download/2009Testimony/02-03-2009BariatricOversight.pdf>.

KENTUCKY
Department for Medicaid Services
Cabinet for Health and Family Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Primary Care: Medicaid covers and requires primary care centers to provide nutritional services, including individual counseling and education or group nutritional services.¹²³</p> <p>Incentives: Provides incentives under § 1115 waiver to KyHealth Choices members for adopting healthy behaviors and practices. Incentives may include additional dental/vision services, nutrition, or smoking cessation counseling.¹²⁴</p>	<p>Needs Assessment: Comprehensive needs assessment includes mother’s lifestyle behaviors.¹²⁵</p>	<p>EPSDT: As part of well-child visits, providers must perform an assessment of the child’s nutritional status.¹²⁶</p>	<p>Diabetes Disease Management: Gives members educational materials and information and encourages members to track their own personal health targets.¹²⁷</p>	<p>Exclusions: Drugs used for weight loss or weight gain are excluded from the Outpatient Pharmacy Program.¹²⁸</p>	<p>Covered Services: Gastric Restrictive or Bypass Surgery if the following are met:</p> <ol style="list-style-type: none"> 1) Presence of severe co-morbidity endangering health; 2) All other forms of weight loss have been exhausted with legitimate efforts by the patient and doctor, 3) Sources of weight gain have been identified and subsequent treatment was attempted; 4) Documentation that at least one other physician besides the surgeon has been consulted and approved of the surgery as a last resort treatment; and 5) The recipient is at least 100 pounds over the maximum weight of height and weight category.¹²⁹

¹²³ 907 KY. ADMIN. REGS. 1:054 (Lexis 2010).

¹²⁴ Kentucky Dept. of Medicaid Services, *KyHealth Choices* 51, <http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf>.

¹²⁵ 907 KY. ADMIN. REGS. 3:140 (Lexis 2010).

¹²⁶ 907 KY. ADMIN. REGS. 1:034 (Lexis 2010).

¹²⁷ Kentucky Dept. of Medicaid Services, *KyHealth Choices* 54, <http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf>

¹²⁸ 907 KY. ADMIN. REGS. 1:019 (Lexis 2010).

¹²⁹ 907 KY. ADMIN. REGS. 1:014 (Lexis 2010); Kentucky Department of Medicaid Services, *Hospital Services Manual* 37 (2009), <http://chfs.ky.gov/NR/rdonlyres/48C12ECC-05BB-4791-B810-4936DD7297AF/0/1376a.pdf>.

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutritional/Dietary Services: Provided if medically necessary (ordered by a physician) and services provided directly by a licensed registered dietician or licensed nutritionist (i.e., mere supervision excluded).¹³⁰</p>	<p>LA Moms: Expansion up to 200% FPL; no cost coverage for:</p> <ol style="list-style-type: none"> 1) Pregnancy-related services, 2) Delivery and care up to 60 days after the pregnancy ends including doctor visits, 3) Lab work/tests, 4) Prescription medicines, and 5) Hospital care 	<p>EPSDT: Nutritional assessment to the extent of assessing diet and eating habits.¹³¹</p>	<p>Louisiana Medicaid does not appear to offer a separate set of covered services for chronic disease management.</p>	<p>Xenical (Orlistat):</p> <ol style="list-style-type: none"> 1) Patient \geq 12 years old; and 2) Current BMI \geq 27 written by physician on prescription or attached to the prescription.¹³² 	<p>Covered Procedures:</p> <ol style="list-style-type: none"> 1) Gastroplasty, Vertical- Banded and other forms; 2) Gastric Bypass w/ Roux-en-Y; 3) Gastric Bypass; and 4) Revision Gastroplasty. <p>Eligibility: Recipient must be at least 16 years old and meet <u>all</u> criteria:</p> <ol style="list-style-type: none"> 1) BMI \geq 40; 2) At least three failed efforts at medical therapy and complications from extreme obesity; 3) Current obesity-related medical conditions at high risk for morbidity & mortality; 4) Absence of major psychiatric diagnosis as the cause of obesity or as a deterrent to successful treatment; 5) No current substance abuse; 6) Patient is capable of compliance with post-surgery modified food intake regimen and follow- up program.¹³³

¹³⁰ 33 La. Reg. 1650 (Aug. 20, 2007) (promulgating regulations governing New Opportunities Waiver under § 1915(c) of the Act). Note: Louisiana created the Council on Obesity Prevention and Management tasked with creating awareness and implementing policies to implement obesity programs in the state, LA. REV. STAT. ANN. § 46:2612 (2010).

¹³¹ Required Medical Screenings under KidMed, <http://www.la-kidmed.com/kidmed/docs/periodicity.pdf>.

¹³² Louisiana Medicaid, *Pharmacy Benefits Management Services Manual 5-12*, <http://www.lamedicaid.com/provweb1/manuals/Pharmacy%20Final%2008-15-07.pdf>.

¹³³ 29 La. Reg. 2183 (Oct. 20, 2003).

MAINE
Office of MaineCare Services
Department of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Annual Preventive Exam: Annual routine examination compiling health history and preventive services according to USPSTF guidelines are covered.¹³⁴</p>	<p>Early Prenatal Visit: Counseling, education and risk and physical assessment regarding nutrition, substance abuse, and social factors.¹³⁵</p>	<p>EPSDT: Nutritional counseling and annual routine physicals (excluding school or sports-related exams) are covered services.¹³⁶</p>	<p>MaineCare does not appear to offer a separate set of covered services for chronic disease management.</p>	<p>Weight Loss Drugs: Anorectics or other drugs indicated for weight loss are excluded from coverage.¹³⁷</p>	<p>Covered Procedures: Gastric Bypass, Gastroplasty, or Adjustable Gastric Banding.¹³⁸</p> <p>Prior Authorization:</p> <ol style="list-style-type: none"> 1) Weight twice the normal weight or 100 lbs. over ideal weight; 2) Failed non-surgical means; 3) An appropriate plan at all surgical stages by the physician and dietitian; and 4) Surgery is medically necessary to correct an illness/condition caused by or aggravated by the obesity, such as diabetes or hypertension; 5) For members under the age of twenty-one (21), the surgery must also be recommended by all of the following, with documentation submitted with the prior approval request: <ol style="list-style-type: none"> a) Primary care provider; b) Endocrinologist; c) Second surgeon not affiliated with the first surgeon's practices; and d) Specialized pediatric mental health professional.

¹³⁴ Office of MaineCare Services, *MaineCare Benefits Manual: Ch. II Physician Services* § 90 at 11-13 (2009), <http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.doc>

¹³⁵ Office of MaineCare Services, *MaineCare Benefits Manual: Ch. II Family Planning Services* § 30 at 5-6 (1999), <http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s030.doc>.

¹³⁶ Office of MaineCare Services, *MaineCare Benefits Manual: Ch. II Prevention Health Promotion and Optional Treatment Services* § 94 at 14 (2004), <http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s094.doc>

¹³⁷ Office of MaineCare Services, *MaineCare Benefits Manual: Ch. II Pharmacy Services* § 80 at 16-17 (2007), <http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s080.doc>.

¹³⁸ Office of MaineCare Services, *MaineCare Benefits Manual: Ch. II Physician Services* § 90 at 24-25 (2009), <http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.doc>.

MARYLAND
Medical Programs, Department of Health and Mental Hygiene

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Maryland Medicaid does not appear to offer a specific covered benefit for preventive services.	<p>Enriched Maternity Service: Education on nutritional issues, including appropriate weight gain during pregnancy, and components of gain.¹³⁹</p> <p>High-risk Nutrition Counseling: Referrals provided as needed.¹⁴⁰</p>	EPSDT: Nutritional counseling services provided as part of “Additional Medically Necessary Plan of Treatment Services” ¹⁴¹	Disease Management: Services provided by the seven managed care organizations participating in HealthChoice (statewide mandatory Medicaid managed care program). ¹⁴²	Exclusions: Prescriptions and injections for central nervous system stimulants and anorectic agents when used for weight control. ¹⁴³	<p>Procedures for the Treatment of Obesity: Surgical procedures for the treatment of obesity require prior authorization. Specific documentation:</p> <ol style="list-style-type: none"> 1) Complete narrative justification of the procedure(s), 2) Brief history and physical examination, 3) Result of pertinent ancillary studies if applicable, and 4) Pertinent medical evaluations and consultations, if applicable.¹⁴⁴

¹³⁹ MD. CODE REGS. 10.09.38.04(B)(2) (2010).

¹⁴⁰ MD. CODE REGS. 10.09.38.04(B)(3)(d) (2010).

¹⁴¹ MD. CODE REGS. 10.09.23.04(D)(2)(d) (2010).

¹⁴² See, e.g. Maryland Medical Assistance, *MedStar Provider Manual* 42-43 (2009), <http://www.medstarfamilychoice.com/documents/PROVIDER%20MANUAL%20template%202008.pdf>.

¹⁴³ MD. CODE REGS. 10.09.03.05(A)(14) (2010).

¹⁴⁴ MD. CODE REGS. 10.09.06.06(A)(2)(c) (2010); MD Dept. of Health and Mental Hygiene, *Physicians’ Services Provider Fee Manual*, pages 13-14, available at:

<http://www.dhmh.state.md.us/mma/providerinfo/pdf/2009/jul09/09revphysmaneffective070109billinginstructions.pdf>.

MASSACHUSETTS
MassHealth, Office of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Massachusetts Medicaid does not appear to offer a separate set of covered services for preventive care.	Health Care Counseling: Includes hygiene and nutrition education. ¹⁴⁵	EPSDT: Screenings for healthy nutrition, growth, and development, as necessary to determine the existence of some suspected illness or condition. Discussion topics should include: 1) Benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management; 2) Benefits of physical activity, opportunities for daily physical activity, and parents as role models; 3) Impact of electronic media as a risk factor for being overweight, encouraging limiting screen time and discouraging placement of TV/computer in the child's bedroom; and 4) Chronic disease prevention. ¹⁴⁶ Weight Management: Numerous hospitals and clinics offer weight management and nutritional counseling services for childhood obesity, with Medicaid reimbursement eligibility. ¹⁴⁷	Disease Management: MassHealth covers chronic disease and rehabilitation inpatient services. As part of the MassHealth program for outpatient management of chronic disease, hospital-licensed health centers must provide health education to instruct members on self-management of medical problems and disease prevention nutrition counseling, if indicated, because of patient's potential to develop health problems that could be avoided or made less severe with proper nutrition. ¹⁴⁸	Exclusions: The MassHealth agency does not pay for any drug used for the treatment of obesity. ¹⁴⁹	Covered Procedure: Roux-en-Y gastric bypass may be covered after a case-by-case determination of medical necessity, when needed to either alleviate or correct medical problems caused by severe obesity. Requests for other forms of bariatric surgery will require exceptional circumstances and additional documentation, depending on the case. Eligibility: Clinical criteria used to determine medical necessity include: 1) Surgery will be performed under the guidance of a multidisciplinary trained team in an appropriate facility; 2) BMI \geq 40 or a BMI \geq 35 with significant co-morbid conditions; 3) Member has been severely obese for at least five years; 4) Provider has ruled out metabolic causes of the member's obesity; 5) Member is at least 18 years of

¹⁴⁵ 130 MASS. CODE REGS. 405.423(B)(4)(c) (2010).

¹⁴⁶ Commonwealth of Massachusetts, MassHealth, *Provider Manual Series: EPSDT Medical Protocol and Periodicity Schedule W-4* (Nov. 2009), <http://www.mass.gov/Eoohhs2/docs/masshealth/providermanual/appx-w-all.pdf>.

¹⁴⁷ Mass. Overweight Prevention and Control Initiative, *Resource Guide for Pediatric Overweight Treatment and Services in Massachusetts* (2004), http://www.mclearinghouse.com/PDFs/Health&Wellness/peds_overweight_directory.pdf.

¹⁴⁸ MassHealth, *Provider Manual: Physician Manual 8* (2008), http://www.mass.gov/Eoohhs2/docs/masshealth/regs_provider/regs_physician.pdf; MassHealth, *Provider Manual: Chronic Disease and Rehabilitation Outpatient Hospital Manual 17* (2008), http://www.mass.gov/Eoohhs2/docs/masshealth/regs_provider/regs_cdroutpatienthosp.pdf.

¹⁴⁹ 130 MASS. CODE REGS. 406.413(B)(4) (2010); 130 MASS. CODE REGS. 410.405(C)(1) (2010).

MASSACHUSETTS
MassHealth, Office of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					age; 6) Member is well-informed of the risks of surgery; 7) Member is under a physician's supervision for the treatment of obesity; 8) Member has satisfactorily completed the pre-operative care plan; 9) No evidence of active substance abuse; and 10) Any history of binge eating disorder has been documented and discussed. ¹⁵⁰

¹⁵⁰ MassHealth, *Guidelines for Medical Necessity Determination for Bariatric Surgery* (2007). <http://www.mass.gov> (Home > Provider > Insurance (including MassHealth) > MassHealth > Guidelines for Clinical Treatment > Guidelines for Medical Necessity Determination); 130 MASS CODE REGS. 450.204 (2010).

MICHIGAN
Department of Community Health

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Products: Medicaid does not cover exercise equipment or weight loss, or “light” products.¹⁵¹</p>	<p>Prenatal Care: Providers are required to inquire about problems regarding weight loss or gain during pregnancy. Prenatal care covers education on nutrition. Maternal discharge summary must document pre-pregnancy overweight/obesity, inappropriate weight gain, and inappropriate eating patterns. Prenatal care must involve a risk screening to determine eligibility for the Maternal Infant Health Program (MHIP). Eligibility may be based on nutritional problems. Once in the program, the woman is required to receive a structured assessment regarding her needs, including a nutritional assessment.¹⁵²</p>	<p>EPSDT (Nutrition): Nutritional assessments must be performed based on height, weight, and recent health history. EPSDT anticipatory guidance should be given regarding nutrition.</p> <p>EPSDT (Cholesterol): High-risk children should be tested for cholesterol according to AAP guidelines. Children are at risk if they have a family history of heart disease or a parent with an elevated cholesterol level.</p> <p>EPSDT (Diabetes): High-risk children should be tested for Type II Diabetes beginning at age ten:</p> <ol style="list-style-type: none"> 1) BMI > 85th percentile; 2) Weight for height > 85th percentile, or their weight > 120% of ideal for height, <i>and</i> they have any two of the following factors: <ol style="list-style-type: none"> a) Family history of Type II Diabetes; b) Belong to a certain race/ethnic group; or c) Show signs of insulin resistance. <p>EPSDT screenings must also take blood pressure readings starting at three years.¹⁵³</p>	<p>Disease Management: Obesity treatment is covered 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.</p> <p>Prior Authorization:</p> <ol style="list-style-type: none"> 1) Other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage complications have failed; 2) Medical history documenting treatment, results and complications encountered; 3) All weight control methods that have been tried; 4) Expected benefits or prognosis for the method requested.¹⁵⁴ 	<p>Weight Loss Drugs: Drugs for anorexia or weight loss are generally not covered by Medicaid. But drugs prescribed for weight loss may be covered with additional medical documentation.</p> <p>Eligibility Criteria: Additional documentation required for eligibility for weight loss drugs includes:</p> <ol style="list-style-type: none"> 1) Current medical status, including nutritional or dietetic assessment; 2) Documentation of current therapy for all medical conditions, including obesity; 3) Accurate BMI, height, and weight measurements; 4) Confirmation that there are no medical contraindications to reversible lipase inhibitor use; 5) No malabsorption syndromes, cholestasis, pregnancy and/or lactation; 6) Details of previous weight loss attempts and clinical reason for failure (at least two failed, physician supervised, attempts are required).¹⁵⁵ 	<p>Eligibility Criteria: To receive prior approval, the request for obesity surgery must include:</p> <ol style="list-style-type: none"> 1) Medical history; 2) Past and current treatment and results; 3) Complications encountered; 4) All weight control methods that have been tried and failed; 5) Expected benefits or prognosis for the method being requested; 6) Psychiatric evaluation of the beneficiary’s willingness/ability to alter their lifestyle following surgical intervention must be included.¹⁵⁶

¹⁵¹ Michigan Department of Community Health, *Medicaid Provider Manual* 662 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

¹⁵² Michigan Department of Community Health, *Medicaid Provider Manual* 610-613 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

¹⁵³ Michigan Department of Community Health, *Medicaid Provider Manual* 1243-1244 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

MINNESOTA
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Non-Covered Services:</p> <ol style="list-style-type: none"> 1) Weight loss services on a program basis; 2) Nutritional supplements or foods for the purpose of weight reduction; 3) Exercise classes; 4) Health club memberships; 5) Instructional materials and books; and 6) Motivational classes.¹⁵⁷ 	<p>Preventive Services: Prenatal nutrition education includes an assessment of nutritional risk, ongoing assessment of risk status, development of an individualized nutrition plan, and nutritional interventions. Pregnant women determined to be “at risk” may receive services beyond standard prenatal care. In addition, providers should engage in care coordination for pregnant women determined to be “at risk,” and provide them with health education targeting risk factors, medical conditions, and health behaviors that can be improved, touching on lifestyle and parenting support.¹⁵⁸</p>	<p>EPSDT: Screenings related to physical health and indicated nutritional counseling are covered.¹⁵⁹</p>	<p>Minnesota Medicaid does not appear to offer a separate set of covered services for the treatment and management of chronic disease.</p>	<p>Weight Loss Drugs: Excluded, except that medically necessary lipase inhibitors (Xenical) may be covered for a recipient with type II diabetes.¹⁶⁰</p>	<p>Adult Eligibility Criteria: All four criteria must be met:</p> <ol style="list-style-type: none"> 1) BMI of ≥ 40 or a BMI of 35 to 40 (for at least 2 years) with at least one co-morbid condition; 2) the recipient has made at least one serious medically supervised attempt to lose weight in the past for at least six months; 3) Medical and psychiatric contraindications have been ruled out with complete assessment within three months prior to the request; and 4) Recipient is committed to losing weight, has realistic expectations, and is willing to make permanent lifestyle changes, and is willing to participate in the long-term postoperative plan offered by the surgery program.¹⁶¹

¹⁵⁴ Michigan Department of Community Health, *Medicaid Provider Manual* 493 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

¹⁵⁵ Michigan Department of Community Health, *Medicaid Provider Manual* 1194-1195 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

¹⁵⁶ Michigan Department of Community Health, *Medicaid Provider Manual* 1263-1264 (2010), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

¹⁵⁷ Minnesota Department of Human Services, *MHCP Provider Manual, Physician and Professional Services, Ch. 6: Non-Covered Weight Loss Services* (rev. June 2010), http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=id_008926&RevisionSelectionMethod=LatestReleased#P1122_92307.

¹⁵⁸ Minnesota Department of Human Services, *MHCP Provider Manual: Obstetric Services* (rev. July 2010), http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=dhs16_137531&RevisionSelectionMethod=LatestReleased.

¹⁵⁹ MINN. REG. 9505.1696 (2010).

¹⁶⁰ MINN. STAT. 256B.0625(13(d)) (2010).

¹⁶¹ Minnesota Department of Human Services, *MHCP Provider Manual, Physician and Professional Services, Authorization Standards for Adult Bariatric Surgery* (rev. June 2010), http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=id_008926&RevisionSelectionMethod=LatestReleased#P365_23388

MINNESOTA
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>Adolescent Eligibility Criteria: Adolescents must have either:</p> <ol style="list-style-type: none"> 1) BMI \geq 40 with one following: sleep apnea, severe hypertension, Diabetes; or 2) BMI \geq 50 with one or more of the following: arthropathies in weight-bearing joints, dyslipidemias, reflux disease, hypertension, soft-tissue infections, obesity-related psychosocial distress, significant impairment in ADL, urinary incontinence, or venous stasis disease. 3) Recipient must have attained physiologic maturity as measured by both: Tanner stage IV development and 95% of adult height based on estimates from bone age. <p>Patients not meeting the criteria with one or more immediate, life-threatening co-morbidity will be considered for approval on a case-by-case basis.¹⁶²</p>

¹⁶² Minnesota Department of Human Services, *MHCP Provider Manual, Physician and Professional Services, Authorization Standards for Adolescents Bariatric Surgery* (rev. June 2010), http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=id_008926&RevisionSelectionMethod=LatestReleased#P365_23388

**MISSISSIPPI
Division of Medicaid**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Mississippi Medicaid does not appear to offer a separate set of covered services for preventive care.	Nutrition Assessment/ Counseling: Available as a component of the enhanced services provided to high-risk pregnant women. ¹⁶³	EPSDT: The program is known as Mississippi Cool Kids and provides a nutritional evaluation. ¹⁶⁴	Non-Insulin Dependent Diabetes: Glucose monitors covered for beneficiaries on diet control. ¹⁶⁵	Weight-loss Drugs: Medications indicated for weight loss are specifically excluded. ¹⁶⁶	<p>Non-Covered Services: Treatment for obesity or weight control including all diet treatments, gastric or intestinal bypass or stapling, or related procedures, regardless of degree of obesity or any claim of medical necessity, are excluded from coverage.¹⁶⁷</p> <p>Abdominal Panniculectomy: As appropriate and medically necessary when performed to relieve clinical signs and symptoms resulting from redundant skin following a massive weight loss, symptomatology related to panniculitis, and/or the facilitation of abdominal surgery for those persons defined as morbidly obese.¹⁶⁸</p>

¹⁶³ Mississippi Div. of Medicaid, *Provider Policy Manual* § 71.04, 1 (2005), <http://www.medicaid.ms.gov/Manuals/Section%2071%20-%20PHRM-ISS/Section%2071.04%20-%20High%20Risk%20Pregnant%20Women.pdf>.

¹⁶⁴ Mississippi Div. of Medicaid, *The Mississippi Medicaid Cool Kids Program (EPSDT)* (Jan. 15, 2007 version), http://www.medicaid.ms.gov/EPSDT_Cool_Kids.pdf.

¹⁶⁵ 13-000-011 Miss. CODE R. § 10.37 (Weil 2010).

¹⁶⁶ 13-000-011 Miss. CODE R. § 31.07(1) (Weil 2010).

¹⁶⁷ 09-000-004 Miss. CODE R. § 4.1(M) (Weil 2010).

¹⁶⁸ 13-000-011 Miss. CODE R. § 53.14 (Weil 2010).

MISSOURI
MO HealthNet Division, Department of Social Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Missouri Medicaid does not appear to offer a separate set of covered services for preventive care.	Prenatal Care: Prenatal case management is available for all women who are “at risk” of poor pregnancy outcomes. Providers must perform risk appraisals on pregnant women to determine whether the “at risk” label applies. Services for pregnant women are exempt from coinsurance requirements. ¹⁶⁹	EPSDT: General physical examinations and interperiodic screenings. ¹⁷⁰	Obesity Treatment: Not covered unless the treatment is an integral and necessary part of a course of treatment for a concurrent or complicating medical condition. ¹⁷¹ Chronic Care Improvement Program: Integrates self and coordinated management and electronic care to improve the quality of care for Medicaid patients with chronic illnesses, including diabetes and cardiovascular diseases. ¹⁷²	Weight Loss Drugs: Xenical (Orlistat) is covered for dyslipidemia with prior authorization. Other drugs to treat weight loss are not covered for any indications. ¹⁷³	Prior Authorization: 1) Gastroplasty; 2) Gastric bypass for morbid obesity Procedures to revise the adjustable gastric band component only do not require authorization. Eligibility Criteria: Bariatric surgery is only covered when performed: 1) As treatment for a concurrent or complicating medical condition; and 2) BMI > 40. ¹⁷⁴

¹⁶⁹ MO. CODE REGS. ANN. tit. 13, 70-4.050 (2010).

¹⁷⁰ MO. CODE REGS. ANN. tit. 13, 70-25.110 (2010).

¹⁷¹ Obesity identified as high-risk condition, MO. CODE REGS. ANN. tit. 19, 10-5.010 (2010); MO HealthNet Div., *Physician Provider Manual* § 13.65, 124 (2009), http://manuals.momed.com/collections/collection_phy/Physician_Section13.pdf.

¹⁷² MO Dept. of Social Serv., Chronic Care Improvement Program, <http://www.dss.mo.gov/mhd/general/pages/organization.htm>.

¹⁷³ MO HealthNet Div., *List of Excluded Drugs and Excludable Drugs for Which Prior Authorization is Required* (July 2010), <http://www.dss.mo.gov/mhd/cs/pharmacy/pdf/druglist.pdf>.

¹⁷⁴ Missouri Health Net, *Provider Manual: Physician* 66, 124 (2009), http://207.15.48.5/collections/collection_phy/Physician_Section13.pdf.

MONTANA
(Department of Public Health and Human Services)

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children Under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Reduction: Physicians and midlevel practitioners who counsel and monitor clients on weight reduction programs can be paid for those services. Similar services provided by nutritionists are not covered.¹⁷⁵</p>	<p>Prenatal Care: Case management services are provided to high-risk pregnant women.¹⁷⁶ Care and services are tailored to the individual needs of the patient which may include nutritional services.¹⁷⁷</p>	<p>EPSDT: Providers should assess the nutritional status of each child during the Well Child Screen. Children with nutritional problems may be referred to a licensed nutritionist or dietician for further assessment or counseling.¹⁷⁸</p> <p>EPSDT Nutritional Services: Nutrition services may include:</p> <ol style="list-style-type: none"> 1) Nutrition counseling for counseling directly with a child, or with a caregiver, to explain the nutrition assessment and implement a plan of nutrition care; 2) Nutrition assessment for evaluation of a child's nutritional problems, and design of a plan to prevent, improve or resolve identified nutritional problems; 3) Nutrition consultation which includes referring a child to other services; 4) Nutrition education for routine education for normal nutritional needs.¹⁷⁹ 	<p>Diabetic Nutrition Information: Diabetic nutrition education may be covered for adults.¹⁸⁰</p>	<p>Weight Loss Drugs: Drugs provided for weight reduction or cosmetic purposes are not covered.¹⁸¹</p>	<p>Gastric Bypass: All gastric bypass related services (including initial bypass and revisions) are NOT covered.¹⁸²</p>

¹⁷⁵ Montana Department of Public Health and Human Services, *Physician Related Services*, page 2.10 (Sept. 2005 version), <http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf>.

¹⁷⁶ MONT. ADMIN. R. 37.86.3401 (2010).

¹⁷⁷ MONT. ADMIN. R. 37.86.3301 (2010).

¹⁷⁸ Montana Department of Public Health and Human Services, *Physician Related Services*, pages 3.1-3.3 (Sept. 2005 version), <http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf>.

¹⁷⁹ MONT. ADMIN. R. 37.86.2209 (2010).

¹⁸⁰ Montana Department of Public Health and Human Services, *Montana Medicaid Notice: Nutrition Providers* (Mar. 1, 2003), <http://medicaidprovider.hhs.mt.gov/pdf/nutrition0303.pdf>.

¹⁸¹ Montana Department of Public Health and Human Services, *Prescription Drug Program 2.2* (Nov. 2004 version), <http://medicaidprovider.hhs.mt.gov/pdf/pharmacy.pdf>.

¹⁸² MONT. ADMIN. R. 37.85.207 (2010).

MONTANA
(Department of Public Health and Human Services)

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children Under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>NO Coverage for:</p> <ol style="list-style-type: none"> 1) Weight reduction plans (e.g., Jenny Craig, Weight Watchers); 2) Nutritional Supplements; 3) Dietary Supplements; 4) Health Club Memberships; 5) Educational or weight monitoring services of a Nutritionist.¹⁸³ <p>Outpatient Hospital Services: Does not cover nutritional programs or health club memberships.¹⁸⁴</p>		<p>Anticipatory Guidance: Should include counseling on the importance of exercise and nutrition, including eating habits and disorders.¹⁸⁵</p>	<p>Nurse First: Disease management program where enrollees receive:</p> <ol style="list-style-type: none"> 1) One-on-one counseling and education from specially-trained nurses; 2) Program materials (e.g. pamphlets and brochures); 3) Extensive case management assistance; 4) Phone calls; and 5) Home visits from community-based nurses.¹⁸⁶ 		<p>Cosmetic Procedures: Not Covered under Medicaid unless the provider proves possible harm to the well-being of the enrollee and receives prior approval.¹⁸⁷</p>

¹⁸³ Montana Department of Public Health and Human Services, *Physician Related Services* 2.10 (Sept. 2005 version), <http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf>.

¹⁸⁴ MONT. ADMIN. R. 37.86.3003 (2010).

¹⁸⁵ Montana Department of Public Health and Human Services, *Physician Related Services* 3.6 (Sept. 2005 version), <http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf>

¹⁸⁶ Montana Department of Public Health and Human Services, *Your New Handbook* 61 (July 2004 version), <http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf>

¹⁸⁷ Montana Department of Public Health and Human Services, *Your New Handbook* 49 (July 2004 version), <http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf>

NEBRASKA
Department of Health & Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services:</p> <ol style="list-style-type: none"> 1) Weight control programs are not covered. 2) No payment for services provided when the sole diagnosis is obesity.¹⁸⁸ 	<p>Prenatal Care: Treatment is provided, as part of prenatal care, for any conditions or complications (such as diabetes or hypertension) that are caused by or exacerbated by the pregnancy. Also covered are medically necessary services to ensure a healthy outcome for the current pregnancy and unborn child.¹⁸⁹</p>	<p>EPSDT: Includes one-on-one nutritional counseling for a number of nutritional problems or conditions, including: excessive weight gain, obesity, and diabetes.¹⁹⁰</p>	<p>Treatment of Obesity as Part of Treatment of Another Illness: Coverage provided for the treatment of conditions aggravated by obesity, including: hypothyroidism, Cushing’s disease, hypothalamic lesions, cardiac diseases, respiratory diseases, diabetes, hypertension, 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.¹⁹¹</p>	<p>Weight Loss Drugs: Drugs or other items prescribed or recommended for weight control and/or appetite suppression are not covered.¹⁹²</p> <p>Orlistat: May be covered with prior approval if prescribed in conjunction with a covered indication. Cannot locate specific prior approval requirements.¹⁹³</p>	<p>Prior Authorization: Required from the Division of Medicaid and Long-Term Care before the following procedures:</p> <ol style="list-style-type: none"> 1) Gastric bypass; 2) Gastric stapling; and 3) Vertical banded gastroplasty.¹⁹⁴ <p>The patient must have extreme obesity and the surgery must be:</p> <ol style="list-style-type: none"> 1) Medically appropriate for the individual; and 2) Performed to correct an illness which caused the obesity or was aggravated by the obesity.¹⁹⁵

¹⁸⁸ 471 NEB. ADMIN. CODE § 10-005.05 (2010).

¹⁸⁹ 471 NEB. ADMIN. CODE § 18-004.48(b)(1) (2010).

¹⁹⁰ 471 NEB. ADMIN. CODE § 33-003.01 (2010).

¹⁹¹ 471 NEB. ADMIN. CODE § 10-005.05 (2010).

¹⁹² 471 NEB. ADMIN. CODE § 16-003 (2010); 471 NEB. ADMIN. CODE § 16-004.06 (2010).

¹⁹³ 471 NEB. ADMIN. CODE §§10-005.01(d) (2010).

¹⁹⁴ 471 NEB. ADMIN. CODE § 10-005.01 (2010).

¹⁹⁵ 471 NEB. ADMIN. CODE § 10-005.05 (2010).

NEVADA
Department of Health and Human Services, Division of Health Care Financing & Policy

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Nevada Medicaid does not appear to offer a specific covered benefit for preventive services.	Prenatal Care: Requires that screening for high-risk pregnancies be provided at the initial visit for prenatal care. Allows the physician to send referral for case management if the screen determines that the recipient's pregnancy is "high-risk." ¹⁹⁶	EPSDT Screening: Nutritional history of the child from the child's parents or a responsible adult familiar with the child, or directly from an adolescent, when appropriate. ¹⁹⁷ Health Education: Education related to the physical assessment should be provided at each screening and should help children and their parents understand the health status of the child and provide information emphasizing health promotion and preventive strategies. Health education explains the benefits of a healthy lifestyle and normal growth and development. ¹⁹⁸	Diabetic Outpatient Self-Management Training: Development of a specific treatment plan for Type I and Type II diabetics to include, based on need, the following: 1) Blood glucose self-monitoring; 2) Diet and exercise planning; 3) Diabetes review; 4) Stress & psych adjustment; 5) Family involvement & social support; 6) Medications; 7) Instruction related to care of feet, skin, and teeth; 8) Behavioral change strategies; 9) Preconception care, pregnancy, & gestational diabetes; and 10) Utilization of health care systems and community resources. ¹⁹⁹	Weight Loss Drugs: The Nevada Medicaid Drug Rebate Program will not reimburse for agents used for weight loss. ²⁰⁰	Gastric Bypass: 1) BMI ≥ 40 2) Waist circumference of more than 40" in men, and more than 35" in women; 3) Disabling obesity-related co-morbidities; 4) Strong desire for substantial weight loss; 5) Well-informed, motivated, and committed to lifestyle change; 6) No history of significant psychopathology that contraindicates the procedure. ²⁰¹ Non-Covered Services: 1) Intestinal bypass surgery; 2) Gastric balloon; 3) Surgical procedures other than gastric bypass for morbid obesity. ²⁰²

¹⁹⁶ Nevada Department of Health and Human Services., Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services* § 603 at 8 (July, 14, 2010 version), <http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf>.

¹⁹⁷ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 1500: Healthy Kids Program* § 1503 at 3 (July 14, 2009 version), <http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf>.

¹⁹⁸ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual: Chapter 1500, Healthy Kids Program* § 1503 at 5 (July 14, 2009 version), <http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf>.

¹⁹⁹ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services* Att. A at 14-15 (July 14, 2010 version), <http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf>.

²⁰⁰ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 1200: Prescribed Drugs* § 1203 at 3 (May 11, 2010 version), <http://dhcfp.state.nv.us/MSM/CH1200/Ch%201200%20FINAL%205-11-10.pdf>.

²⁰¹ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services*, Att. A at 10 (July 14., 2010 version), <http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf>.

²⁰² Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual: Chapter 600, Physician Services* § 603 at 27-28 July 14. 2010 version), <http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf>.

NEW HAMPSHIRE
Department of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutritional Services: Excludes from coverage any dietary services and/or exercise programs for the treatment of obesity.²⁰³</p> <p>Non-Covered Services: Dietary services, including commercial weight loss and exercise programs.²⁰⁴</p>	<p>Prenatal Care: Covers nutritional services for pregnant women, including:</p> <ol style="list-style-type: none"> 1) An initial assessment of the recipient's current nutritional status; 2) Nutritional counseling; and 3) Assisting the recipient in identifying her ongoing needs and appropriate services.²⁰⁵ <p>Prenatal health care support services include a maximum of 2 initial assessments to determine nutrition status and the need for nutrition counseling and treatment.²⁰⁶</p> <p>Maternal Postpartum Assessment: A determination of the mother's diet; rest, activity and exercise; and breast feeding. The assessment should also include postpartum education, and ensuring the mother knows proper exercise guidelines.²⁰⁷</p>	<p>EPSDT Screening: A comprehensive and age-appropriate medical assessment and screening shall include measurements of the child's height and weight, assessment of nutritional status, and education on healthy lifestyle and disease prevention.²⁰⁸</p>	<p>Nevada Medicaid does not provide a separate set of covered services for treatment of chronic disease.</p>	<p>Weight Loss Drugs: Covers anti-obesity medications, conditioned on the receipt of prior approval.²⁰⁹</p> <p>Eligibility Criteria: Criteria for prior approval include:</p> <ol style="list-style-type: none"> 1) Over 16 years of age; 2) Failed to lose weight on a low-calorie diet; 3) BMI \geq 30 with no risk factors or BMI $>$ 27 with at least one high risk factor (sleep apnea, Diabetes, atherosclerotic disease, coronary heart disease); or at least two other risk factors: <ol style="list-style-type: none"> a) hypertension, b) dyslipidemia, c) smoking, d) osteoarthritis, e) gallstones, f) stress, g) incontinence, h) gynecologic abnormalities, i) family history of premature heart disease, j) impaired fasting glucose; 4) Waist circumference; 5) Absence of contraindication.²¹⁰ 	<p>Covered Services: Covers bariatric surgeries with prior approval (specific eligibility requirements are unavailable):</p> <ol style="list-style-type: none"> 1) Gastric bypass w/Roux-en-Y; 2) Laparoscopy, gastric restrictive procedure; placement, revision, and/or removal of adjustable gastric band; 3) Gastric restrictive procedure, without gastric bypass, vertical-banded gastroplasty or other; 4) Gastric restrictive procedure, w/gastric bypass, Roux-en-Y; 5) Gastric restrictive procedure, with gastric bypass; with small intestine reconstruction; 6) Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure).²¹¹

²⁰³ New Hampshire Dept. of Health and Human Serv., *Provider Manuals: Physicians* 34 (1994), <http://www.nhmedicaid.com/Downloads/Manuals/Physician%20Provider%20Specific%20Billing%20Guidelines.doc>.

²⁰⁴ N.H. ADMIN. RULES ANN. [HE-W] 530.05 (2010).

²⁰⁵ N.H. ADMIN. RULES ANN. [HE-W] 548.04(d) (2010).

²⁰⁶ N.H. ADMIN. RULES ANN. [HE-W] 549.04 (2010).

²⁰⁷ N.H. ADMIN. RULES [HE-W] 547.04 (2010).

²⁰⁸ N.H. ADMIN. RULES [HE-W] 546.05(a)(1) (2010).

²⁰⁹ New Hampshire Medicaid, *Anti-Obesity Medications: NH Medicaid Prior Approval Form* (2009),

<http://www.dhhs.state.nh.us/NR/rdonlyres/eb216zk2hl4dr5zhvcbwo5hbkls76rzmXuqgfgsmqXzma2n7fjpwse2wkwisx65jnjsfqlighnnjj6lnk2hzovcdp3c/obesity.pdf>.

**NEW JERSEY
NJ FamilyCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Obesity Treatment: Hospital admission primarily for diet therapy for exogenous obesity is a non-covered inpatient/ outpatient service.²¹²</p>	<p>HealthStart Maternity Care: Includes case coordination and nutrition assessment and counseling services for pregnant women.²¹³</p> <p>Maternity services also include:</p> <ol style="list-style-type: none"> 1) Specialized nutrition assessment and counseling, which shall be provided to those women with additional needs; 2) Referral for extensive specialized nutrition services, which shall be initiated by the medical care provider or the nutritionist under the supervision of the medical care provider in coordination with the case coordinator; and 3) Postpartum nutrition assessment and basic guidance services.²¹⁴ 	<p>EPSDT: Each EPSDT visit shall include a comprehensive health and developmental history, including a nutritional assessment.²¹⁵</p> <p>EPSDT providers shall make provision for consultation for specialized health and other pediatric services including nutrition and education services.²¹⁶</p>	<p>New Jersey Medicaid does not appear to offer a separate set of covered services for chronic disease management.</p>	<p>Lipase Inhibitors: Coverage shall be limited to obese individuals with:</p> <ol style="list-style-type: none"> 1) BMI \geq 27 and $<$ 30 with co-morbidities of hypertension, diabetes or dyslipidemia; or 2) BMI \geq 30 without co-morbidities. <p>Xenical is classified as a lipase inhibitor. Anorexiant and antiobesics are excluded from coverage.²¹⁷</p> <p>Prior Authorization: The prior authorization agent will automatically authorize a 30 day supply. If justification is received by the pharmacy prior authorization agent, the lipase inhibitor will be prior authorized for an additional 30-day supply. After these two 30-day periods, any subsequent provision of lipase inhibitors shall not be dispensed without prior authorization and shall be limited to a 90-day supply.</p>	<p>Covered Services: Gastric procedures for obesity are assigned a DRG rate and appear to be reimbursable inpatient procedures at general acute care hospitals. Specifics on which procedures or eligibility requirements are unavailable.²¹⁸</p>

²¹⁰ New Hampshire Medicaid, *Anti-Obesity Medications: NH Medicaid Prior Approval Form* (July 2010),

<http://www.dhhs.state.nh.us/NR/rdonlyres/e6xgzdwsivv3mewucpa7ljarnjaanhxioehx3pys6iyt57fjmlfr6piuwwdnihgiztdxybnae3425xxgwmj5nkyo6a/obesity.pdf>

²¹¹ New Hampshire Medicaid, *Prior Approval Form for Gastric Bypass Surgery* (2007), <http://www.mynewhampshirecare.com/documents/PA%20gastric%20bypass%20phy%20verification.pdf>.

²¹² N.J.ADMIN CODE 10:52-1.8(a)(1)(ii) (2010).

²¹³ N.J.ADMIN CODE 10:52-3.2(b)(2) (2010).

²¹⁴ N.J.ADMIN CODE 10:52-3.9(b) (2010).

²¹⁵ N.J.ADMIN CODE 10:52-2.4(b) (2010); N.J.ADMIN CODE 10:54-5.9 (2010).

²¹⁶ N.J.ADMIN CODE 10:54-6.16 (2010).

²¹⁷ N.J. ADMIN. CODE 10:51-1.13(a)(2) (2010); N.J.ADMIN CODE 10:51-1.14(b)(5) (2010).

²¹⁸ N.J.ADMIN CODE 10:52-14.4 (2010).

**NEW MEXICO
Human Services Department**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Non-covered Services: Medicaid does not provide coverage of 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; 4) Commercial dietary supplements or replacement products marketed for the primary purpose of weight loss and weight management.²¹⁹ 	<p>Prenatal Care: Prenatal care should include:</p> <ol style="list-style-type: none"> 1) Educational outreach to all members of childbearing age; 2) Risk assessment of all pregnant members to identify high-risk cases; 3) Case management services to address special needs of members with high-risk pregnancies.²²⁰ 	<p>School Based Services: Medicaid covers nutritional assessment and counseling when medically necessary and furnished by specified providers in school settings.</p> <ol style="list-style-type: none"> 1) Services must be ordered or authorized by the child's primary care provider and must meet the needs specified in the child's individualized education plan (IEP) or individualized family service plan (IFSP); 2) The plan must be developed in conjunction with licensed nutritionists or registered dietitians; 3) Services require prior authorization by the PCP. Frequency and duration of services furnished may not exceed those specified in the IEP or IFSP.²²¹ 	<p>Screening for Type II Diabetes: Medicaid managed care plans must provide screening for individuals with the following risk factors:</p> <ol style="list-style-type: none"> 1) Family history of diabetes; 2) Obesity ($\geq 20\%$ over desired body weight or BMI ≥ 27); 3) Race/ethnicity; 4) Previously identified with impaired fasting glucose or impaired glucose tolerance; 5) Hypertension; 6) HDL cholesterol ≥ 35 mg/dl and triglyceride level ≥ 20 mg/dl; and 7) History of gestational diabetes mellitus or delivery of a baby over nine pounds.²²² 	<p>Weight Loss Drugs: Medications for weight loss or weight control are covered with prior authorization. Eligibility requirements are unavailable.²²³</p>	<p>Excluded: Effective May 2010, due to budgetary constraints, New Mexico Medicaid no longer covers bariatric surgery.²²⁴</p>

²¹⁹ N.M. ADMIN. CODE 8.324.9.14.

²²⁰ N.M. ADMIN. CODE 8.305.8.16(H).

²²¹ N.M. ADMIN. CODE 8.320.613(C).

²²² N.M. ADMIN. CODE 8.305.8.16(C)(11).

²²³ N.M. ADMIN. CODE 8.324.4.14(A)(8).

²²⁴ N.M. ADMIN. CODE 8.301.3.31.

**NEW YORK
Department of Health**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>New York Medicaid does not appear to offer a separate set of preventive services.</p>	<p>Prenatal Care: Comprehensive prenatal services include: a risk assessment, including screening for nutritional risk factors with appropriate referrals; care planning and coordination of care; nutrition services, and health education. Health education includes information on physical activity and exercise as well as nutrition.²²⁵</p>	<p>EPSDT: Includes a screening of children and youth for nutritional risk at each visit. Nutritional risk includes overweight and hyperlipidemia or inappropriate feeding practices. Each visit should also include an evaluation of growth, dietary practices, a general health history, the physical exam, and laboratory tests.²²⁶</p> <p>Adolescents: Annual screen for eating disorders and obesity by determining weight, statute and BMI and inquiring about body image and dieting patterns.²²⁷</p> <p>Low-Income Children: EPSDT providers should be alert for nutrition problems, such as obesity (and its complications such as Type II Diabetes and hyperlipidemia).²²⁸</p>	<p>Chronic Conditions in Children: Children and adolescents with diabetes and/or other chronic health conditions that are also obese or overweight should be counseled about healthy dietary regimens or referred to a physician who specializes in nutritional issues (some intensely counseled, if necessary).²²⁹</p>	<p>Weight Loss Drugs: Coverage for amphetamine and amphetamine-like substances is only available when used in outpatient treatment of conditions other than obesity or weight reduction. No payment will be made for any drug which has weight reduction as its sole clinical use.²³⁰</p>	<p>Gastric Bypass: Covered only under the following circumstances:</p> <ol style="list-style-type: none"> 1) It is an integral and necessary part of a course of treatment for an illness; 2) The obesity was created by or is aggravating or creating pathological disorders; and 3) Regular medical treatment including endocrine, nutritional, psychiatric and counseling services, as appropriate, have been provided to the patient for a period of 12-24 months and regular weighing of patient has indicated insignificant weight loss. <p>No prior approval required, but should be a treatment of last resort to control obesity.²³¹</p>

²²⁵ New York State Department of Health, Office of Medicaid Management, *Prenatal Care Assistance Program Medicaid Policy Guidelines Manual*, page 3 (January 17, 2007version), available at:

http://www.emedny.org/ProviderManuals/Prenatal/PDFS/Prenatal-Policy_Section.pdf.

²²⁶ New York State Department of Health, Office of Medicaid Management, *EPSDT/CTHP Provider Manual 38* (2005 version), <http://www.emedny.org/ProviderManuals/EPSTCTHP/PDFS/EPSTCTHP.pdf>.

²²⁷ New York State Department of Health, Office of Medicaid Management, *EPSDT/CTHP Provider Manual 38* (2005 version), <http://www.emedny.org/ProviderManuals/EPSTCTHP/PDFS/EPSTCTHP.pdf>.

²²⁸ New York State Department of Health, Office of Medicaid Management, *EPSDT/CTHP Provider Manual 38* (2005 version), <http://www.emedny.org/ProviderManuals/EPSTCTHP/PDFS/EPSTCTHP.pdf>.

²²⁹ New York State Department of Health, Office of Medicaid Management, *EPSDT/CTHP Provider Manual 38* (2005 version), <http://www.emedny.org/ProviderManuals/EPSTCTHP/PDFS/EPSTCTHP.pdf>.

²³⁰ N.Y. COMP. CODES R. & REGS. 18, § 505.3 (2010).

²³¹ New York Department of Health, *New Protocol for Gastric Bypass Surgery* (2005), http://www.health.state.ny.us/health_care/medicaid/program/update/2005/jan2005.htm#prot.

NORTH CAROLINA
Department of Health and Human Services, Division of Medical Assistance

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
North Carolina does not appear to offer a separate set of covered preventive care services.	<p>Dietary Evaluation and Counseling: Provides for the following services to Medicaid-eligible pregnant and postpartum women with high risk conditions:</p> <ol style="list-style-type: none"> 1) Nutrition assessment; 2) Development of an individualized care plan; 3) Diet therapy; 4) Counseling, education about needed nutrition habits/skills and follow-up; 5) Communication with the WIC Program, Baby Love Program, and prenatal providers as appropriate.²³² 	<p>Dietary Evaluation and Counseling: Provides for the following services to children through age twenty who are identified as having high risk conditions and who have a preventable condition for which nutrition/diet is the primary therapy:</p> <ol style="list-style-type: none"> 1) Nutrition assessment; 2) Development of an individualized care plan; 3) Diet therapy; 4) Counseling, education about needed nutrition habits/skills and follow-up.²³³ <p>Child Service Coordination: Covers preventive health services that may include nutrition.²³⁴</p>	North Carolina does not appear to offer a separate set of services for chronic disease management.	Weight Loss Drugs: Agents when used for weight loss are not covered. ²³⁵	<p>Covered Services:</p> <ol style="list-style-type: none"> 1) Roux-en-Y Gastric Bypass; 2) Adjustable Gastric Banding; 3) Biliopancreatic Diversion with or without Duodenal Switch; 4) Vertical-Banded Gastroplasty; 5) Revision of Surgery for Clinically Severe Obesity.²³⁶ <p>NOTE: As of October 1, 2010, coverage for surgical procedures for clinically severe obesity will terminate. Recipients who began their surgeon's surgical preparatory regimen prior to July 1, 2010, may be allowed to complete the program if the following are met:</p> <ol style="list-style-type: none"> 1) Request for prior approval must be submitted and <u>approved</u> prior to November 30, 2010; 2) Surgery must be completed prior to December 31, 2010²³⁷ <p>Panniculectomy: Recipient > 19:</p> <ol style="list-style-type: none"> 1) BMI \geq40 and uncontrolled infection due to the pannus; or 2) The resulting pannus post-surgery significantly interferes

²³² North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-B page 7(b), <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

²³³ North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-A.1 at 7g.7, <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

²³⁴ North Carolina Division of Medical Assistance, *Child Service Coordination* (May 1, 2007 version), <http://www.dhhs.state.nc.us/dma/mp/1m1.pdf>.

²³⁵ North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-B.1 at 4, <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

²³⁶ North Carolina Division of Medical Assistance, *Surgery for Clinically Severe Obesity* (July 1, 2008 version), <http://www.dhhs.state.nc.us/dma/mp/1a15.pdf>. (Policy ends October 1, 2010).

²³⁷ North Carolina Division of Medical Assistance, *Elimination of Coverage of Bariatric Surgery* (Aug. 2010), <http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar> (last visited Aug. 8, 2010).

NORTH CAROLINA
Department of Health and Human Services, Division of Medical Assistance

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>with mobility or is the site of uncontrollable inflammation.²³⁸</p> <p>NOTE: As of October 1, 2010, coverage for panniculectomies will terminate.²³⁹</p>

NORTH DAKOTA
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutritional Services: Covers nutritional counseling and supplies by a Licensed Registered Dietician. All services require a physician's order. Nutritional services are allowed up to four visits per year without prior authorization.²⁴⁰</p>	<p>North Dakota does not appear to offer a separate set of covered services for risk assessment during pregnancy.</p>	<p>EPSDT: Includes comprehensive health and developmental history as well as health education and anticipatory guidance.²⁴²</p> <p>Health Education: Health education is a required component</p>	<p>Diabetic Education Centers: Coverage of nutritional counseling by Certified Diabetes Educators for diabetics on insulin. Services must be ordered by a physician and be limited to educational centers in North Dakota approved by the</p>	<p>Orlistat: Covered by prior authorization with dietician evaluation, for recipients with BMI ≥ 40 (height and weight must be supplied). Updates on progress required semi-annually and coverage will be terminated if no</p>	<p>Weight Loss Surgery: Requires prior authorization, eligibility requirements are unavailable. Available procedures include vertical banded gastroplasty, laparoscopic and open gastric bypass.²⁴⁷</p>

²³⁸ North Carolina Division of Medical Assistance, *Panniculectomy* (May 1, 2007 version), <http://www.dhhs.state.nc.us/dma/mp/1a10.pdf>. (Policy ends October 1, 2010).

²³⁹ North Carolina Division of Medical Assistance, *End-Dated Coverage of Panniculectomy* (Aug. 2010), <http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar> (last visited Aug. 8, 2010)

²⁴⁰ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 121 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

²⁴² North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 116 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

NORTH DAKOTA
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: No coverage for:</p> <ol style="list-style-type: none"> 1) Exercise classes; 2) Nutritional supplements for the purpose of weight reduction; 3) Instructional materials and books; 4) Weight loss and exercise programs.²⁴¹ 		<p>of screening services and includes anticipatory guidance. Health education and counseling for parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of health lifestyles and practices.²⁴³</p>	<p>American Diabetes Association.²⁴⁴</p> <p>Experience Health ND: Voluntary disease management program for Medicaid beneficiaries with chronic diseases, such as diabetes. Program offers a toll-free health information line, extensive case-management services, one-on-one counseling and education from registered nurses, program education materials, and provider outreach/continuing education.²⁴⁵</p>	<p>progress is shown (specifically 5% weight loss in six months). Coverage terminated when BMI falls below 30.²⁴⁶</p>	

OHIO
Department of Job & Family Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Products: Nutrition products designed to be eaten for the member's prescribed reduced calorie diet for consumers with obesity issues, diabetes, pre- or post-gastric bypass, or bariatric surgery are not covered.²⁴⁸</p>	<p>Nutrition Intervention: Includes basic nutrition education and counseling services provided to a pregnant or postpartum woman who has a medical need for a therapeutic diet. Includes:</p> <ol style="list-style-type: none"> 1) Specialized nutrition 	<p>EPSDT: Measurements of height and weight, including age-appropriate percentiles. The nutritional screening includes questions regarding dietary practices, measurements of height and weight, laboratory testing (if</p>	<p>Ohio Medicaid does not appear to offer a separate set of covered service for chronic disease management.</p>	<p>Weight Loss Drugs: Drugs for the treatment of obesity are not covered under the Ohio Medicaid Pharmacy Program.²⁵⁴</p>	<p>Weight Loss Surgery: The treatment of obesity (including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures).²⁵⁵</p>

²⁴⁷ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 159 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>

²⁴¹ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 121 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

²⁴³ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 117 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

²⁴⁴ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 122 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

²⁴⁵ North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 106 (Mar. 2010 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf>.

²⁴⁶ North Dakota Department of Human Services, *Medicaid Management Information System: Provider Manual for Pharmacies* 11 (Oct. 2009 version), <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/pharmacy-manual.pdf>.

²⁴⁸ OHIO ADMIN. CODE ANN. 5101:3-10-26 (2010).

OHIO
Department of Job & Family Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
	<p>counseling and education as it relates to the medically diagnosed problem or high-risk factor;</p> <p>2) Development of an individual diet plan, including a therapeutic diet calculation;</p> <p>3) Teaching of therapeutic diet or other nutritional modifications of diet, and the provision of sample meal plans and patterns;</p> <p>4) Monitoring the results of the nutrition intervention and making any necessary changes in the dietary plan.²⁴⁹</p> <p>Antepartum Care: Antepartum visit includes individual and/or group instruction, education and counseling on a variety of topics regarding pregnancy and nutrition, a physical examination (including recordation of weight), and coordination of care.²⁵⁰</p>	<p>medically indicated), and a complete physical examination.²⁵¹</p> <p>EPSDT screenings must include a recording of blood pressure, as age-appropriate.²⁵²</p> <p>Health Education: Must include counseling and anticipatory guidance and risk-factor related intervention. The education and guidance should provide information on the benefits of healthy lifestyles and disease prevention. When EPSDT screening indicates need for further evaluation of an individual's health, the provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment.²⁵³</p>			

²⁵⁴ OHIO ADMIN. CODE ANN. 5101:3-9-03 (2010).

²⁵⁵ OHIO ADMIN. CODE ANN. 5103:3-2-03 (2010); OHIO ADMIN. CODE ANN. 5101:3-4-28 (2010).

²⁴⁹ OHIO ADMIN. CODE ANN. 5101:3-4-10 (2010).

²⁵⁰ OHIO ADMIN. CODE ANN. 5101:3-4-08 (2010); OHIO ADMIN. CODE ANN. 5101:3-4-10 (2010).

²⁵¹ OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).

²⁵² OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).

²⁵³ OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).

**OKLAHOMA
SoonerCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutrition Services: 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 are not covered unless there is documentation that the obesity is a contributing factor in another illness.²⁵⁶</p>	<p>Obstetrical Care: Nutritional counseling is provided in a group setting for members with gestational diabetes.²⁵⁷</p> <p>Nutrition Services: Payment is made for a maximum of six hours of medically necessary nutritional counseling per year by a licensed registered dietitian for members at risk for or those who have been recently diagnosed with gestational diabetes. The initial consultation may be in a group setting for a maximum of two hours of class time. Thereafter, four hours of nutritional counseling by a licensed registered dietitian may be provided to the individual if deemed medically necessary, which may include a post-partum visit, typically done at 6 weeks after delivery. Services must be solely for the prevention, diagnosis, or treatment of gestational diabetes.²⁵⁸</p>	<p>EPSDT: Requires regularly scheduled examinations and evaluations of the nutritional status of infants, children, and youth.²⁵⁹</p> <p>BMI: Each visit shall record measurements of height and weight. Beginning at age 4 and with each subsequent visit, a Body Mass Index (BMI) is to be calculated and charted.²⁶⁰</p> <p>Interperiodic Screening: Nutritional assessment may also be included in the interperiodic screening.²⁶¹</p> <p>Assessment of nutritional status: Nutritional assessment may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:</p> <ol style="list-style-type: none"> 1) Questions about dietary practices; 2) Complete physical examination, including an oral dental examination; 	<p>Oklahoma Medicaid does not appear to offer a separate set of covered service for chronic disease management.</p>	<p>Excluded from Coverage: 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.²⁶³</p>	<p>Bariatric Surgery: Not covered for the treatment of obesity alone and the procedure must be authorized by OHCA. To be eligible for Medicaid reimbursement, providers must be nationally certified and all qualifications must be met and approved by the OHCA. Bariatric surgery facilities and their providers must be contracted with OHCA.²⁶⁴</p> <p>Step 1 - Member Eligibility:</p> <ol style="list-style-type: none"> 1) Between 18 and 65 years old; 2) BMI \geq 35 and obese condition has persisted for at least 5 years; 3) Diagnosed with one of the following: <ol style="list-style-type: none"> a) Diabetes; b) Degenerative joint disease of major weight bearing joints; c) A rare co-morbid condition for which evidence supports that bariatric surgery is medically necessary to treat such a condition and that the

²⁵⁶ OKLA. ADMIN. CODE 317:30-5-1076(5).

²⁵⁷ OKLA. ADMIN. CODE 317:30-5-22(b)(8).

²⁵⁸ OKLA. ADMIN. CODE 317:30-5-1076(5).

²⁵⁹ OKLA. ADMIN. CODE 317:30-3-57(13).

²⁶⁰ OKLA. ADMIN. CODE 317:30-3-65.2.

²⁶¹ OKLA. ADMIN. CODE 317:30-3-65.10(b).

**OKLAHOMA
SoonerCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
		3) Height and weight measurements; 4) Laboratory test for iron deficiency; and 5) Serum cholesterol screening, if feasible and appropriate. ²⁶² Anticipatory Guidance: Age appropriate guidance is required to be given to parents in the area of nutritional counseling.			benefits of bariatric surgery outweigh the risk of surgical mortality; and 4) Documented unsuccessful attempts at weight loss; 5) Absence of other medical conditions that would increase risk of surgical mortality or morbidity; and 6) Member is not pregnant or planning to become pregnant in the next two years. ²⁶⁵ Step 2 - Pre-Operative Assessment: Once the OHCA certifies that the member meets the above requirements, the primary care physician coordinates a pre-operative assessment and weight loss process including: 1) Psychosocial evaluation; 2) Surgical and medical evaluation; 3) Member participation in a six month physician-supervised weight loss program, the member must, within 180 days, lose at least 5% of member's initial body weight. Step 3 – Prior Authorization: When all requirements have been

²⁶³ OKLA. ADMIN. CODE 317:30-5-72.1(1)(D) (2009).

²⁶⁴ OKLA. ADMIN. CODE 317:30-5-137 (2009)

²⁶² OKLA. ADMIN. CODE 317:30-3-65.4 (2009).

²⁶⁵ OKLA. ADMIN. CODE 317:30-5-137.1 (2009).

**OKLAHOMA
SoonerCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>met, a prior authorization for surgery must be obtained. This authorization cannot be requested before the initial 180 day weight loss program has been completed. If the member does not meet the weight loss requirement in the allotted time the member will not be approved for surgery and the provider must restart the prior authorization process.²⁶⁶</p>

²⁶⁶ OKLA. ADMIN. CODE 317:30-5-147.2 (2009).

OREGON
Oregon Health Plan

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Non-Covered Services: 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.²⁶⁷</p> <p>Obesity Treatment: Medical treatment of obesity is limited to 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. Does not include pharmacological treatments.²⁶⁸</p>	<p>Maternity Case Management: Expands prenatal services to include the management of health, economic, social and nutritional factors through the end of the pregnancy and a two (2) month postpartum period.²⁶⁹</p> <p>Intensive Nutritional Counseling: Allows billing for intensive nutritional counseling for mothers who meet one of the following conditions:</p> <ol style="list-style-type: none"> 1) Chronic disease; 2) Hematocrit < 34 or hemoglobin < 11 during the first trimester or hematocrit < 32 or hemoglobin < 10 during the second or third trimester; 3) Pre-gravida weight under 100 pounds or over 200; 4) Pregnancy weight outside the appropriate Women, Infants and Children guidelines; 5) Eating disorder; 6) Gestational diabetes; 7) Hyperemesis; or 8) Pre-eclampsia.²⁷⁰ 	<p>EPSDT: The EPSDT periodic screening exams must include a comprehensive health and developmental history, including an assessment of physical development, an assessment of the child's nutritional status, health education, and anticipatory guidance. EPSDT services also include any interperiodic encounters with a physician that are medically necessary by referral.²⁷¹</p>	<p>Oregon Medicaid does not appear to offer a separate set of covered service for chronic disease management.</p>	<p>Weight Loss Drugs: Weight loss drugs are covered with prior authorization for covered diagnoses. Obesity is not a covered diagnosis. Covered drugs include: Xenical (Orlistat); Meridia (Sibutramine); and Adipex (Phentermine).²⁷²</p>	<p>Covered Services: Bariatric Surgery is covered with prior authorization. For each of these services, the primary care provider must refer the patient for evaluation pursuant to Prioritized List Guidelines directed to Director of Medical Assistance Programs Policy for review and transmittal to the Medical-Surgical Prior Authorization contractor.²⁷³</p> <p>Eligibility Criteria: Bariatric surgery for obesity is covered for individuals at least 18 years of age with a BMI \geq 35 with co-morbid type II diabetes.²⁷⁴</p>

²⁶⁷ OR. ADMIN. R. 410-120-1200(2)(aa) (2010).

²⁶⁸ State of Oregon, Health Services Commission, *Prioritized List of Health Services GN-5* (Apr. 2010 version), <http://www.oregon.gov/OHPPR/HSC/docs/April10Plist.pdf>.

²⁶⁹ OR. ADMIN. R. 410-130-0595 (2010).

²⁷⁰ OR. ADMIN. R. 410-130-0595 (2010).

²⁷¹ OR. ADMIN. R. 410-130-0240 (2010).

PENNSLYVANIA
Department of Public Welfare

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Some of the Managed Care plans in the HealthChoices program (mandatory in some counties) provide benefits such as Weight Watchers® (paid membership and low weekly meeting fees to members age 10 and older) and subsidies towards gym membership.²⁷⁵</p>	<p>Healthy Beginnings Program: For pregnant women and children through 18. Basic services include care coordination, medical, obstetrical, nutritional, psychosocial and health promotion. Special services are provided to clients in response to an identified medical or obstetrical risk, nutritional or psychosocial risk.²⁷⁶</p> <p>Qualified providers shall provide nutrition counseling by a nutritionist or registered dietician to clients with obstetrical high-risk conditions.²⁷⁷</p> <p>Birth Center Services: Includes patient education regarding nutrition with respect to both mother and child.²⁷⁸</p>	<p>EPSDT: EPSDT assessment includes a comprehensive history and examination, counseling, anticipatory guidance, risk factor reduction interventions, age-appropriate nutritional counseling, the calculation of BMI, and ordering of appropriate laboratory diagnostic procedures as recommended by current AAP guidelines.²⁷⁹</p> <p>Childhood Nutrition and Weight Management Services: Provides medically necessary services to recipients under 21 years of age who are overweight, obese or experiencing weight management problems. Childhood Nutrition and Weight Management Services consist of the following specific services: initial and re-assessment; individual, family and group weight</p>	<p>ACCESS Plus: Pennsylvania’s Enhanced Primary Care Case Management Program.</p> <p>All ACCESS Plus Enrollees with Disease Management (DM)-covered conditions will be eligible for participation in the DM Program component. DM services are available for Enrollees with:</p> <ol style="list-style-type: none"> 1) Asthma; 2) Diabetes; 3) Chronic Obstructive Pulmonary Disease (COPD); 4) Coronary Artery Disease (CAD); and 5) Congestive Heart Failure (CHF). <p>These Enrollees will receive additional care management support to help improve health outcomes.²⁸¹</p>	<p>Weight Loss Drugs: Non-compensable services and items include drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.²⁸²</p>	<p>Covered Services: Non-compensable services include gastroplasty for morbid obesity, gastric stapling or ileo-jejunal shunt except when all other types of treatment for morbid obesity have failed.²⁸³</p>

²⁷² Oregon Division of Medical Assistance, *Pharmacy Rulebook 8* (2009), <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0109p.pdf>.

²⁷³ OR. ADMIN. R. 410-130-0200 (2010).

²⁷⁴ State of Oregon, Health Services Commission, *Prioritized List of Health Services 5* (Oct. 2009 version), <http://www.oregon.gov/OHPPR/HSC/10.01.09FinalChanges/Oct09PList.pdf>.

²⁷⁵ Pennsylvania Department of Public Welfare, *Health Choices Plan Comparison Chart: Southeast Region*, http://enrollnow.net/PASelfService/pdfs/English/HC%20Comparison%20Chart_Southeast_Eng.pdf.

²⁷⁶ 55 PA. CODE § 1140.2 (2010).

²⁷⁷ 55 PA. CODE § 1140.41 (2010).

²⁷⁸ 55 PA. CODE § 1127.51(c)(4) (2010).

²⁷⁹ Pennsylvania Department of Public Welfare, *Pennsylvania Children’s Checkup Program (EPSDT): Periodicity Schedule and Coding Matrix* (2005), : <http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?AttachmentId=1039>; 55 PA. CODE Part III, Ch 1241, Appendix A.

**PENNSYLVANIA
Department of Public Welfare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
		management and nutritional counseling. ²⁸⁰			

²⁸¹ Pennsylvania Department of Public Welfare, *Access Plus Provider Handbook*, <http://www.accessplus.org/downloads/ProviderHandbook.pdf> (Note: updated provider manual unavailable online as of August 1, 2010).

²⁸² 55 PA. CODE §1121.54(3) (2010).

²⁸³ 55 PA. CODE § 1141.59(8) (2010); 55 PA. CODE § 1163.59(4) (2010).

²⁸⁰ Pennsylvania Department of Public Welfare, *Medical Assistance Bulletin: Childhood Nutrition and Weight Management Services for Recipients Under 21 Years of Age* (2007), <http://www.dpw.state.pa.us/resources/documents/pdf/maacmtgatt/10-07mabulletinonchildhoodnutrition.pdf>.

RHODE ISLAND
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Weight loss centers or diet centers are not covered.²⁸⁴</p> <p>Nutritional Services: Nutritional services are covered as delivered by a licensed dietician for certain medical conditions.²⁸⁵</p>	<p>Prenatal Care: Rhode Island Medicaid does not appear to offer services beyond those mandated by Title XIX of the Social Security Act.</p>	<p>EPSDT: Standardized services for evaluation of child development, including BMI measurement, blood pressure screening (if at risk), psychosocial/behavioral counseling, and age-appropriate anticipatory guidance.²⁸⁶</p>	<p>Rhode Island Medicaid does not appear to offer a separate set of covered services for the management of co-morbidities.</p>	<p>Weight Loss Drugs: Covers all types of anorectics, but limited to a three-month supply through prior approval only.²⁸⁷</p>	<p>Gastric Bypass: Covers the following:</p> <ol style="list-style-type: none"> 1) Gastric bypass, other than with roux-en-y gastroenterostomy, for morbid obesity; 2) Gastroplasty, any method for morbid obesity; 3) Gastric bypass with roux-en-y gastroenterostomy for morbid obesity.²⁸⁸ <p>Eligibility Criteria: Treatment for morbid obesity is covered when:</p> <ol style="list-style-type: none"> 1) The individual is 50% above or 100 pounds over the ideal body weight; 2) The duration of obesity exceeds three years (non-consecutive years are acceptable); 3) There is a presence of physical trauma caused by excess weight, pulmonary and circulatory insufficiencies, and/or complications related to the treatment of conditions such as arteriosclerosis, diabetes, coronary disease, etc.;

²⁸⁴ R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*,

<http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx>.

²⁸⁵ R.I. Dept. of Human Services, *Schedule of In-Plan Benefits: Nutritional Services*, <http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/ScheduleofInPlanBenefits/tabid/446/Default.aspx>.

²⁸⁶ R.I. Dept. of Human Services, *Rhode Island EPSDT Guidelines*, http://dhs.embolden.com/Portals/0/Uploads/Documents/Public/Families%20with%20Children/epsdt_1pager.pdf.

²⁸⁷ R.I. Dept. of Human Services, *Pharmacy Coverage Policy: Prior Authorization*, <http://dhs.embolden.com/ForProvidersVendors/ServicesforProviders/ProviderManuals/Pharmacy/PharmacyCoveragePolicy/tabid/660/Default.aspx>.

²⁸⁸ R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*,

<http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx>.

RHODE ISLAND
Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>4) Patient is between the ages of 18 and 60. A second operation to restore the gastrointestinal tract to normal is also covered when medically necessary.²⁸⁹</p> <p>Non-Covered Services: The following will not be covered:</p> <ol style="list-style-type: none"> 1) Procedures performed for cosmetic reasons due to the weight loss; 2) Insertion and/or removal of the gastric bubble, including dietary behavioral modification.²⁹⁰

²⁸⁹ R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*, <http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx>.

²⁹⁰ Rhode Island Department of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*, <http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx>.

SOUTH CAROLINA
Department of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Obesity Treatment: Reimbursement may not be made for treatment of obesity alone. Services related to the treatment of obesity could be covered services when such services are an integral and necessary part of a course of treatment for one of these illnesses: hypothyroidism, Cushing’s disease, hypothalamic lesions, cardiac and respiratory diseases, diabetes, and hypertension.²⁹¹</p>	<p>Healthy Mothers/Healthy Futures Newborn Health Initiatives: Includes mother and infant referral to the WIC program at the county health department for supplemental food and nutritional counseling.²⁹²</p>	<p>EPSDT Screening: Includes a comprehensive health and developmental history and health education with anticipatory guidance. The child’s height and weight should be obtained and plotted on a graphic recording sheet to compare them with the child’s age group. The provider should also assess the child’s nutritional status at each screening to include eating habits and general diet history.²⁹³</p>	<p>Diabetes Management Services: Covers ambulatory diabetes management services to beneficiaries with Type I, Type II, or gestational diabetes. Provides medically necessary, comprehensive diabetes management, and counseling services.</p> <p>Required instruction includes: incorporating physical activities, incorporating nutritional management education, and goal setting to promote health and problem solving in daily living.²⁹⁴</p>	<p>Lipase Inhibitors: Coverage needs prior authorization when prescribed for morbid obesity or hypercholesterolemia. Patients must be at least 18 years of age.</p> <p>Xenical for diagnosis of morbid obesity: Patient must:</p> <ol style="list-style-type: none"> 1) Have a diagnosis of obesity in the presence of other risk factors (e.g., hypertension, diabetes); 2) Initial BMI > 30; 3) Reduced caloric diet with nutritional counseling regarding adherence to dietary guidelines.²⁹⁵ 	<p>Non-Covered Services: The following services are not covered by Medicaid:</p> <ol style="list-style-type: none"> 1) Intestinal bypass surgery; 2) Gastric balloon for treatment of obesity.²⁹⁶

²⁹¹ South Carolina Department of Health and Human Services, *Hospital Services Provider Manual 2-55* (Jan. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf>.

²⁹² South Carolina Department of Health and Human Services, *Physicians Provider Manual 2-37* (Mar. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf>.

²⁹³ South Carolina Department of Health and Human Services, *Physicians Provider Manual 2-47* (Mar. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf>.

²⁹⁴ South Carolina Department of Health and Human Services, *Diabetes Management Services Provider Manual 2-2* (Oct. 2009 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Diabetes/SECTION%202.pdf>.

²⁹⁵ South Carolina Department of Health and Human Services, *Pharmacy Services Provider Manual 2-15* (Mar. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/pharm/SECTION%202.pdf>.

²⁹⁶ South Carolina Department of Health and Human Services, *Hospital Services Provider Manual 2-55* (Jan. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf>.

SOUTH CAROLINA
Department of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Supplemental Fasting: Not covered by Medicaid.²⁹⁷</p> <p>Healthy South Carolina: State-wide initiative that promotes exercise, healthy weight, and smoking cessation.²⁹⁸</p>	<p>Enhanced Services for Pregnant Women Offered by SCDHEC: Pregnant women are eligible to receive enhanced services through the South Carolina Department of Health and Environmental Control. These Family Support Services include nutritional services by appropriately credentialed nutritionists and dieticians for an assessment followed by treatment that responds to individual patient needs and problems, health education to predispose, enable, and reinforce patient adaptation of behavior conducive to health.²⁹⁹</p>	<p>Interperiodic Screening: The child may receive interperiodic screening if a suspected problem or condition exists. This must include all of the required screening components appropriate to the child's age.³⁰⁰</p>	<p>Preventive/Rehabilitative Services for Primary Care Enhancement: Services for patients who exhibit risk factors that directly affect their medical status. Includes the following:</p> <ol style="list-style-type: none"> 1) Nutritional assessments by dieticians or other professionals; 2) Comprehensive assessments/evaluations of medical, nutritional, or psychosocial needs; 3) Medical nutrition therapy for clients with chronic disease or nutritional disorders; and 4) Coordination of medical services for clients with multiple providers and/or complex needs.³⁰¹ 		<p>Gastric bypass and vertical-banded gastroplasty: Performed for patients with extreme obesity if:</p> <ol style="list-style-type: none"> 1) It is medically necessary; 2) It corrects an illness that caused the obesity or was aggravated by the obesity; 3) Applies InterQual screening criteria and receive prior authorization from Qualis Health; 4) Individuals participate in annual evaluation, used to assess the long-term effectiveness in treating obesity.³⁰² <p>Panniculectomy: Covered if:</p> <ol style="list-style-type: none"> 1) It is medically necessary for the individual to have such surgery; and 2) The surgery is performed to correct an illness caused by or aggravated by the pannus. <p>Prior authorization is required and InterQual screening criteria applies.³⁰³</p>

²⁹⁷ South Carolina Department of Health and Human Services, *Hospital Services Provider Manual 2-55* (Jan. 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf>.

²⁹⁸ Healthy South Carolina Challenge, available at: <http://www.healthysc.gov/index.asp>.

²⁹⁹ South Carolina Department of Health and Human Services, *Physicians Provider Manual 2-90* (March 01, 2010 version), <http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf>.

³⁰⁰ South Carolina Department of Health and Human Services, *Physicians Provider Manual*, page 2-53 (March 01, 2010 version) available at: <http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf>

³⁰¹ South Carolina Department of Health and Human Services, *Physicians Provider Manual*, page 2-22 (March 01, 2010 version) available at: <http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf>.

³⁰² South Carolina Department of Health and Human Services, *Hospital Services Provider Manual*, page 2-55 (January 01, 2010 version) available at: <http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf>.

³⁰³ South Carolina Department of Health and Human Services, *Hospital Services Provider Manual*, page 2-56 (January 01, 2010 version) available at: <http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf>.

SOUTH DAKOTA
Department of Social Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Weight loss programs and activities are not covered services.³⁰⁴</p> <p>Mental Health Services: No coverage for obesity control therapy.³⁰⁵</p>	<p>Baby Care Program: Provides for prenatal education and case management for pregnant women.³⁰⁶</p>	<p>EPSDT: EPSDT screenings include examination and evaluation of a child’s general physical and mental health, as well as nutritional status.³⁰⁷</p> <p>Health Education: Health education is a required component of screening services and includes anticipatory guidance. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child’s development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.³⁰⁸</p>	<p>Diabetes Self-Management Education: Outpatient diabetes self-management education is covered when one of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The individual is a newly diagnosed diabetic, gestational diabetic, or has received no previous diabetes education; 2) The individual demonstrates poor glycemic control; change in the treatment regimen; 3) documentation of acute episodes of severe hypoglycemia or hyperglycemia occurring in the past year; 4) The individual is high risk based on the presence of at least one of the following: extremity, renal, or cardiac complications or diabetic retinopathy. 5) Service is limited to ten hours of comprehensive education and follow-up education sessions of two hours per year based upon assessment of need 	<p>Weight Loss Drugs: Covers Xenical (Orlistat), Phentermine (generic Adipex), and Meridia (Sibutramine).³¹⁰</p>	<p>Not Covered: Gastric bypass, gastric stapling, gastroplasty, any similar surgical procedure, or any weight loss program or activity.³¹¹</p> <p>Severe Co-Morbid Conditions Coverage: Prior authorization is available for severe cases in which:</p> <ol style="list-style-type: none"> 1) Individual is severely obese with a BMI > 40; 2) Significant interference with activities of daily living; 3) Documented failure of any sustained weight loss under medical supervision; 4) Medically appropriate for the individual to have such surgery; 5) The surgery has been prior authorized by the department; 6) There is medical documentation of the following: <ol style="list-style-type: none"> a) history of pain and limitation of motion in any weight bearing joint or the lumbosacral spine; or b) hypertension with diastolic blood pressure persistently > 100mmHg; or

³⁰⁴ S. D. ADMIN. R. 67:16:01:08 (2010); S. D. ADMIN. R. 67:16:02:06 (2010).

³⁰⁵ S. D. ADMIN. R. 67:16:41:10 (2010).

³⁰⁶ South Dakota Department of Social Services, *Medical Assistance Program Recipient Handbook* 13 (Edition 09.02), <http://dss.sd.gov/formspubs/docs/MEDSRVCS/MedicalServicesHdbk.pdf>.

³⁰⁷ South Dakota Department of Social Services, *Medical Assistance Program Recipient Handbook* 14-15 (Edition 09.02), <http://dss.sd.gov/formspubs/docs/MEDSRVCS/MedicalServicesHdbk.pdf>.

³⁰⁸ South Dakota Department of Social Services, *Professional Services Manual* 26 (Mar. 2010 version), <http://dss.sd.gov/medicalservices/docs/ProfessionalServicesManual.pdf>.

SOUTH DAKOTA
Department of Social Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
			and documented physician order. ³⁰⁹		<ul style="list-style-type: none"> c) 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 insufficiency or hypoxia at rest.³¹²

³¹⁰ Centers for Medicare and Medicaid Services, *Medicaid Outpatient Drugs Coverage: Excluded Drug Coverage Information*, <http://www.cms.hhs.gov/States/Downloads/SouthDakotaEDC.pdf>.

³¹¹ S. D. ADMIN. R. 67:16:01:08 (2010); S. D. ADMIN. R. 67:16:02:06 (2010).

³⁰⁹ South Dakota Department of Social Services, *Provider Information: Diabetes Self-Management Education*, <http://dss.sd.gov/medicalservices/providerinfo/programs/diabetes.asp>.

³¹² South Dakota Department of Social Services, *Provider Information: Obesity and Gastric Procedures*, <http://www.dss.sd.gov/medicalservices/providerinfo/priorauth/obesity.asp>.

**TENNESSEE
TennCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co- morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Programs: NO coverage for physical fitness programs, including:</p> <ol style="list-style-type: none"> 1) 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; 2) Health club membership fees (e.g., YMCA); 3) Marathons, activity and entry fees.³¹³ 	<p>Caring Smart Maternity Management Program: The CaringStart Maternity Management program partners with providers to improve the health and birth outcomes of our pregnant members.³¹⁴</p>	<p>EPSDT: TENNderCARE screens must include a comprehensive health (physical and mental) and developmental history in addition to health education and anticipatory guidance.³¹⁵</p> <p>Assessment of Nutritional Status: Accomplished during the examination through:</p> <ol style="list-style-type: none"> 1) Questions about dietary practices to identify unusual eating habits or diets which are deficient or excessive in one or more nutrients; 2) Accurate measurements of height and weight; 3) Cholesterol screen for children over 1 year of age, especially if family history of heart disease and/or hypertension and stroke. 4) Determining quality and quantity of individual diets; 5) Preventive, treatment and follow-up services, including dietary counseling and nutrition education.³¹⁶ 	<p>CareSmart Disease Management Program: The CareSmart program partners with providers to improve the health and quality of life for members with chronic disease and illness. The programs emphasize the importance of primary care provider collaboration and involvement.³¹⁷</p>	<p>Weight Loss Drugs: Excludes from coverage agents for weight loss or weight gain.³¹⁸</p>	<p>Covered Services: Bariatric Surgery is covered if medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare.³¹⁹</p> <p>Eligibility:</p> <ol style="list-style-type: none"> 1) Diagnosis or Morbid Obesity – defined as 100lbs above the ideal body weight of 200% of the ideal body weight as defined by the Metropolitan Life Insurance tables; or 2) BMI ≥ 40; or 3) BMI ≥ 35 and at least 2 of the following co-morbidities: <ol style="list-style-type: none"> a) Uncontrolled hypertension; b) Hyperlipidemia; c) Diabetes under active treatment; d) Coronary artery disease or cardiomyopathy (cardiology evaluation required); e) Disabling musculoskeletal dysfunction; f) Sleep apnea or pulmonary insufficiency; and

³¹³ TENN. COMP. R. & REGS. R. 1200-13-13-.10.

³¹⁴ Blue Cross and Blue Shield of Tennessee, *Providers: TennCare Programs & Services*, <http://www.vshptn.com/providers/>.

³¹⁵ Tennessee Department of Human Services, *TennCare Medicaid and TennCare Standard Policy Manual 457-459* (Dec.2009 version), <http://www.state.tn.us/humanserv/adfam/StandardManual.pdf>.

³¹⁶ Tennessee Bureau of TennCare, *Memorandum: EPSDT Screening Requirements* (Nov. 15, 1999), <http://www.tn.gov/tenncare/forms/tsop36-3.pdf>.

³¹⁷ Blue Cross and Blue Shield of Tennessee, *Providers: TennCare Programs & Services*, <http://www.vshptn.com/providers/>.

³¹⁸ TENN. COMP. R. & REGS. R. 1200-13-13-.04.

³¹⁹ TENN. COMP. R. & REGS. R. 1200-13-13-.04(c)(1).

**TENNESSEE
TennCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co- morbidity	Pharmaceutical Coverage	Surgical Coverage
					<p>4) In addition to (1) – (3) above, all of the following criteria must be met and documented:</p> <ul style="list-style-type: none"> a) Patient’s PCP recommends bariatric surgery; b) Individualized records by the referring PCP include a history of heights and weights with documentation of morbid obesity for a minimum of 5 years; c) Incapacitation of the patient in performing daily activities or disability due to the obesity, e.g., use of walker or wheelchair; d) Under supervision of PCP, patient must have participated in a structured regimen designed to promote weight loss prior to surgery for a cumulative of six months or longer within 2 years prior to surgery. e) Willingness to comply with pre- and post-operative treatment plans including nutritional, behavioral and exercise counseling, and lack of a pregnancy during rapid weight loss phase; f) Individualized assessment by a bariatric surgeon includes at a minimum: pertinent history and

**TENNESSEE
TennCare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co- morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>physical exam, assessment of co-morbidities, and surgical history;</p> <p>g) Individualized evaluation by a licensed psychiatrist and psychologist not associated with the bariatric surgeon;</p> <p>h) Patient must be at least 18 years old. If less than 10, special consideration must be given including, but not limited to documentation of completed bone growth.</p> <p>Non-Covered Services: Gastric balloons and gastric stapling are not covered services.³²⁰</p>

³²⁰ Tennessee Department of Human Services, *TennCare Medical Necessity Guidelines: Bariatric Surgery* (October 25, 2007 version), <http://www.state.tn.us/tenncare/forms/bariatric.pdf>.

TEXAS
Health and Human Services Commission

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Obesity Treatment: Treatment for obesity is a non-covered service.³²¹</p>	<p>Maternity Clinic Services: Includes risk assessment, case coordination/outreach, education, and nutritional counseling as part of covered clinic services.³²²</p> <p>Prenatal Care: The initial visit should include an assessment of the patient’s nutritional history, an assessment of her health. It should also result in the development of a plan of care regarding the pregnancy, preventive health, medical, and referral. The visit should also include education regarding nutrition and preventive health. The visit should also include a risk assessment to classify risk and tailor care.³²³</p> <p>PCCM Services: The PCCM community health services provide management of high-risk pregnancies in conjunction with the client’s physician. Women may be referred into the PCCM program for prenatal education.³²⁴</p>	<p>EPSDT: Comprehensive and periodic screenings of nutritional status.³²⁵</p> <p>Adolescent Screenings: Adolescents should have an in-depth dietary and health assessment to determine psychosocial morbidity and risk for future chronic disease if they have a BMI \geq 95th percentile for age and gender. In addition, adolescents with a BMI between the 84th and 95th percentile should also receive a dietary and health assessment to determine psychosocial morbidity and risk for future chronic disease if:</p> <ol style="list-style-type: none"> 1) There is a family history of premature heart disease, obesity, hypertension or diabetes mellitus; 2) They express concern about their weight; and 3) They have elevated serum cholesterol levels or blood pressure.³²⁶ 	<p>Texas Medicaid Disease Management Program: Holistic approach to health care delivery for Fee-for-Service clients who have, or are at risk for developing a targeted chronic disease. Includes clients with, or at risk for, the following:</p> <ol style="list-style-type: none"> 1) Diabetes; 2) Asthma; 3) Congestive Heart Failure; 4) Chronic Obstructive Pulmonary Disease; 5) Coronary Artery Disease.³²⁸ <p>Group Clinical Visits for Diabetes: Texas covers group clinical visits for diabetes, which cover nutrition and exercise.³²⁹</p>	<p>Exclusions: Medicaid may deny a request if it determines the drug is included in one or more of the following classes:</p> <ol style="list-style-type: none"> 1) Amphetamines, when used for weight loss, and obesity control drugs; 2) Experimental drugs.³³⁰ 	<p>Bariatric Surgery: Covered service, but subject to prior authorization and determined on a case-by-case basis.³³¹</p> <p>Eligibility Criteria Ages 20 and under: Bariatric surgery may be a benefit for female clients 13 years of age and older and menstruating, and for male clients 15 years of age and older. All clients 20 years of age or younger must also have:</p> <ol style="list-style-type: none"> 1) Reached a Tanner stage IV plus 95% of adult height based on bone age; 2) BMI \geq 40; 3) At least one of the following major co-morbid conditions: <ol style="list-style-type: none"> a) Obesity-associated hypoventilation; b) Sleep apnea; c) Congestive heart failure, d) hypertension with inadequate control; and 4) At least two of the following lesser co-morbid conditions: <ol style="list-style-type: none"> a) Adult onset diabetes;

³²¹ Texas Health and Human Services Commission, *Provider Procedures Manual* 1-27 (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

³²² 1 TEX. ADMIN. CODE § 354.1271 (2010).

³²³ Texas Health and Human Services Commission, *Provider Procedures Manual* 31-3 (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

³²⁴ Texas Health and Human Services Commission, *Provider Procedures Manual* 7-41 (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

³²⁵ Texas Health and Human Services Commission, *Texas Medicaid and CHIP in Perspective*, ch. 4-16 (7th edition), <http://www.hhsc.state.tx.us/medicaid/reports/PB7/BookFiles/Chapter%204.pdf>.

³²⁶ Texas Health and Human Services Commission, *Provider Procedures Manual* 43-15 (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

³²⁸ 1 TEX. ADMIN. CODE § 354.1417 (2010).

³²⁹ Texas Health and Human Services Commission, *Provider Procedures Manual* 36-98 (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

TEXAS
Health and Human Services Commission

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
		<p>Nutritional Counseling Services: May be a benefit when:</p> <ol style="list-style-type: none"> 1) The client is THSteps-CCP eligible; 2) The services are prescribed by a physician; 3) The services are performed by a Medicaid-enrolled dietitian licensed by the Texas State Board of Examiners of Dietitians; 4) Federal financial participation is available.³²⁷ 			<ol style="list-style-type: none"> b) Cardiovascular or peripheral vascular disease; c) Increased blood lipid levels resistant to medication; d) Recurrent or chronic skin ulcerations with infection; e) Pulmonary hypertension; f) Accelerated weight-bearing joint disease. <p>Eligibility Criteria Ages 21 and older: Must meet the following indications:</p> <ol style="list-style-type: none"> 1) BMI \geq 35; 2) At least one of the following major co-morbid conditions: <ol style="list-style-type: none"> a) Obesity-associated hyperventilation; or b) Sleep apnea; or c) Congestive heart failure; d) Uncontrolled hypertension; e) Pulmonary hypertension. 3) At least two of the following lesser co-morbid conditions: <ol style="list-style-type: none"> a) Adult onset diabetes; b) Cardiovascular or peripheral vascular disease; c) Increased blood lipid levels resistant to medication; d) Recurrent or chronic skin ulcerations with infection; e) pulmonary hypertension; f) Accelerated weight-bearing

³³⁰ 1 TEX. ADMIN. CODE § 354.3092 (2010).

³³¹ Texas Medicaid & Healthcare Partnership, *Texas Medicaid Provider Procedures Manual: Vol. 2 MD-37 – MD-39* (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

³²⁷ Texas Health and Human Services Commission, *Provider Procedures Manual 43-52* (2010), http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2010_TMPPM.pdf.

TEXAS
Health and Human Services Commission

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<p>joint disease, g) Gastroesophageal reflux disease with aspiration.</p> <p>Repeat Bariatric Surgery: May be considered medically necessary in either of the following circumstances:</p> <ol style="list-style-type: none"> 1) To correct complications from bariatric surgery, such as band malfunction, obstruction, or stricture; 2) To convert a Roux-en-Y gastroenterostomy or to correct pouch failure in an otherwise compliant client. <p>Requirements for Providers: The facility in which the surgery is performed must be recognized as a Bariatric Surgery Center of Excellence by CMS as certified by the American Society for Metabolic and Bariatric Surgery, or must be accredited as a Level One bariatric surgery center as designated by the American College of Surgeons or must be a children's hospital with an Adolescent Bariatric Surgery Program.</p>

**UTAH
Department of Health**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Educational, nutritional support programs for the treatment of obesity or weight are not covered.³³²</p>	<p>Nutritional Assessment and Counseling: Nutritional counseling by a Registered Dietitian consists of an individual plan to meet the additional protein and caloric requirements of pregnancy and to address any dietary deficiencies (only for high-risk pregnancies).³³³</p>	<p>EPSDT: services include a comprehensive physical examination, which should assess and plot height and weight. EPSDT services should also include an assessment of nutritional history and status by asking questions about dietary practices to identify unusual eating habits or diets with excessive nutrients. EPSDT services should also include health education and anticipatory guidance, including nutritional counseling.³³⁴</p>	<p>Utah Medicaid does not appear to offer a separate set of covered services for management of co-morbidities.</p>	<p>Weight Loss Drugs: Medications indicated for weight loss are excluded.³³⁵</p>	<p>Gastric Surgery: Covered if:</p> <ol style="list-style-type: none"> 1) BMI ≥ 40; 2) Patient must be at least 18; 3) No presence of: <ol style="list-style-type: none"> a) Multi-system failure, b) Malignant disease which is not in remission, c) Substance abuse or drug addiction, d) Psychiatric disorders which interfere with long-term management after the operation, e) Non-compliance with current or past medical therapies; 4) One of the following: <ol style="list-style-type: none"> a) Alveolar hypoventilation, b) Uncontrolled diabetes or c) hypertension; 5) Two of the following conditions: <ol style="list-style-type: none"> a) Hypertension > 140/90 b) Dyslipidemia; c) Type II diabetes; d) Coronary heart disease; e) Obstructive sleep apnea confirmed by sleep study.³³⁶

³³² **ADD MANUAL SOURCE**

³³³ UT Department of Health, *Utah Medicaid Provider Manual: Enhanced Services for Pregnant Women* sec 2 at 9 (2010),

<http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Enhanced%20Services%20For%20Pregnant%20Women/Pregnant7-03.pdf>.

³³⁴ UT Department of Health, *Utah Medicaid Provider Manual: Child Health Evaluation and Care* sec. 2-2, at 4, (2010),

<http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Child%20Health%20Evaluation%20And%20Care/CHEC1-10.pdf>.

³³⁵ UT Department of Health, “Pharmacy”, *Utah Medicaid Provider Manual*, sec. 2-3, p. 11 (2010), <http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy1-10.pdf>.

VERMONT
Office of Vermont Health Access (OVHA)

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Nutrition Therapy: Available as a component of managed health care and primary care case management services.³³⁷</p>	<p>Prenatal Care: Vermont provides extended care to pregnant women including health education and nutritional counseling if indicated.³³⁸</p>	<p>EPSDT: Comprehensive screenings available through Well-Child Conferences.³³⁹</p>	<p>Diabetic Counseling: One diabetic education course per beneficiary per lifetime provided by hospital-sponsored outpatient program in addition to 12 diabetic counseling sessions per calendar year provided by a certified diabetic educator. Additional meetings will require a prior authorization.³⁴⁰</p> <p>Chronic Care Initiative: Vermont Medicaid partnered with APS Healthcare to create a free education and care coordination service for beneficiaries with chronic disease. The initiative brings together nurses, social workers, and care coordinators to aid beneficiaries in disease self-management and awareness.³⁴¹</p>	<p>Covered Medications:</p> <ol style="list-style-type: none"> 1) Alli (OTC); 2) Xenical; 3) Meridia; 4) Phentermine <p>Medications will be authorized for six month period and extended for an additional six months if patient meets target goals.³⁴²</p> <p>Prior Authorization:</p> <ol style="list-style-type: none"> 1) BMI, height, weight, waist circumference; 2) Hypertension, sleep apnea, diabetes, dyslipidemia, CAD; 3) Physician-supervised weight loss treatment plan for past six months; 4) Continued weight loss regimen in conjunction with medicinal therapy.³⁴³ 	<p>Covered Procedures:</p> <ol style="list-style-type: none"> 1) Vertical banded gastroplasty; 2) Gastric bypass, also laparoscopic; 3) Laparoscopic placement of adjustable band. <p>Eligibility Criteria:</p> <ol style="list-style-type: none"> 1) BMI, height, weight, age; 2) Duration of obesity, less than or greater than five years; 3) No current substance abuse; 4) Impacting factors and co-morbidities; 5) Levels of thyroid stimulating hormone; 6) Physician-supervised diet program for six months; 7) Patient understands the surgical risk and required lifestyle changes and plan is in place.³⁴⁴

³³⁶ UT Department of Health, *Utah Medicaid Provider Manual: Criteria for Medical and Surgical Procedures* 78-79 (2010), <http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospital/Attachments/criteriasurg7-10.pdf>.

³³⁷ 13-170-710 VT. CODE R. § 7101 (2010).

³³⁸ Office of Vermont Health Access, *Vermont State Plan Under Title XIX of the Social Security Act Medical Assistance Program*, Attachment 3.1 at 55, <http://ovha.vermont.gov/administration/attachment-3.1-a.pdf>.

³³⁹ 13-170-740 VT. CODE R. 7410 (2010).

³⁴⁰ 13-170-740 VT. CODE R. § 7203 (2010).

³⁴¹ Office of Vermont Health Access & APS Healthcare, Vermont Medicaid Chronic Care Initiative, <http://www.vtccmp.com/>.

³⁴² Office of Vermont Health Access, *Vermont health Access Preferred Drug List* 24 (Mar. 2010), <http://ovha.vermont.gov/for-providers/2010-03-vt-pdl-quicklist-vt-march-2010-final.pdf>

³⁴³ Office of Vermont Health Access, *Prior Authorization for Anti-Obesity Medications* (June 2008), <http://ovha.vermont.gov/for-providers/anti-obesity-medications-prior-auth-form-06.08.pdf>

³⁴⁴ Office of Vermont Health Access, *Vermont Medicaid Pre-Procedure Request Form* (2008), http://ovha.vermont.gov/for-providers/vermont_medicaid_pre-procedure_request_form_060208_final.pdf.

VIRGINIA
Department of Medical Assistance Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Weight Loss Services: Weight loss clinic programs are not covered. ³⁴⁵	Prenatal Care: Baby Care expanded prenatal case management services for high-risk pregnant women include nutrition services including a nutritional assessment and counseling. ³⁴⁶	EPSDT: services include a complete history of a child’s health and nutrition, a growth and development check, and health education. ³⁴⁷	Healthy Returns Disease State Management (DSM) Program (discontinued as of October 2009 due to state budget cuts): Healthy Returns helps patients better understand and manage five health conditions (coronary artery disease, congestive heart failure, asthma, diabetes, and COPD) through prevention, education, lifestyle changes, and adherence to prescribed plans of care. ³⁴⁸	Weight Loss: Drugs approved by the FDA for weight loss may be covered for recipients who meet specific criteria for being overweight and obesity. Prior authorization is required. ³⁴⁹	Surgery for Morbid Obesity: If a recipient is enrolled in MEDALLION (managed care), the ordering physician must be the MEDALLION primary care provider and there must be a referral for the service from the MEDALLION primary care provider. This type of surgery is only covered when all other treatment has failed. ³⁵⁰

³⁴⁵ Virginia Department of Medical Assistance Services, *Medicaid and FAMIS-PLUS Handbook* 20 (Jan. 2010), http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid_applicant_handbook_famis.pdf.

³⁴⁶ 12 VA. ADMIN. CODE § 30-50-410 (2009); Virginia Department of Medical Assistance Services, *Medicaid and FAMIS-PLUS Handbook* 10, 16 (Jan. 2010), http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid_applicant_handbook_famis.pdf.

³⁴⁷ Virginia Department of Medical Assistance Services, *Medicaid and FAMIS-PLUS Handbook* 18 (Jan. 2010), http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid_applicant_handbook_famis.pdf.

³⁴⁸ Virginia Department of Medical Assistance Services, *Virginia Medicaid Healthy Returns Disease Management and Chronic Care Management Programs* (2009), [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2782009/\\$file/RD278.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2782009/$file/RD278.pdf).

³⁴⁹ 12 VA. ADMIN. CODE § 30-50-210 (2009); Virginia Department of Medical Assistance Services, *Provider Manual: Pharmacy* 21-23 (July 2008), http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/RX/chapterIV_rx.pdf.

³⁵⁰ Virginia Department of Medical Assistance Services, *Provider Manual: Physicians* 16, http://websrvr.dmas.virginia.gov/providermanuals/manualchapters/phy/appendixD_phy.pdf.

WASHINGTON
Department of Social and Health Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Washington Medicaid may pay for an outpatient weight loss program only when provided through an outpatient weight loss facility approved by the Medical Assistance Administration.³⁵¹</p>	<p>Prenatal Care: Extended services for pregnant women include maternity support services, such as a nutrition assessment and/or counseling visit by a state-certified dietician, as well as a community health worker visit by community health educators.³⁵²</p>	<p>EPSDT: EPSDT services include nutritional counseling.³⁵³</p> <p>Screenings must include a comprehensive health and development history, a nutritional assessment, a health evaluation, and counseling. If an EPSDT screening provider suspects or establishes a medical need for medical nutrition therapy, eligible clients may be referred to a certified dietitian to receive outpatient medical nutrition therapy.³⁵⁴</p> <p>Nutrition Services: Outpatient nutrition services are provided to patients who are obese and under the age of 20 with an EPSDT referral to a certified dietician.³⁵⁵</p>	<p>Disease Management Services: Provided through opt-in to certain populations, including but not limited to those with diabetes, heart failure, coronary artery disease, and asthma. Includes all Medicaid State Plan services, plus disease management services and assistance in locating a primary care provider for clients in the high-risk group. Disease management services include a nurse advice line and education and disease management services.³⁵⁶</p> <p>Diabetes Education: Covers outpatient hospital diabetes education when referred by a licensed healthcare provider.³⁵⁷</p>	<p>Weight Loss Drugs: No coverage of drugs when used for weight loss.³⁵⁸</p>	<p>Covered Procedures: Covers all medically necessary bariatric surgery for eligible clients:</p> <ol style="list-style-type: none"> 1) age of 21-59; 2) BMI \geq 35 and a specified co-morbid condition such as diabetes; 3) Patients must engage in a weight loss program prior to surgery and must achieve at least five percent weight loss to demonstrate adherence to diet and lifestyle changes required after bariatric surgery.³⁵⁹ <p>EPSDT Bariatric Surgery: If bariatric surgery is requested under the EPSDT program, the service must be medically necessary, safe and effective, and not experimental.³⁶⁰</p>

³⁵¹ WASH. ADMIN. CODE § 388-550-6450 (1998).

³⁵² Washington State, *Medicaid State Plan*, Att. 3.1-A 60 (2008), http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP_Att_3_Services_General_Provisions.pdf.

³⁵³ WASH. ADMIN. CODE § 388-534-0100 (2002).

³⁵⁴ Washington Department of Social and Health Services, *EPSDT Program Billing Instructions* (2010), http://hrsa.dshs.wa.gov/download/BillingInstructions/Physician-Related_Services_Jan2009/Section%20C_Jan2009.pdf.

³⁵⁵ WASH. ADMIN. CODE § 388-550-6300 (1998).

³⁵⁶ Washington State, *Medicaid State Plan*, Attachment 3.1-C (2007), http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP_Att_3_Services_General_Provisions.pdf.

³⁵⁷ WASH. ADMIN. CODE § 388-550-6400 (2003).

³⁵⁸ Washington State, *Medicaid State Plan*, Attachment 3.1-A at 32a (2009), http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP_Att_3_Services_General_Provisions.pdf.

³⁵⁹ WASH. ADMIN. CODE § 388-531-1600 (2006).

³⁶⁰ WASH. ADMIN. CODE § 388-531-1600 (2006).

WEST VIRGINIA
Mountain Health Choices

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: Weight loss clinics and programs are not covered under traditional Medicaid or the Mountain Health Choices Basic Benefit Plan.³⁶¹ For those enrolled in the Mountain Health Choices Enhanced Benefit Plan only, weight management services are available for those members who are pre-diabetic and have co-morbid conditions due to obesity and whose medical conditions can be improved by weight loss and improved nutrition. Weight management services include preventive medicine counseling, individual and group exercise classes with nutritional counseling, and may cover bariatric surgery.³⁶²</p> <p>Incentives: Mountain Health Choices Enhanced Benefit Medicaid Plan requires enrollees to sign an agreement outlining patient responsibilities toward meeting certain healthcare goals, such as diabetes management and weight loss. Enrollees receive expanded coverage for certain services, such as weight loss management and bariatric surgery, which are not</p>	<p>Prenatal Care: WV Medicaid does not appear to offer services beyond those mandated by Title XIX of the Social Security Act.</p>	<p>EPSDT: EPSDT covers an assessment of the child's nutritional history including unusual eating habits, eating disorders, excessive weight gain, and general appearance. EPSDT services also include health education and anticipatory guidance regarding healthy lifestyles and practices.³⁶⁴</p> <p>Exercise and Nutrition Programs: Children enrolled in the Mountain Health Choices Enhanced Benefit Plan who are defined as overweight or defined as at risk of being overweight with complications, will be eligible for exercise and nutrition programs. Complications include: hypertension, dyslipidemia, orthopedic disorders, sleep disorders, gall bladder disease and insulin resistance.³⁶⁵</p>	<p>Diabetes Disease State Management: West Virginia Medicaid (traditional and Mountain Health Choices) covers diabetes disease state management, which provides for a coordinated approach to the treatment of Medicaid members who have been diagnosed with Type 1, Type 2, or gestational diabetes mellitus. The program provides a variety of covered services, including diet management and education.³⁶⁶</p>	<p>Weight Loss Drugs: Weight loss drugs are not covered under any West Virginia Medicaid plan.³⁶⁷</p>	<p>Covered Services: The West Virginia Medicaid Program covers bariatric surgery for those enrolled in traditional Medicaid or the Mountain Health Choices Enhanced Benefit Plan, subject to certain conditions.³⁶⁸</p> <p>Eligibility Criteria: Prior authorization is based on several criteria, including but not limited to:</p> <ol style="list-style-type: none"> 1) BMI > 40 for the past five years; 2) Obesity has incapacitated the patient from normal activity or rendered the patient disabled; 3) Between the ages of 18 and 65 (special considerations apply for patients under 18); 4) Documented diagnosis of controlled diabetes; 5) Documented failure of at least two attempts at physician-supervised weight loss within two years prior to requesting surgery, each attempt lasting at least six months. <p>Only one procedure will be covered per lifetime. Those failing to lose weight from a prior procedure will not be approved for a second one.³⁶⁹</p>

³⁶¹ W.V. Dept. of Health and Human Resources, *Ch. 519: Practitioners Services* 71 (2006), http://www.wvdhhr.org/bms/Manuals/Common_Chapters/bms_manuals_Chapter_500_Practitioner.pdf.

³⁶² W.V. Dept. of Health and Human Resources, *Covered Services, Limitations, Exclusions for Mountain Health Choices* 36-37 (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf

**WEST VIRGINIA
Mountain Health Choices**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
covered under the Basic plan, and some of which are not covered under traditional Medicaid. ³⁶³					Non-Covered Procedures: No coverage for: 1) Mini-gastric bypass surgery; 2) Gastric balloon for treatment of obesity; and 3) Laparoscopic adjustable gastric banding. ³⁷⁰

³⁶⁴ Office of Maternal, Child, and Family Health, *West Virginia HealthCheck Provider Manual: Part I 2, 7* (2006), http://www.wvdhhr.org/healthcheck/manual/Manual_First_Section.pdf.

³⁶⁵ W.V. Dept. of Health and Human Resources, *Covered Services, Limitations: Exclusions for Mountain Health Choices* 30 (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf.

³⁶⁶ W.V. Dept. of Health and Human Resources, *Covered Services, Limitations: Exclusions for Mountain Health Choices* 53-57 (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf.

³⁶⁷ W.V. Dept. of Health and Human Resources, *Ch. 518: Covered Services, Limitations, Exclusions for Pharmacy Services* 19-20 (2010), http://www.wvdhhr.org/bms/sManuals/Common_Chapters/bms_manuals_Chapter_518Pharmacy.pdf.

³⁶⁸ W.V. Dept. of Health and Human Resources, *Covered Services, Limitations, Exclusions for Mountain Health Choices* 40-43, (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf; W.V. Dept. of Health and Human Resources, *Chapter 519: Practitioners Services* 28-30 (2006), http://www.wvdhhr.org/bms/Manuals/Common_Chapters/bms_manuals_Chapter_500_Practitioner.pdf.

³⁶⁹ West Virginia Medicaid Program, *Exclusions for Mountain Health Choices* 34-36 (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf; West Virginia Medicaid Program, *Provider Manual* 34-36 (2006), http://www.wvdhhr.org/bms/Manuals/Common_Chapters/bms_manuals_Chapter_500_Practitioner.pdf.

³⁶³ W.V. Dept. of Health and Human Resources, *Medicaid Program: Member Agreement*, <http://www.wvdhhr.org/medred/handouts/wvmedicaidmemberagrmt.pdf>.

³⁷⁰ W.V. Dept. of Health and Human Resources, *Covered Services, Limitations, Exclusions for Mountain Health Choices* 43 (2009), http://www.wvdhhr.org/bms/manuals/Common_Chapters/bms_manuals_Chapter_527MountainHealthChoices.pdf; West Virginia Department of Health and Human Resources, *Provider Manual* 30 (2006), http://www.wvdhhr.org/bms/Manuals/Common_Chapters/bms_manuals_Chapter_500_Practitioner.pdf.

**WISCONSIN
ForwardHealth**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Weight Loss Services: 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 if performed in a physician's office. Weight management services exceeding five visits per calendar year require prior authorization.³⁷¹</p>	<p>Nutritional Counseling: Prenatal care coordination services are available from the beginning of the pregnancy up to the sixty-first day after delivery to women who are at high risk for adverse pregnancy outcomes due to certain factors such as nutrition. This is a covered benefit when:</p> <ol style="list-style-type: none"> 1) Provided either individually or in a group setting by a qualified professional with expertise in nutrition counseling 2) Medical need is identified in the risk assessment and the woman's identified risk factors include: weight and weight gain; a biochemical condition; previous or current nutrition-related obstetrical complications; psychological problems affecting nutritional status; dietary factors affecting nutritional status; and reproductive history affecting nutritional status.³⁷² 	<p>EPSDT: Includes a comprehensive health and developmental history, and nutritional assessment to identify those who need a more in-depth dietary assessment and counseling, especially if other risk factors exist (i.e. abnormal weight). All screenings must also provide for health education and anticipatory guidance.³⁷³</p>	<p>Health Education: Covers health care education on patient self-management for adults with no dependent children that are diagnosed with asthma, hypertension, or diabetes. The education must be tailored to the chronic condition(s) and, at a minimum, include a description of the disease and the disease progression, information on the importance of medication management and adherence, description of risk factors associated with the illness, warning signs and symptoms of illness exacerbation; and recommendations when to contact a health care provider.³⁷⁴</p>	<p>Weight Loss Drugs: Prescription drugs prescribed for weight loss require prior approval. Not all Wisconsin Medicaid plans cover weight loss drugs.³⁷⁵</p> <p>Eligibility: Patients must meet the following clinical criteria:</p> <ol style="list-style-type: none"> 1) BMI \geq 30 or BMI \geq 27 but less than 30 with two or more of the following risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type II diabetes; 2) 16 years of age or older (<i>Note:</i> Members are required to be 12 years of age or older to take Xenical); 3) Not pregnant or nursing; 4) No history of an eating disorder (e.g., anorexia, bulimia); 5) No medical contraindication to the selected medication; 6) Participation in a weight loss treatment plan in the past six months and continuation of that participation while taking the 	<p>Covered Services: Bariatric surgery is covered under Wisconsin Medicaid in the case of a medical emergency (non-medical emergency bariatric surgery is not covered for obesity).³⁷⁷</p> <p>Eligibility Criteria: Patients must have:</p> <ol style="list-style-type: none"> 1) Clinically documented evidence that a continued co-morbid clinical status will lead to serious impairment of health; 2) Treatment of the co-morbid condition for a minimum of three months has not improved the health risks and impairments 3) A BMI \geq 40 a BMI between 35 and 39 with documented high-risk co-morbid medical conditions that have not responded to medical management and are a threat to life; 4) Attempted weight loss in the past without successful long-

³⁷¹ WIS. ADMIN. CODE § 107.06(2)(b) (2010); Wisconsin Forward Health, *Online Handbooks: Medicine Services, Weight Management Services* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=102&nt=Weight%20Management%20Services>.

³⁷² WIS. ADMIN. CODE § 107.34 (2010).

³⁷³ WIS. ADMIN. CODE § 107.22 (2010); Wisconsin Medicaid, *HealthCheck (EPSDT) Certification and Ongoing Responsibilities Provider Handbook* 79-80 (July 2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=24&s=2&c=61&nt=Description%20of%20Required%20Components%20of%20a%20HealthCheck%20Screening>.

³⁷⁴ Wisconsin Forward Health, *Online Handbooks: Covered Services and Requirements* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Core%20Plan%20Health%20Care%20Education%20Benefit>.

**WISCONSIN
ForwardHealth**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
				anti-obesity drug. Requests for anti-obesity drugs will not be renewed if a member's BMI is below 24. ³⁷⁶	term weight reduction; 5) 18 years of age or older and have completed growth. 6) A BMI of 50 or less is required for approval of laparoscopic adjustable gastric banding. ³⁷⁸

³⁷⁵ Wisconsin Forward Health, *Online Handbooks: Prior Authorization for Anti-Obesity Drugs* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=48&s=3&c=11&nt=Prior%20Authorization%20for%20Anti-Obesity%20Drugs>.

³⁷⁷ WIS. ADMIN. CODE § 107.03 (2010); Wisconsin Forward Health, *Online Handbooks: Surgery Services, Bariatric Surgery* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=103&nt=Bariatric%20Surgery>

³⁷⁶ Wisconsin Forward Health, *Online Handbooks: Prior Authorization for Anti-Obesity Drugs* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=48&s=3&c=11&nt=Prior%20Authorization%20for%20Anti-Obesity%20Drugs>.

³⁷⁸ Wisconsin Medicaid, *Online Handbooks: Surgery Services, Bariatric Surgery* (2010), <https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=2&c=103&nt=Bariatric%20Surgery>.

WYOMING
Office of Healthcare Financing

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<p>Healthy Together: Wyoming Medicaid contracts with ACS Healthcare for the state health management program. The Healthy Together program aims to reduce the costs of chronic illness, providing health education, educational materials, and, if necessary, one-on-one support from a case manager.³⁷⁹</p>	<p>Prenatal Care: Wyoming Medicaid does not appear to offer services beyond those mandated by Title XIX of the Social Security Act.</p>	<p>EPSDT: EPSDT screening should check for height and weight. Children with a BMI above the 95th percentile should receive additional treatment and/or screening.</p> <p>EPSDT screening should also assess health and developmental history, including a nutritional screening which should: 1) inquire about dietary practices to identify unusual eating practices, e.g., excessive consumption of certain nutrients; 2) perform a complete physical exam; 3) take accurate measurements of height and weight. At risk children should receive cholesterol screening between the ages of 11-21.</p> <p>Each child three years of old or older should receive a blood pressure screen as part of the EPSDT services. Children with nutritional problems may be referred to a licensed nutritionist or dietician for further assessment, counseling, or education, as needed.³⁸⁰</p>	<p>Diabetes Self-Management: Individual and group diabetes self-management training are covered. Curriculum will be developed by individual providers and may include, but is not limited to:</p> <ol style="list-style-type: none"> 1) Medication education; 2) Dietetic/nutrition counseling; 3) Weight management; 4) Glucometer education; 5) Exercise education; 6) Foot/skin care; and Individual plan of care services received by the client.³⁸¹ 	<p>Weight Loss Drugs: Weight loss drugs are not covered.³⁸²</p>	<p>Covered Services:</p> <ol style="list-style-type: none"> 1) Gastric bypass (Roux-en-Y); 2) Gastric partitioning (vertical banded gastroplasty or stapling); 3) Surgeries that involve a reduction in stomach size and/or a bypass of the normal sequence of digestion and absorption.³⁸³ <p>Eligibility Criteria: Coverage of gastric bypass surgery on adults is considered on a case-by-case basis 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> <ol style="list-style-type: none"> 1) BMI \geq 40 <i>or</i> BMI between 35 and 40 with co-morbid conditions; 2) Documented efforts to lose weight by conventional means (at least two non-surgical programs of dietary regimens that include appropriate exercise and a supported behavioral modification program using licensed mental health therapists);

³⁷⁹ APS Healthcare, Healthy Together, <http://www.wyhealthytogether.com/>.

³⁸⁰ Wyoming Department of Health, Rules and Regulations, *Chapter 6 Health Check (formerly EPSDT) Program, Document # 1526* (1995), <http://soswy.state.wy.us/rules/RULES/1526.pdf>; Wyoming Department of Health, Public Health Insurance Program, *CMS 1500 Provider Manual 9-31 – 9-45* (2009), http://wyequalitycare.acs-inc.com/manuals/Manual_CMS.pdf.

³⁸¹ Wyoming Department of Health, Public Health Insurance Program, *CMS 1500 Provider Manual 9-60 - 9-61* (2009), http://wyequalitycare.acs-inc.com/manuals/Manual_CMS.pdf.

³⁸² Wyoming Department of Health, Public Health Insurance Program, *Information for Pharmacists and Medical Providers About the Medicaid Pharmacy Program* (2009), <http://wdh.state.wy.us/healthcarefin/pharmacy/medicaidpharmacy.html>.

³⁸³ Wyoming Department of Health, Public Health Insurance Program, *CMS 1500 Provider Manual 9-106 - 9-107* (2009), http://wyequalitycare.acs-inc.com/manuals/Manual_CMS.pdf.

WYOMING
Office of Healthcare Financing

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					3) Pre-operative psychological evaluation; and 4) Documentation indicating the client is actively participating in an ongoing dietary management program that has dietary and behavior modification components, as well as a practitioner-supervised exercise program. ³⁸⁴

³⁸⁴ Wyoming Department of Health, Public Health Insurance Program, *General Provider Information*, 9-106 – 9-107 (2009), http://wequalitycare.acs-inc.com/manuals/Manual_CMS.pdf.