



ALABAMA
Alabama Medicaid Agency (AMA) ^{1, 2, 3}

Assessment & Counseling	Pharmacotherapy	 Adults with obesity: 34% ³ Adults with diabetes: 12% ³ 19% of residents covered by Medicaid/CHIP \$5.3 billion in total Medicaid spending (2015) 66% enrolled in primary-care case management 34% enrolled in fee-for-service ⁴ Resources & Contacts: AL Medicaid Agency Phone: 334-242-5000 AL Department of Public Health Phone: 334-206-5300 AL Department of Rehabilitative Services (ADRS) State Office Phone: 334-293-7500
<p><i>Obesity is not explicitly mentioned</i></p> <p>COVERAGE may include:</p> <p>Preventive Counseling 99401 – 99402</p> <ul style="list-style-type: none"> - AL Medicaid does not reimburse for adult preventive medicine services other than screening/counseling on diet and exercise provided during routine visit. - Only covers 1 preventative counseling service per year <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy None</p> <ul style="list-style-type: none"> - Dietician services are <u>excluded</u> from coverage for adults (21+). Diet instruction performed by a physician is considered part of a routine visit. <p><u>Note:</u> <i>State plan suggests that additional health promotion services not include in fee schedule may be covered for members enrolled in health home</i></p>	<p>COVERAGE may include:</p> <p>Xenical (Orlistat)</p> <ul style="list-style-type: none"> - Prior authorization requires documentation of MD supervised exercise/diet regimen for ≥ 6 months. - Documented weight loss required for prescription renewal. <p><u>Note:</u> <i>AL Medicaid excludes coverage of drugs used for anorexia, weight loss or weight gain, other than those specified by the Alabama Medicaid Agency (as above).</i></p>	
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Must be within 18 and 64 years of age. - Recipients under 18 who have one or more life-threatening comorbidities may be considered for authorization. <p>Recipient must meet additional medical criteria (not provided) or the surgery will be considered cosmetic and excluded from coverage.</p>	

ALASKA

Alaska Department of Health & Social Services (ADHHS) ^{4, 5, 6, 7, 8}

Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: 30% ³ Adults with diabetes: 8% ³</p> <p>18% of residents covered by Medicaid/CHIP \$1.4 billion in total Medicaid spending (2015)</p> <p>100% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Alaska Medicaid Agency Phone: 907-465-3030</p> <p>Obesity Prevention and Control Program Phone: 907-269-8181</p> <p>Division of Vocational Rehabilitation Phone: 907-465-2814</p>	
<p><i>Obesity is not explicitly mentioned</i></p> <p>COVERAGE may include:</p> <p>Preventive Counseling 99401 – 99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - AK Medicaid explicitly <u>excludes</u> coverage for nonsurgical weight reduction or maintenance treatment programs and products, nonmedical fitness maintenance centers and services, and educational services or supplies that are separately identifiable. <p>Behavioral Assessment/Intervention 96154</p> <p>Nutritional Consultation & Therapy None</p> <ul style="list-style-type: none"> - AK Medicaid covers nutrition services provided by a registered dietician or nutritionist for adults who are pregnant and recipients under age 21 with high nutritional risk: - <i>High-risk indicators might include atypical weight-to-height ratio, sudden weight change, and/or chronic disease.</i> - <i>Nutrition coverage includes one initial assessment in a calendar year and up to 12 hours per calendar year for counseling and follow up care.</i> 	<p>NOT COVERED</p> <ul style="list-style-type: none"> - AK Medicaid explicitly <u>excludes</u> medications used to treat obesity from coverage. - Specifically mentioned as non-covered in accordance with statutes <i>7 AAC 120.112</i> and <i>7 AAC 105.110</i>: - Belviq XR (<i>Lorcaserin HCl</i>) 		
	<th data-bbox="728 837 1362 906">Bariatric Surgery</th> <td data-bbox="1362 837 2003 1442"></td>		Bariatric Surgery
	<p>COVERAGE may include:</p> <ul style="list-style-type: none"> - Gastric Bypass, Gastric Band, Sleeve Gastrectomy - Prior authorization is required; guidelines for coverage determination/approval were not found. 		




ARIZONA

Arizona Health Care Cost Containment System (AHCCCS) ^{9, 10, 11, 12}

Assessment & Counseling	Pharmacotherapy	
<p><i>Obesity is not explicitly mentioned</i></p> <p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - AHCCCS covers adult physical examinations and well visits to determine disease risk, provide early detection, and establish a prevention or treatment plan. <p>Behavioral Assessment/Intervention 96150-96155, S0315-S0316, S9451</p> <ul style="list-style-type: none"> - Health and behavioral assessment/intervention services [96150-96155] must: (1) utilize cognitive, behavioral, social, and/or psychosocial procedures to address specific physical health problems/treatment; and (2) be delivered by a licensed psychologist, psychiatric nurse practitioner, clinical social worker, marriage/family therapist, or professional counselor. <p>Nutritional Consultation & Therapy 97802-97804, G0270-G0271</p> <ul style="list-style-type: none"> - Nutritional assessments are covered for members whose health status may be maintained/improved with nutritional intervention (provided by PCP or RD with referral). 	<p>NOT COVERED</p> <ul style="list-style-type: none"> - AZ Medicaid explicitly <u>excludes</u> anti-obesity agents from coverage under the outpatient pharmacy benefit and the FFS Drug List. 	<div data-bbox="1549 282 1818 548" data-label="Image"> </div> <p>Adults with obesity: 29% ³ Adults with diabetes: 9% ³</p> <p>25% of residents covered by Medicaid/CHIP \$10.6 billion in total Medicaid spending (2015)</p> <p>93% enrolled in managed care 7% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>AZ Department of Insurance Phone: 800-325-2548</p> <p>AHCCCS Phone: 602-417-4000</p> <p>AZ Department of Health Services Phone: 602-542-1886</p>
	<p>Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. <ul style="list-style-type: none"> o Determine eligibility and benefits by calling 1-888-788-4408. o Initiate a prior authorization request from the Health Net Access provider website or by calling 1-888-926-1736. o Plan documents indicate that BMI ≥ 35 w/ comorbidity may be required 	


ARIZONA MEDICAID: MANAGED CARE PLANS

13 plans total | 1,534,014 enrollees


UnitedHealthcare Community Plan <i>(428,218 enrollees)</i>	Mercy Care Plan <i>(355,215 enrollees)</i>	Health Choice Arizona <i>(245,014 enrollees)</i>
		
<p>In addition to standard AHCCCS services, the UnitedHealthcare Community Plan covers:</p> <p><u>Assessment & Counseling</u></p> <p>98960-98962 + GT: Patient self-management education/training provided by a non-physician healthcare professional using Telehealth technology.</p> <p><u>Pharmacotherapy</u></p> <p>Possible coverage for the following medications with prior authorization:</p> <p><i>Non-formulary:</i> Qsymia, Desoxyn</p> <p><u>Bariatric Surgery</u></p> <p>Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u></p> <p>Provider Call Center: 800-445-1638</p> <p>Care Provider Manual Reimbursement Policy</p>	<p>In addition to standard AHCCCS services, the Mercy Care Plan covers:</p> <p><u>Pharmacotherapy</u></p> <p>When prior authorization criteria are met, plan will authorize the coverage of select Weight Reduction Medications.</p> <p><i>Preferred:</i> Benzphetamine, Adipex-P, Phendimetrazine XR, Diethylpropion ER, Alli, Belviq, Qsymia, Contrave</p> <p><i>Non-preferred:</i> Saxenda, Xenical</p> <p><u>Bariatric Surgery</u></p> <p>Ordering physician must complete Bariatric Surgery Monthly Summary Worksheet.</p> <p><u>Resources</u></p> <p>Phone: 602-263-3000</p> <p>Provider Manual Prior Authorization Guidelines</p>	<p>In addition to standard AHCCCS services, Health Choice Arizona covers:</p> <p><u>Pharmacotherapy</u></p> <p>Anti-obesity drugs are <i>excluded</i> from coverage. Providers can petition the Pharmacy and Therapeutics Committee to extend coverage with the Formulary Addition Request Form.</p> <p><u>Bariatric Surgery</u></p> <p>Providers must complete Medical Service Prior Authorization Form and provide documentation that patient meets coverage criteria.</p> <p><u>Resources</u></p> <p>Phone: 480-968-6866</p> <p>Physician Provider Manual Healthy Start Bright Futures Program</p>

ARKANSAS

Arkansas Medicaid ^{13, 14, 15, 16}




Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: 36% ³ Adults with diabetes: 12% ³</p> <p>22% of residents covered by Medicaid/CHIP \$5.5 billion in total Medicaid spending (2015)</p> <p>Primary-care case management (% NR) Fee-for-service (% NR) ⁴</p> <p>Resources & Contacts:</p> <p>AR Insurance Department Phone: 501-371-2600</p> <p>AR Medicaid: Division of Medical Services Phone: 501-682-8292</p> <p>Healthy Arkansas: AR Department of Health Phone: 501-661-2000</p>
<p><i>Obesity is not explicitly mentioned</i></p> <p>COVERAGE may <u>include</u>:</p> <p>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy None</p> <ul style="list-style-type: none"> - No evidence of nutritional consultation coverage, but not explicitly excluded 	<p>UNDETERMINED</p> <p>AR Medicaid does not explicitly include or exclude medications used to treat obesity.</p> <p>Prescribers may request prior authorization or an override for non-preferred drugs by calling the Magellan Medicaid Administration (MMA) Help Desk at 1-800-424-7895.</p>	
	Bariatric Surgery	
	<p>COVERAGE may <u>include</u>:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Beneficiary must be within 18 and 65 years of age, have a BMI > 35 with at least one related comorbidity, be free of endocrine disease, and have documentation of at least one previous medically-supervised weight loss attempt (duration of 6+ months). - Medical and psychiatric contraindications to the surgical procedure must be ruled out. 	

CALIFORNIA
Medi-Cal ^{17, 18, 19, 20, 21, 22, 23}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may <u>include</u>:</p> <p>Preventive Counseling 99401</p> <ul style="list-style-type: none"> - Preventive counseling is covered for students as a Local Educational Agency Service; see LEA guide for lifetime and annual service limits. <p>Behavioral Assessment/Intervention G0447, G0473, 96150-96154</p> <ul style="list-style-type: none"> - Health and behavior assessment/intervention (96150-96154) frequency limits of 2/year for assessment and 6/year for intervention. - Intensive behavioral therapy (G0447, G0473) is a Medi-Cal benefit for recipients with obesity (BMI ≥ 30) in accordance with USPSTF guidelines; TAR required for more than 22 units per 12 months. 	<p>UNDETERMINED</p> <p>Medi-Cal does not explicitly include or exclude medications used to treat obesity.</p> <p>Providers can contact the Pharmacy Benefits Division through the Provider Helpline at 916-636-1980 with questions.</p> <p><u>Note</u>: <i>Several Medi-Cal MCOs include anti-obesity agents in their formularies and indicate that pharmacotherapy coverage is available.</i></p>	 <p>Adults with obesity: 25% ³ Adults with diabetes: 10% ³</p> <p>26% of residents covered by Medicaid/CHIP \$85.4 billion in total Medicaid spending (2015)</p>
<p>Nutritional Consultation & Therapy 97802-97804, S9470</p> <ul style="list-style-type: none"> - Nutritional therapy is limited to 3 hours for the first calendar year and 2 hours per calendar year in each subsequent year. <p>Chronic care management services (99490) are covered when establishing, implementing, revising, or monitoring the comprehensive care plan of a patient with 2+ life-threatening chronic conditions.</p>	<p align="center">Bariatric Surgery</p> <p>COVERAGE may <u>include</u>:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Treatment Authorization Request (TAR) is required. - Recipient must have: a BMI ≥ 40 (or ≥ 35 with comorbidity), documented failure of weight loss on conservative treatment regimens, a comprehensive pre/post-operative treatment plan established, and no medical or psychiatric contraindications to the procedure. 	<p>85% enrolled in managed care 15% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>CA Department of Insurance Phone: 800-927-4357</p> <p>Medi-Cal Phone: 800-541-5555</p> <p>California Project LEAN Phone: 916-552-9907</p>


CALIFORNIA MEDICAID: MANAGED CARE PLANS

13 plans total | 10,465,007 enrollees

L.A. Care Health Plan <i>(1,907,545 enrollees)</i>	Health Net Community Solutions <i>(1,459,988 enrollees)</i>	Inland Empire Health Plan <i>(1,210,958 enrollees)</i>
		
<p>In addition to standard Medi-Cal services, the L.A. Care Health Plan covers:</p> <p><u>Assessment & Counseling</u></p> <p>24-hour Nurse Advice Line (1-800-249-3619) - Extensions in Member Handbook</p> <p>Disease Management—Health In Motion™ program offers consultations with RDs or Certified Health Coaches (1-855-856-6943 / in-person)</p> <p><u>Pharmacotherapy</u></p> <p>Requires prior authorization. Covered only as medically necessary for morbid obesity. Adipex, Belviq, Contrave, Desoxyn, Qsymia</p> <p><u>Bariatric Surgery</u></p> <p>Prior authorization is required.</p> <p><u>Resources</u> Provider Call Center: 1-866-522-2736</p> <p>L.A. Care Medi-Cal Provider Manual Adult Obesity Provider Toolkit</p>	<p>In addition to standard Medi-Cal services, Health Net covers:</p> <p><u>Assessment & Counseling</u></p> <p>Adult preventive health services—see provider guidelines for men and women.</p> <p>Health education programs: Fit Families for Life—Be in Charge!™ and Healthy Habits for Healthy People</p> <p><u>Pharmacotherapy</u></p> <p>Requires prior authorization. Coverage includes: Belviq, Contrave, Phentermine (Adipex-P, Lomaira, Suprenza), Qsymia, Regimex, Saxenda, Xenical</p> <p><u>Bariatric Surgery</u></p> <p>National Medical Policy contains coverage criteria.</p> <p><u>Resources</u> Phone: 1-877-527-8409</p> <p>Health Education Programs & Services Prior Authorization Requirements</p>	<p>In addition to standard Medi-Cal services, Inland Empire Health covers:</p> <p><u>Pharmacotherapy</u></p> <p>Requires prior authorization. Coverage includes: Belviq, Bontril, Contrave, Didrex, Diethylpropion (Tenuate/Tenuate Dopsan), Orlistat (Alli, Xenical), Phentermine (Adipex-P, Fastin, Suprenza), Qsymia, Saxenda</p> <p><u>Bariatric Surgery</u></p> <p>Providers must complete prior authorization requirements, including Provider Supervised Weight Loss Checklist.</p> <p><u>Resources</u> Phone: 909-890-2054</p> <p>Medi-Cal Provider Manual Anti-Obesity Drug Class Monograph</p>

COLORADO

Department of Health Care Policy & Finance ^{24, 25, 26, 27}

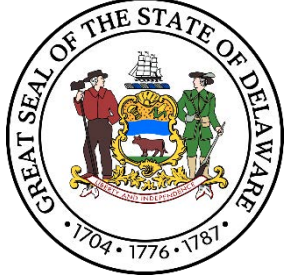
Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412 99385-99387, 99395-99397</p> <p>Specific details regarding coverage criteria for obesity counseling and intervention services were not found.</p> <ul style="list-style-type: none"> - Preventive/wellness services limited to one adult annual physical per year (includes healthy diet counseling) - Pregnant women with obesity qualify for nutrition counseling, psychosocial services, and case management through the Prenatal Plus program. <p>Behavioral Assessment/Intervention 96150-96155, S9445</p> <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Colorado Medical Assistance Program does not include obesity control therapy as a psychiatric service benefit. <p><i>NOTE: Beginning March 2017, members will be able to apply for WIC program through Colorado PEAK online portal</i></p>	<p>NOT COVERED</p> <p>Colorado Medical Assistance Program explicitly <u>excludes</u> anorectics/drugs for weight loss from benefit coverage.</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 21% ³ Adults with diabetes: 7% ³</p> <p>19% of residents covered by Medicaid/CHIP \$7.4 billion in total Medicaid spending (2015)</p> <p>77% enrolled in primary-care case management 14% enrolled in fee-for-service 9% enrolled in managed care ⁴</p> <p>Resources & Contacts:</p> <p>Health First Colorado Phone: 800-221-3943</p> <p>CO Dept. of Health Care Policy & Financing Phone: 303-866-2993</p> <p>CO Dept. of Public Health & Environment Phone: 303-692-2000</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Adults beneficiaries must have: a BMI ≥ 40 (or a BMI > 35 with at least one related comorbidity) for at least 2 years duration; documentation of at least one previous clinically-supervised weight loss attempt (duration of 6+ months) in the past 18 months; and no medical or psychiatric contraindications to the surgical procedure and/or post-operative care plan. - Clients < 18 years of age must have documentation showing: exclusion or diagnosis of genetic/syndromic obesity; Tanner stage IV breast development (females); and 95% attainment of projected adult height. 	

CONNECTICUT
 Department of Social Services ^{28, 29, 30, 31}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>CT Medicaid <u>excludes</u> coverage for obesity treatment services other than surgical procedures necessary to treat morbid obesity that causes or aggravates another medical illness.</p> <p>Preventive Counseling 99401-99404, 99411-99412 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Preventive medicine codes covered, though benefit limits/guidance are not included in plan documents <p>Behavioral Assessment/Intervention 96150-96155</p> <p>Nutritional Consultation & Therapy None</p>	<p>NOT COVERED</p> <p>CT Medicaid explicitly <u>excludes</u> drugs used in the treatment of obesity from coverage.</p>	<div data-bbox="1564 297 1785 565" data-label="Image"> </div> <p>Adults with obesity: 26% ³ Adults with diabetes: 8% ³</p> <p>19% of residents covered by Medicaid/CHIP \$7.9 billion in total Medicaid spending (2015)</p> <p>100% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>State of CT Insurance Department Phone: 860-297-3800</p> <p>State of CT Department of Social Services Phone: 860-297-3800</p> <p>Nutrition, Physical Activity & Obesity Prevention Program Phone: 860-509-8251</p>
	<p align="center">Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when another medical illness is caused/aggravated by the obesity. <ul style="list-style-type: none"> o Includes illness of the endocrine or cardio-pulmonary system and/or physical trauma associated with the orthopedic system - An individual is considered morbidly obese if (1) his/her body weight is at least twice the ideal body weight, (2) he/she is at least 100 pounds over the ideal body weight, or (3) he/she has a BMI \geq 39. 	

DELAWARE

Delaware Medical Assistance Program (DMAP) ^{32, 33, 34}

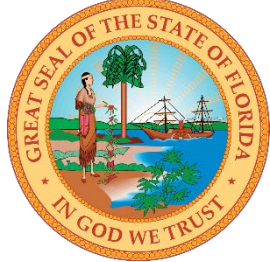
Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p><i>No mention of obesity services for adults</i></p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention 96150-96155</p> <p>Nutritional Consultation & Therapy S9470*</p> <p><u>NOTE:</u> <i>Preventive, treatment and follow-up services—including dietary counseling*, nutrition education, and laboratory services—are covered for children whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</i></p>	<p>COVERAGE may include:</p> <p>DMAP does not <i>routinely</i> cover drugs indicated for the treatment of obesity; coverage for FDA-approved drugs may be provided with prior authorization:³⁵</p> <ul style="list-style-type: none"> - Patient must have a BMI > 27 kg/m², be diagnosed with diabetes mellitus or hyperlipidemia, and be on placed on a medically-supervised calorie-restricted diet and exercise program. - See the approval guidelines for additional coverage criteria. 	 <p>Adults with obesity: 31% ³ Adults with diabetes: 10% ³</p> <p>18% of residents covered by Medicaid/CHIP \$1.9 billion in total Medicaid spending (2015)</p> <p>94% enrolled in managed care 6% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Delaware Medicaid Customer Relations Phone: 302-571-4900</p> <p>Delaware Health & Social Services Phone: 302-255-9500</p> <p>Eating for Better Health <i>Division of Public Health</i> Phone: 302-744-4700</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for all requests; must be submitted in writing - DMAP may cover bariatric surgery for treatment of obesity in adults when the patient’s obesity is causing significant illness and incapacitation and when all more conservative treatment options have failed. 	

DISTRICT OF COLUMBIA
 Department of Health Care Finance ^{36, 37, 38, 39}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411, G0438-G0439, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Both DC Medicaid programs (DC Healthcare Alliance and DC Healthy Families) provide coverage for adult and child wellness services furnished in accordance with USPSTF recommendations (e.g. screening for obesity and lipid disorders; diet and behavioral counseling). <p>Behavioral Assessment/Intervention 96151-96155</p> <ul style="list-style-type: none"> - Health and behavior assessment/intervention services are eligible distant site services under telemedicine coverage.⁴⁰ <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Prior authorization requirements suggest nutritional consultation only covered for individuals with developmental disabilities 	<p>NOT COVERED</p> <p>DC Medicaid <u>excludes</u> weight loss drugs from outpatient pharmacy benefit.</p>	<div data-bbox="1549 297 1816 561" data-label="Image"> </div> <p>Adults with obesity: 22% ³ Adults with diabetes: 9% ³</p> <p>26% of residents covered by Medicaid/CHIP \$2.4 billion in total Medicaid spending (2015)</p> <p>76% enrolled in managed care 24% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>D.C. Department of Healthcare & Finance Phone: 202-906-8319</p> <p>D.C. Department of Health Phone: 202-442-5955</p> <p>D.C. Health Link Phone: 855-532-5465</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; <u>specific coverage criteria not found.</u> - Providers must complete 719A Form⁴¹ and send to Qualis Health (800-251-8890) with supporting documentation. 	




FLORIDA

Agency for Health Care Administration (AHCA)^{42, 43, 44, 45, 46}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99403, 99385-99387, 99395-99387</p> <ul style="list-style-type: none"> - FL Medicaid reimburses for one adult health screening every 365 days. - FL Medicaid reimburses for evaluation, diagnosis, and treatment recommendations provided through interactive telecommunications equipment that includes two-way, real time, interactive communication between a recipient and a practitioner.⁴⁷ <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy None</p> <p><i>NOTE: For recipients under age 21, preventive medicine services are covered in accordance with the American Academy of Pediatrics periodicity schedule.</i></p>	<p>NOT COVERED</p> <p>FL Medicaid explicitly <u>excludes</u> coverage for agents used for anorexia, weight loss, or weight gain.</p> <ul style="list-style-type: none"> - AHCA will not reimburse for amphetamines prescribed with an indication of obesity. 	 <p>Adults with obesity: 26%³ Adults with diabetes: 9%³</p> <p>18% of residents covered by Medicaid/CHIP \$21.5 billion in total Medicaid spending (2015)</p> <p>93% enrolled in managed care 7% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Agency for Health Care Administration Phone: 888-419-3456</p> <p>FL Obesity Prevention Program Phone: 850-245-4321</p> <p>Statewide Medicaid Managed Care (SMMC) Phone: 877-711-3662</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for all bariatric surgical procedures. - Patient must be at least 18 years old, have a BMI ≥ 40 (or BMI ≥ 35 with a comorbidity), and have a primary care provider referral that includes (1) certification of medical necessity, (2) a post-operative plan of care, (3) evidence of participation in a physician-supervised weight loss program, and (4) documentation that the patient has no contraindications to the procedure. 	


FLORIDA MEDICAID: MANAGED CARE PLANS

17 plans total | 3,208,945 enrollees

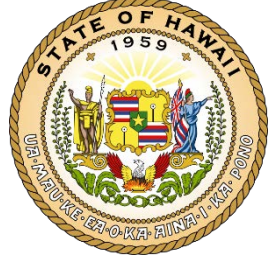
Staywell Health Plan of Florida (678,799 enrollees)	Sunshine State Health Plan, Inc. (472,157 enrollees)	Amerigroup Florida, Inc. (346,542 enrollees)
		
<p>In addition to standard AHCA services, Staywell Florida covers:</p> <p><u>Assessment & Counseling</u></p> <p>Members enrolled in the Care or Disease Management Program may qualify for a Health and Wellness Coach to provide personalized guidance on diet, nutrition, and weight loss.</p> <p>Members receive a Healthy Rewards Card and can earn rewards for completing an initial health-risk assessment (within 90 days of enrollment) and/or participating in a weight-loss management program.</p> <p><u>Bariatric Surgery</u></p> <p>Prior authorization is required.</p> <p><u>Resources</u> Phone: 866-334-7927</p> <p>Provider Manual / Quick Reference Guide Expanded Benefits & Rewards Handbook</p>	<p>In addition to standard AHCA services, Sunshine Health covers:</p> <p><u>Assessment & Counseling</u></p> <p>Sunshine Health’s Healthy Behaviors incentive program offers enrollees up to \$125 cash per year to complete certain wellness exams and engage in various healthy lifestyle/risk-reduction programs:</p> <ul style="list-style-type: none"> - \$20 to complete six weight-loss health coaching sessions - \$10 for annual well-care visit with a primary care doctor <p>Contact <i>CentAccount</i>[®] Healthy Rewards program for additional information.</p> <p><u>Bariatric Surgery</u></p> <p>Prior authorization is required.</p> <p><u>Resources</u> Phone: 866-796-0530</p> <p>Provider Manual BMI Chart Form</p>	<p>In addition to standard AHCA services, Amerigroup Florida covers:</p> <p><u>Assessment & Counseling</u></p> <p>Nutritional assessment reviewing dietary intake, eating habits, and physical growth must be documented at each well-child visit.</p> <p>Disease management programs for obesity may be available to qualified beneficiaries. For weight management and nutrition, we offer help and support from a nurse in making healthy exercise and food choices.</p> <p><u>Bariatric Surgery</u></p> <p>Pre-certification is required.</p> <p><u>Resources</u> Phone: 800-454-3730</p> <p>Physician Provider Manual</p>

GEORGIA

Department of Community Health ^{48, 49, 50, 51}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Preventive services for members over 21 years of age include one preventive health visit (99385-99397) and ten office visits per calendar year. <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy* 99203, 99211, 99213</p> <ul style="list-style-type: none"> - Nutritional counseling (99203, 99211, 99213) includes reimbursement for up to 12 individual or group sessions provided by a state-licensed dietician each calendar year. - Group sessions must be specific to the member's nutrition-related medical condition/diagnosis. - No reimbursement provided for the first two nutrition education contacts for WIC-eligible members. <p><i>*The GA Division of Medicaid indicates that these E/M codes should be used to bill for nutritional counseling services.</i></p>	<p>NOT COVERED</p> <p>GA Medicaid <u>excludes</u> agents used for anorexia, weight gain, or weight loss from coverage.</p>	 <p>Adults with obesity: 31% ³ Adults with diabetes: 11% ³</p> <p>19% of residents covered by Medicaid/CHIP \$9.8 billion in total Medicaid spending (2015)</p> <p>69% enrolled in managed care 31% enrolled in fee-for-service ⁴</p>
	<p style="text-align: center;">Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for all requests; contact the Hewlett Packard at 800-766-4456 for additional information. <p>See also: <i>WellCare Guidelines</i></p>	<p>Resources & Contacts:</p> <p>GA Department of Community Health Phone: 404-298-1228</p> <p>GA Department of Insurance Phone: 404-656-2070</p> <p>GA Division of Public Health Phone: 404-657-2700</p>

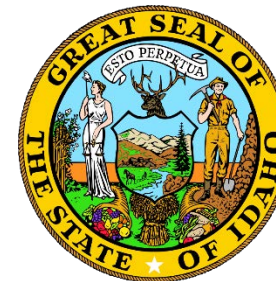
HAWAII
Med-QUEST ^{52, 53, 54, 55}

Assessment & Counseling	Pharmacotherapy	 Adults with obesity: 22% ³ Adults with diabetes: 9% ³ 18% of residents covered by Medicaid/CHIP \$2.0 billion in total Medicaid spending (2015) 99% enrolled in managed care < 1% enrolled in fee-for-service ⁴ Resources & Contacts: Med-QUEST Division of Hawaii Phone: 808-587-3521 Hawaii Division of Insurance Phone: 808-586-2790 Hawaii State Department of Health <i>Nutrition & Physical Activity Section</i> Phone: 808-586-4671
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Preventive risk assessments and health education services are covered for adults and children. - Coverage for routine physical exams is limited to once every two years for adults. - These periodic health assessments include screening for comorbidities and counseling on physical activity/nutrition. <p>Behavioral Assessment/Intervention G0447, 96150-96155</p> <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Indicates reimbursement for nutritional counseling codes, but no mention of coverage/guidance in plan documents 	<p>COVERAGE may include:</p> <p>Xenical (<i>Orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required (submit Form 1144B). - Initial 3-month approval criteria:⁵⁶ <ul style="list-style-type: none"> o Patient BMI $\geq 30 \text{ kg/m}^2$ or BMI $\geq 27 \text{ kg/m}^2$ with a comorbidity o Prescribed in conjunction with a reduced-calorie diet - Subsequent authorization requests may be approved up to six months if patient demonstrates weight loss or maintenance of weight loss from initial period. - A daily multivitamin will be approved for use in conjunction with Xenical. 	
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for all requests; must be submitted in writing using Form 1144. - HMSA plan provides coverage criteria <p><u>Note:</u> <i>HI Medicaid specifically excludes coverage for jejunoileal bypass procedures.</i></p>	

IDAHO

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

Assessment & Counseling	Pharmacotherapy ⁶¹		
<p>COVERAGE may include:</p> <p><i>Indicates reimbursement for preventive medicine codes, but not mentioned elsewhere in plan documents (possible coverage through weight management program)</i></p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - DHW offers Preventive Health Assistance (PHA) benefits to members with Basic or Enhanced Medicaid coverage, including provider reimbursement of up to \$200 per year for services provided in a licensed Weight Management Program⁶² that addresses lifestyle change through physical fitness, balanced diet, and personal health education. To enroll, participants must: <ul style="list-style-type: none"> - be over the age of five - have a BMI ≥ 30 kg/m² or a BMI ≤ 18.5 kg/m² (adults); BMI in the overweight or underweight category (children) complete the WM Agreement Form with their primary care provider <p>Behavioral Assessment/Intervention 96150-96154, G0473</p> <p>Nutritional Consultation & Therapy G0270, S9470</p> <ul style="list-style-type: none"> - Intensive nutritional education/counseling services (G0270, S9470)⁶³ are available only to children and pregnant women by physician referral. 	<p>COVERAGE may include:</p> <p>Xenical, Belviq, Contrave</p> <ul style="list-style-type: none"> - Prior authorization is required. Coverage criteria for consideration include BMI ≥ 40 kg/m² (BMI ≥ 35 kg/m² with a comorbidity) and documented weight loss failure with diet and exercise alone. <p><i>Note: DHW generally excludes coverage for weight loss products (except lipase inhibitors) and amphetamines used for weight loss.</i></p> <tr> <th data-bbox="730 792 1367 862">Bariatric Surgery</th> <td data-bbox="730 862 1367 1437"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure. - Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital. </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure. - Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital.
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure. - Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital. 		



Adults with obesity: **29%** ³

Adults with diabetes: **7%** ³

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

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

Resources & Contacts:

Idaho Department of Health & Welfare

Phone: 208-334-5500

Idaho Medicaid Program

Phone: 302-255-9500

Idaho Physical Activity & Nutrition Program

Phone: 208-334-5788


ILLINOIS

Department of Healthcare & Family Services (DHFS) ^{64, 65, 66, 67}

Assessment & Counseling	Pharmacotherapy			
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401[†], 99385-99387*, 99395-99397*</p> <ul style="list-style-type: none"> - HFS covers preventive services for adult participants. Health education and nutrition services are considered components of the preventive service encounter and cannot be billed separately. - Maximum of 3 visits payable over a six-month period unless improvement in BMI percentile is evident - Weight management visit cannot be billed on the same day as a Preventive Medicine visit. <p>Behavioral Assessment/Intervention 96150-96154</p> <p>Nutritional Consultation & Therapy None</p> <p><i>NOTE: Preventive, treatment and follow-up services are covered for children (2-20 years) whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</i></p> <p><i>*Add-on service payable only to PCP or affiliate within the same group.</i></p> <p><i>†Reimbursable only to approved facilities.</i></p>	<p>NOT COVERED</p> <p>IL Medicaid explicitly <u>excludes</u> coverage for weight loss drugs.</p> <tr> <th data-bbox="728 553 1365 621">Bariatric Surgery</th> <td data-bbox="728 621 1365 1424"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when physician determines that obesity is exogenous in nature, endocrine disorders have been ruled out, and the recipient has BMI ≥ 40 kg /m² (or ≥ 35 kg /m² with complications) with no success from other therapies. - Must provide medical documentation of review systems, comorbidities, patient weight loss attempts, psychiatric evaluation indicating the patient is an appropriate candidate for the procedure, and nutritional counseling </td> <td data-bbox="1365 326 2003 1424"> <div data-bbox="1549 305 1818 565" data-label="Image"> </div> <p>Adults with obesity: 29% ³ Adults with diabetes: 9% ³</p> <p>19% of residents covered by Medicaid/CHIP \$17.0 billion in total Medicaid spending (2015)</p> <p>63% enrolled in managed care ⁴ 25% enrolled in fee-for-service 12% enrolled in primary care case management</p> <p>Resources & Contacts:</p> <p>IL Dept. of Healthcare & Family Services Phone: 217-782-1200</p> <p>IL Public Health Institute Phone: 312-850-4744</p> <p>IL Department of Insurance Phone: 312-814-2420</p> </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when physician determines that obesity is exogenous in nature, endocrine disorders have been ruled out, and the recipient has BMI ≥ 40 kg /m² (or ≥ 35 kg /m² with complications) with no success from other therapies. - Must provide medical documentation of review systems, comorbidities, patient weight loss attempts, psychiatric evaluation indicating the patient is an appropriate candidate for the procedure, and nutritional counseling 	<div data-bbox="1549 305 1818 565" data-label="Image"> </div> <p>Adults with obesity: 29% ³ Adults with diabetes: 9% ³</p> <p>19% of residents covered by Medicaid/CHIP \$17.0 billion in total Medicaid spending (2015)</p> <p>63% enrolled in managed care ⁴ 25% enrolled in fee-for-service 12% enrolled in primary care case management</p> <p>Resources & Contacts:</p> <p>IL Dept. of Healthcare & Family Services Phone: 217-782-1200</p> <p>IL Public Health Institute Phone: 312-850-4744</p> <p>IL Department of Insurance Phone: 312-814-2420</p>
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INDIANA

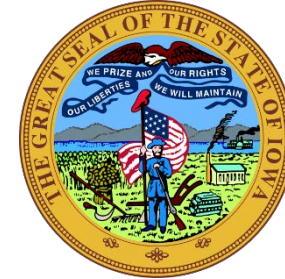
Office of Medicaid Policy & Planning (OMPP) ^{68, 69, 70}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p><i>Adult preventive and obesity treatment services were not mentioned.</i></p> <p>Preventive Counseling 99401, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention S9446</p> <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Coverage for dietary counseling only for ages 0-21 w/ prior authorization <p><u>NOTE:</u> <i>Additional home-health nursing services—skilled and non-skilled care—may be covered for patients with severe obesity pending prior authorization.</i></p> <p><u>NOTE:</u> <i>Preventive, treatment and follow-up services—including dietary counseling, nutrition education, and laboratory services—are covered for children whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</i></p>	<p>NOT COVERED</p> <p>IN Medicaid explicitly <u>excludes</u> coverage for anorectics or any agent used to promote weight loss.</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 33% ³ Adults with diabetes: 10% ³</p> <p>19% of residents covered by Medicaid/CHIP \$9.3 billion in total Medicaid spending (2015)</p> <p>79% enrolled in managed care 21% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Family & Social Services Administration Phone: 1-800-457-8283</p> <p>Indiana Health Weight Initiative Phone: 317-233-7726</p> <p>Indiana Medicaid Phone: 800-457-4584</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Adults between 18 and 65 years of age must have a BMI ≥ 40 kg/m² that has persisted for at least five years, documentation of failed weight loss/maintenance through non-surgical therapies, a psychiatric evaluation noting any contraindications to the procedure. - Adolescents (< 18 years) must meet additional criteria; see Medical Policy Manual. 	

IOWA

Department of Human Services (DHS) ^{71, 72, 73, 74, 75}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Routine physical examinations and preventive services are covered for adults (age 21+). <p>Behavioral Assessment/Intervention 96150-96155</p> <ul style="list-style-type: none"> - Health home services—including comprehensive care management/coordination, health promotion, and referral to community/social support services—may be covered for patients with obesity and another chronic condition (or serious mental illness). <p>Nutritional Consultation & Therapy S9470</p> <ul style="list-style-type: none"> - Licensed dietitians employed by or under contract with physicians may provide nutritional screening and counseling services to recipients age 20 and under. 	<p>NOT COVERED</p> <p>IA Medicaid explicitly <u>excludes</u> coverage for weight-loss drugs.</p> <tr> <th data-bbox="728 646 1362 717">Bariatric Surgery</th> <td data-bbox="728 717 1362 1430"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required - Must have BMI \geq 35 with a comorbid condition to be considered for coverage - The Iowa Medicaid Enterprise (IME) Medical Services unit will determine medical necessity of procedure based on: <ul style="list-style-type: none"> o Procedure type and location o Age and diagnosis of recipient o History and chief complaint (includes symptoms and duration of presenting problem) o Preadmission treatment and outpatient studies performed </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required - Must have BMI \geq 35 with a comorbid condition to be considered for coverage - The Iowa Medicaid Enterprise (IME) Medical Services unit will determine medical necessity of procedure based on: <ul style="list-style-type: none"> o Procedure type and location o Age and diagnosis of recipient o History and chief complaint (includes symptoms and duration of presenting problem) o Preadmission treatment and outpatient studies performed
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Adults with obesity: **31%** ³
Adults with diabetes: **8%** ³

17% of residents covered by Medicaid/CHIP
\$4.6 billion in total Medicaid spending (2015)

96% enrolled in managed care
4% enrolled in fee-for-service ⁴

Resources & Contacts:

Iowa Department of Human Services
Phone: 515-281-6899

Iowa Health Link
Phone: 515-256-4606

Iowa Department of Public Health
Phone: 515-281-7689




KANSAS

Kansas Department of Health & Environment (KDHE) ^{76, 77, 78, 79}

Assessment & Counseling	Pharmacotherapy			
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - The Kansas Medical Assistance Program (KMAP) covers preventive health services for adult beneficiaries in accordance with USPSTF recommendations. - Specific coverage criteria for adult obesity treatment services were not found; services may only be reimbursable to local educational agencies. <p>Behavioral Assessment/Intervention 96150, S0315-S0316[†]</p> <p>Nutritional Consultation & Therapy S9470*, 97802-97803</p> <p>[†] Covered only for beneficiaries enrolled in the Diabetes Management Home Health Service Plan</p> <p>*Prenatal nutritional counseling provided by a registered dietician (S9470) is covered only when beneficiary is referred by RN or obstetrical care provider.</p>	<p>COVERAGE may include:</p> <p>Saxenda, Xenical, Alli, Belviq, Contrave ER, Adipex-P, Qsymia</p> <ul style="list-style-type: none"> - Prior authorization is required; see approval criteria.⁸⁰ <p><u>Note:</u> KMAP excludes weight reduction medications other than those requiring PA.</p> <tr> <th data-bbox="728 683 1362 753">Bariatric Surgery</th> <td data-bbox="728 753 1362 1432"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Adults (age 18+) must have a BMI > 40 kg/m² (or > 35 with a comorbidity) that has persisted for at least two years and documented previous weight-loss attempts without long-term success. - Beneficiary must participate in physician-supervised nutrition and exercise program OR multi-disciplinary surgical preparatory regimen prior to surgery. - Sleep studies and polysomnography are covered for bariatric surgery candidates. <p><u>Note:</u> Additional coverage criteria apply for children and adolescents.</p> </td> <td data-bbox="1362 256 2005 1432"> <div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 31%³ Adults with diabetes: 10%³</p> <p>13% of residents covered by Medicaid/CHIP \$3.0 billion in total Medicaid spending (2015)</p> <p>95% enrolled in managed care 5% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Kansas Medicaid (KanCare) Phone: 1-866-305-5147</p> <p>Department of Health & Environment Phone: 785-296-1500</p> <p>Division of Healthcare Finance Phone: 785-296-3512</p> </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Adults (age 18+) must have a BMI > 40 kg/m² (or > 35 with a comorbidity) that has persisted for at least two years and documented previous weight-loss attempts without long-term success. - Beneficiary must participate in physician-supervised nutrition and exercise program OR multi-disciplinary surgical preparatory regimen prior to surgery. - Sleep studies and polysomnography are covered for bariatric surgery candidates. <p><u>Note:</u> Additional coverage criteria apply for children and adolescents.</p>	<div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 31%³ Adults with diabetes: 10%³</p> <p>13% of residents covered by Medicaid/CHIP \$3.0 billion in total Medicaid spending (2015)</p> <p>95% enrolled in managed care 5% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Kansas Medicaid (KanCare) Phone: 1-866-305-5147</p> <p>Department of Health & Environment Phone: 785-296-1500</p> <p>Division of Healthcare Finance Phone: 785-296-3512</p>
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KANSAS MEDICAID: MANAGED CARE PLANS

3 plans total | 363,316 enrollees (2013⁸¹)

Amerigroup Kansas, Inc. (166,655 enrollees)	Sunflower State Health Plan (133,426 enrollees)	UnitedHealthcare Community Plan (113,235 enrollees)
		
<p>In addition to standard KMAP services, Amerigroup Kansas covers:</p> <p><u>Value-Added Benefits</u></p> <p><i>Disease Management Centralized Care Unit:</i> Providers can refer patients with multiple chronic conditions (including obesity) to DMCCU for additional education/care management support.</p> <p><i>Weight Watchers:</i> Beneficiaries are eligible for a voucher covering initiation fees and four weeks of classes.</p> <p><u>Pharmacotherapy</u> Complete prior authorization for: Adipex-P, Xenical, Alli, Belviq, Qsymia, Saxenda</p> <p><u>Bariatric Surgery</u> Pre-certification request is required. See the medical policy for coverage criteria.</p> <p><u>Resources</u> Phone: 877-434-7579</p> <p>Provider Manual Provider Quick Reference</p>	<p>In addition to standard KMAP services, Sunflower Health Plan covers:</p> <p><u>Value-Added Benefits</u></p> <p><i>Healthy Solutions for Life:</i> Weight management program offered to at-risk adult beneficiaries.</p> <p><i>Choose Health:</i> Members with chronic conditions are assigned a Health Coach who collaborates with their healthcare team.</p> <p><u>Pharmacotherapy</u> See coverage criteria for prior authorization of: Xenical, Alli, Belviq, Qsymia, Bontril PDM, Adipex-P, Contrave, Saxenda, benzphetamine, diethylpropion</p> <p><u>Bariatric Surgery</u> Complete prior authorization for inpatient or outpatient procedure.</p> <p><u>Resources</u> Phone: 877-644-4623</p> <p>Provider Manual Quick Reference Guide</p>	<p>In addition to standard KMAP services, UHC Community Plan of Kansas covers:</p> <p><u>Value-Added Benefits</u></p> <p><i>Weight Watchers:</i> Beneficiaries are eligible for a 3-month program membership to attend local meetings.</p> <p><i>Health4Me:</i> Smartphone application designed to help members manage their health.</p> <p><i>Care Coordination/Management:</i> Offers obesity management/bariatric surgery programs and lifestyle interventions.</p> <p><u>Pharmacotherapy</u> Complete prior authorization according to KMAP coverage guidelines.</p> <p><u>Bariatric Surgery</u> Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 877-542-9235</p> <p>Provider Guide Community Rewards Program</p>

KENTUCKY

Cabinet for Health & Family Services (CHFS) ^{82, 83, 84, 85}


Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404*, 99411-99412* 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - CHFS covers annual adult preventive health visits, including weight assessment and follow-up visits/referrals for counseling on nutrition and physical activity. - Obesity prevention counseling* is reimbursable when provided by entities in an Interagency Agreement with the Department for Public Health. <p>Behavioral Assessment/Intervention 96150-96153</p> <p>Nutritional Consultation & Therapy 97802-97804[†]</p> <ul style="list-style-type: none"> - Medical nutrition therapy[†] is reimbursable when provided by a registered dietician or certified nutritionist in a clinic setting.⁸⁶ <p><u>NOTE:</u> <i>As of March 2017, the Commonwealth of Kentucky awaits decision from CMS regarding a 5-year Section 1115 waiver for its proposed Kentucky HEALTH demonstration project.</i></p>	<p>NOT COVERED</p> <p>KY Medicaid explicitly <u>excludes</u> coverage for drugs used for anorexia, weight loss, or weight gain</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 32% ³ Adults with diabetes: 11% ³</p> <p>22% of residents covered by Medicaid/CHIP \$9.5 billion in total Medicaid spending (2015)</p> <p>91% enrolled in managed care 9% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Cabinet for Health & Family Services Phone: 800-372-2973</p> <p>Kentucky Department of Insurance Phone: 502-564-6088</p> <p>Partnership for a Fit Kentucky Kentucky Department of Public Health Phone: 502-564-3827</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Bariatric Surgery will be covered only if it is medically necessary and prior authorized. <p><u>Note:</u> <i>Services for the treatment of obesity (including gastroplasty and gastric stapling) are generally not covered by KY Medicaid.</i></p>	

LOUISIANA

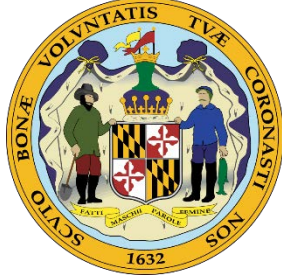
Department of Health & Hospitals (DHH) ^{87, 88, 89}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention 96150-96155[†]</p> <p>Through Medicaid expansion, DHH covers counseling risk factor reduction and behavioral change intervention services provided separately from the preventive medicine examination.</p> <ul style="list-style-type: none"> - Limitations apply to adult preventive counseling provided as an E/M service (99385-97). 	<p>COVERAGE may include:</p> <p>LA Medicaid does not reimburse for anorexics other than orlistat (<i>Xenical, Alli</i>).</p> <p>Prior authorization is required.</p> <ul style="list-style-type: none"> - Patient is 12+ years of age and has a BMI \geq 27 kg/m² with other risk factors. - Prescription indicates 30-day supply with no refills; maximum of 90 capsules. - See the approval guidelines for additional coverage criteria. 	<div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 35% ³ Adults with diabetes: 10% ³</p> <p>20% of residents covered by Medicaid/CHIP \$8.1 billion in total Medicaid spending (2015)</p> <p>70% enrolled in managed care 30% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Department of Health & Hospitals Phone: 225-342-9500</p> <p>Council on Physical Fitness & Sports Phone: 225-342-4886</p> <p>Louisiana Department of Insurance Phone: 800-259-5300</p>	
<p>Nutritional Consultation & Therapy S9470, 97802-97804[†]</p> <ul style="list-style-type: none"> - Medical nutritional therapy (S9470) is payable only for children (< 21 years) and must be provided by a registered dietician - [†] These services are payable for Medicare/Medicaid (dual-eligible) recipients only. 	<th data-bbox="728 789 1362 857">Bariatric Surgery</th> <td data-bbox="1362 789 2003 1429"></td>		Bariatric Surgery
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only after a comprehensive and sustained program of diet and exercise with or without pharmacologic measures has been unsuccessful over time. - Physician letter documenting medical necessity and confirmatory evidence of comorbid condition(s) must accompany the PA request. - Photographs must be submitted with the request for consideration of bariatric surgery. 		

MAINE
Office of MaineCare Services (OMS) ^{90, 91, 92}


Assessment & Counseling	Pharmacotherapy	 Adults with obesity: 28% ³ Adults with diabetes: 8% ³ 23% of residents covered by Medicaid/CHIP \$2.6 billion in total Medicaid spending (2015) FFS/PCCM enrollment: <i>Not Reported</i> ⁴ Resources & Contacts: Office of MaineCare Services Phone: 207-287-2674 Maine Bureau of Insurance Phone: 207-624-8475 ME Physical Activity & Nutrition Program Phone: 207-287-7108
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - MaineCare covers preventive services for members of all ages, including annual physical exams for adults. - Members with obesity or overweight may be eligible for comprehensive services provided through a Health Home. - Health club memberships (e.g. YMCA) are not covered by MaineCare. <p>Behavioral Assessment/Intervention 96150-96154</p> <p>Nutritional Consultation & Therapy 97802-97803, G0270-G0271</p> <ul style="list-style-type: none"> - Medical nutritional therapy listed as reimbursable code, but coverage criteria/limits not found 	<p>NOT COVERED</p> <p>ME Medicaid explicitly <u>excludes</u> coverage for anorectics and certain weight-loss drugs.</p> <p><u>Note:</u> <i>PDL indicates that Phentermine and Xenical are no longer covered.</i></p>	
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Surgery must be needed to correct another related condition, such as diabetes or hypertension - Request must be submitted by the surgeon who will be performing the surgery. <p><u>Note:</u> <i>Additional coverage criteria apply for children and adolescents.</i></p>	

MARYLAND
 Department of Health & Mental Hygiene (DHMH) ^{93, 94, 95}

Assessment & Counseling	Pharmacotherapy	 Adults with obesity: 30% ³ Adults with diabetes: 9% ³ 15% of residents covered by Medicaid/CHIP \$9.6 billion in total Medicaid spending (2015) 80% enrolled in managed care 20% enrolled in fee-for-service ⁴ Resources & Contacts: Department of Health & Mental Hygiene Phone: 401-767-6500 Maryland Insurance Administration Phone: 410-468-2000 Maryland HealthChoice Phone: 877-634-6361
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Coverage for adult preventive and treatment services is not explicitly mentioned beyond the fee schedule. - HealthChoice Provider Manual indicates that diet and exercise programs for weight loss are non-covered, except when medically necessary <p>Behavioral Assessment/Intervention 96150-96152</p> <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Nutritional counseling is covered only as an EPSDT or prenatal service. 	<p style="text-align: center;">NOT COVERED</p> <ul style="list-style-type: none"> - Neither state nor MCOs cover prescriptions or injections for central nervous system stimulants and anorectic agents when used for controlling weight 	
	<p style="text-align: center;">Bariatric Surgery</p>	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Providers must submit a Preauthorization Request Form for Physician Services (DHMH-4523) in writing. - Providers must also attach supporting documentation that includes: <ul style="list-style-type: none"> o Complete narrative justification of the procedure(s) o Brief history/physical examination o Result of pertinent ancillary studies, medical evaluations, and consultations 	

MASSACHUSETTS

Executive Office of Health & Human Services (EOHHS) ^{96, 97, 98}


Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - General preventive counseling services for adults are mentioned only in the context of family planning services. <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy G0270-G0271</p> <ul style="list-style-type: none"> - Medical nutrition therapy indicated as reimbursable code on Fee Schedule, but not mentioned elsewhere <p><i>NOTE: Adult preventive counseling, nutritional therapy, and behavioral intervention services for obesity are not explicitly mentioned.</i></p> <ul style="list-style-type: none"> - Hospital-licensed outpatient and community-health centers must be able to provide health education and nutrition services to MassHealth members. <p><i>NOTE: Regardless of non-payable status, a physician may request prior authorization for any medically necessary service for a MassHealth member younger than 21 years of age.</i></p>	<p>NOT COVERED</p> <p>MassHealth explicitly <u>excludes</u> coverage of any drug used for the treatment of obesity</p>	 <p>Adults with obesity: 23% ³ Adults with diabetes: 9% ³</p> <p>23% of residents covered by Medicaid/CHIP \$15.6 billion in total Medicaid spending (2015)</p> <p>54% enrolled in managed care 26% enrolled in primary care case management 20% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>MassHealth (Medicaid & CHIP) Phone: 800-841-2900</p> <p>MA Department of Public Health Phone: 617-624-6000</p> <p>Office of Health & Human Services Phone: 617-573-1600</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Surgery must be performed under guidance of multidisciplinary team. - Provider must rule out metabolic causes of member's obesity. - Member must have BMI > 40 kg/m² (>35 w/ comorbidity) for at least 5 years, be at least 18 years of age, complete pre-operative care plan, have no evidence of active substance abuse, and have no contraindications to the procedure. 	

MICHIGAN

Department of Health & Human Services (MDHHS) ^{99, 100, 101}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Effective July 1, 2016, MDHHS implemented a primary care health home benefit called the MI Care Team for beneficiaries with comorbid physical and behavioral health conditions. - Includes connection of beneficiary to nutritional counseling and obesity prevention/reduction. <p>Behavioral Assessment/Intervention None</p> <ul style="list-style-type: none"> - MDHHS policy covers obesity treatment when done to control life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity or weight reduction/maintenance alone. - Physician must request prior authorization documenting that conservative measures to control weight and manage complications have failed (include medical history, past and current treatments/results, etc.) <p>Nutritional Consultation & Therapy None</p> <p><i>NOTE: MDHHS covers trauma-related services under the EPSDT benefit (noting that adverse childhood experiences are related to obesity in adulthood).</i></p>	<p>COVERAGE may include:</p> <p>Xenical (<i>orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required. - Must document current medical status, current therapies/treatments, accurate BMI, and confirmation that there are no medical contraindications to medication - Must include details of previous weight loss attempts (at least two failed physician-supervised attempts are required) <tr> <th data-bbox="730 802 1367 872">Bariatric Surgery</th> </tr> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - PA must include a psychiatric evaluation of the beneficiary's willingness/ability to alter their lifestyle following surgical intervention. - If the request is approved, the provider receives an authorization letter for the service, including billing instructions. - A copy of the authorization letter must be attached to all claims submitted to MDCH for weight reduction services. 	Bariatric Surgery	<div data-bbox="1549 305 1818 565" data-label="Image"> </div> <p>Adults with obesity: 31% ³ Adults with diabetes: 9% ³</p> <p>19% of residents covered by Medicaid/CHIP \$15.9 billion in total Medicaid spending (2015)</p> <p>75% enrolled in managed care 25% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Department of Health & Human Services Phone: 517-373-3740</p> <p>Insurance & Financial Services (DIFS) Phone: 517-284-8800</p> <p>Primary Care & Public Health Phone: 800-292-2550</p>
Bariatric Surgery			

MINNESOTA
 Department of Human Services (DHS) ^{102, 103, 104}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may <u>include</u>:</p> <p>Preventive Counseling 99401-99404, 99411-99412 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention 96150-96154, 98960-98962, 99078</p> <ul style="list-style-type: none"> - MHCP covers physician visits, medical nutritional therapy, mental health services, and laboratory work provided for weight management on a component basis. - Recipients participating in a weight loss program may be billed for non-covered components of the program if the recipient is informed of charges in advance. 	<p>NOT COVERED</p> <ul style="list-style-type: none"> - MN Medicaid typically excludes coverage of drugs used to promote weight loss; Xenical is indicated only for the treatment of hyperlipidemia - Desoxyn will not be approved for treatment of obesity 	 <p>Adults with obesity: 28% ³ Adults with diabetes: 8% ³</p>
<p>Nutritional Consultation & Therapy S9470*, 97802-97804, G0270-G0271, G0438-G0439</p> <ul style="list-style-type: none"> - *MHCP reimburses dietician or nutritionist services only when prescribed by a physician and provided in an office or outpatient setting. <p><i><u>NOTE:</u> MHCP does not cover weight loss services on a program basis, nutritional supplements/foods for weight reduction, exercise classes, health club memberships, instructional materials/books, motivational classes, services provided by non-MHCP providers, or counseling that is already paid as part of the physician's covered services.</i></p>	<p align="center">Bariatric Surgery</p> <p>COVERAGE may <u>include</u>:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Recipient must: have a BMI > 40 kg/m² (or > 35 with a comorbidity) that has persisted for at least two years; have made at least one medically-supervised attempt (6-month duration) to lose weight; and have no medical or psychiatric contraindications to the procedure. <p><i><u>NOTE:</u> See guidelines for full criteria. Patients not meeting these criteria may be considered for approval on a case-by-case basis.</i></p>	<p>14% of residents covered by Medicaid/CHIP \$10.9 billion in total Medicaid spending (2015)</p> <p>75% enrolled in managed care 25% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Department of Human Services Phone: 651-296-6117</p> <p>Minnesota Department of Health Phone: 651-201-5000</p> <p>Minnesota Health Care Programs Phone: 651-431-2670</p>

MISSISSIPPI
Division of Medicaid (DOM) ^{105, 106, 107}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - DOM covers annual health screenings/physical examinations for adults (21+). - Annual cardiovascular screening (cholesterol, lipids, triglyceride levels) and diabetes screening (labs and urine studies) will be reimbursed separately if performed during the exam. - DOM will not cover maintenance program/services related to the general welfare of the beneficiary, such as exercises to promote fitness and flexibility, training/conditioning, recreational programs, and holistic treatments. <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy None*</p> <ul style="list-style-type: none"> - *Nutritional counseling is covered for high-risk pregnancies and hospice care only. 	<p>NOT COVERED</p> <p>MS Medicaid explicitly <u>excludes</u> coverage of drugs when used for anorexia, weight loss, or weight gain.</p> <tr> <th data-bbox="728 836 1365 904">Bariatric Surgery</th> <td data-bbox="728 904 1365 1430"> <p>NOT COVERED</p> <p>MS Medicaid explicitly <u>excludes</u> gastric surgery—including any technique or procedure for the treatment of obesity or weight control—regardless of medical necessity.</p> </td> </tr>	Bariatric Surgery	<p>NOT COVERED</p> <p>MS Medicaid explicitly <u>excludes</u> gastric surgery—including any technique or procedure for the treatment of obesity or weight control—regardless of medical necessity.</p>
Bariatric Surgery	<p>NOT COVERED</p> <p>MS Medicaid explicitly <u>excludes</u> gastric surgery—including any technique or procedure for the treatment of obesity or weight control—regardless of medical necessity.</p>		



Adults with obesity: **36%** ³
 Adults with diabetes: **12%** ³

23% of residents covered by Medicaid/CHIP
\$5.2 billion in total Medicaid spending (2015)

70% enrolled in managed care
30% enrolled in fee-for-service ⁴

Resources & Contacts:

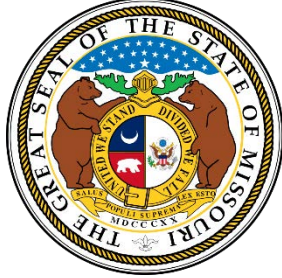
Mississippi Insurance Department
 Phone: 601-359-3569

Mississippi State Department of Health
 Phone: 601-576-7400

Mississippi Division of Medicaid
 Phone: 601-359-6050

MISSOURI

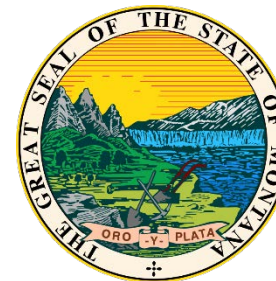
Department of Social Services (DSS) 108, 109, 110, 111

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99402[†], 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention 96150-96154*, 98960[†], S0315-S0316</p> <ul style="list-style-type: none"> - The treatment of obesity is noncovered unless the treatment is an integral and necessary part of a course of treatment for a concurrent or complicating medical condition. - Individuals with a BMI > 25 kg/m² and another chronic condition may be eligible for MO Primary Care Health Home (PCHH) services. - Covers lifestyle interventions for obesity management, including nutritional counseling and physical activity promotion - Health and behavior assessment/intervention (HBAI) services are covered only when the participant has a referral from a healthcare provider - Must indicate that biopsychosocial factors are affecting treatment of an underlying physical illness or injury. - Additional eligibility criteria may apply. <p>Nutritional Consultation & Therapy None</p> <p>[†] Requires prior authorization *Billable only when provided by a licensed social worker or clinical psychologist.</p>	<p>NOT COVERED</p> <ul style="list-style-type: none"> - MO Medicaid typically excludes coverage of drugs used to promote weight loss - Xenical is on prior authorization list, but indicated only for treatment of dyslipidemia <p style="text-align: center;">Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Participant must have a BMI > 40 kg/m² or a BMI > 35 with a comorbid condition (diabetes, hypertension, CVD, CKD). - Participant must be a non-smoker/tobacco user or provide evidence of cessation. - Primary diagnosis must be for a complicating medical condition; claims should reflect obesity as a secondary diagnosis. <p><u>Note:</u> Refer to the Physician Manual (Section 8) to review MHD's prior authorization policy.</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 30%³ Adults with diabetes: 10%³</p> <p>13% of residents covered by Medicaid/CHIP \$9.6 billion in total Medicaid spending (2015)</p> <p>51% enrolled in managed care 49% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Missouri Department of Social Services MO HealthNet Division Phone: 573-751-3425</p> <p>Missouri Department of Insurance Phone: 573-751-4126</p> <p>Department of Health & Senior Services Phone: 573-751-6400</p>

MONTANA

Department of Public Health & Human Services (DPHHS) ^{112, 113, 114}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may <u>include</u>:</p> <p>Preventive Counseling 99401-99404, 99411-99412, G0438-G0439, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention G0447, G0473, 96150-96155</p> <ul style="list-style-type: none"> - Physicians and mid-level practitioners who counsel and monitor clients on weight reduction programs can be reimbursed for those services: - Patient must have a BMI > 30 kg/m² - Services must be performed by the PCP and should be provided in a manner consistent with the 5-A framework - Group classes must contain at least 2 individuals - Medicaid will also cover lab work when medical necessity is documented. - Nutritional counseling services are not covered for adults. <p>Nutritional Consultation & Therapy 97802-97804*, G0270-G0271*</p> <p><u>NOTE</u>: Medicaid does not cover weight reduction plans/programs (e.g., Jenny Craig, Weight Watchers), nutritional/dietary supplements, health club memberships, or educational services of nutritionists.</p> <p><u>NOTE</u>:*Covered for members < 21 years of age with a physician (Passport) referral.</p>	<p>NOT COVERED</p> <p>MT Medicaid explicitly <u>excludes</u> coverage of drugs prescribed for weight reduction.</p> <tr> <th data-bbox="730 836 1367 906">Bariatric Surgery</th> <td data-bbox="730 906 1367 1424"> <p>NOT COVERED</p> <p>MN Medicaid explicitly <u>excludes</u> gastric bypass surgery and weight-loss surgery for adults.</p> <p><u>NOTE</u>: Bariatric surgery may be covered for some individuals (< 21 years of age) with full Medicaid.</p> </td> </tr>	Bariatric Surgery	<p>NOT COVERED</p> <p>MN Medicaid explicitly <u>excludes</u> gastric bypass surgery and weight-loss surgery for adults.</p> <p><u>NOTE</u>: Bariatric surgery may be covered for some individuals (< 21 years of age) with full Medicaid.</p>
Bariatric Surgery	<p>NOT COVERED</p> <p>MN Medicaid explicitly <u>excludes</u> gastric bypass surgery and weight-loss surgery for adults.</p> <p><u>NOTE</u>: Bariatric surgery may be covered for some individuals (< 21 years of age) with full Medicaid.</p>		



Adults with obesity: **26%** ³

Adults with diabetes: **8%** ³

16% of residents covered by Medicaid/CHIP
\$1.1 billion in total Medicaid spending (2015)

71% enrolled in primary care case management
29% enrolled in fee-for-service ⁴

Resources & Contacts:

Dept. of Public Health & Human Services
Phone: 406-444-5622

Office of the Montana State Auditor
Commissioner of Securities & Insurance
Phone: 406-444-2040

Montana Healthcare Programs
Phone: 800-362-8312

NEBRASKA

Department of Health & Human Services (DHHS) ^{115, 116, 117}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Preventive services are only covered through EPSDT and for adult annual GYN or DD exams (copay required). <p>Behavioral Assessment/Intervention None</p> <ul style="list-style-type: none"> - NMAP will not make payment for services provided when the sole diagnosis is "obesity". - Routine physical exams and weight control programs for adults are not covered. - Services may be covered when they are an integral and necessary part of a course of treatment for another serious medical condition. <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - Beginning in 2018, NE will add medical nutritional therapy as a covered preventive service <p><i>NOTE: Additional services may be covered for Heritage Health plan members under the managed care benefits package.</i></p>	<p>NOT COVERED</p> <p>NMAP explicitly <u>excludes</u> coverage of drugs or items recommended for weight control and/or appetite suppression.</p> <tr> <th data-bbox="728 716 1362 784">Bariatric Surgery</th> <td data-bbox="728 784 1362 1432"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity. <p><i>Note: Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.</i></p> </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity. <p><i>Note: Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.</i></p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity. <p><i>Note: Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.</i></p>		



Adults with obesity: **30%** ³
Adults with diabetes: **8%** ³

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

77% enrolled in managed care
23% enrolled in fee-for-service ⁴

Resources & Contacts:


Department of Health & Human Services
Phone: 402-471-3121

DHHS ACCESSNebraska
Phone: 855-632-7633

Nebraska Department of Insurance
Phone: 402-471-2201

NEVADA

Department of Health & Human Services (DHHS) 118, 119, 120

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401*, 99385-99387, 99395-99397, G0438-G0439</p> <ul style="list-style-type: none"> - *Covered as a family planning service only. - NV Medicaid covers healthy diet counseling and obesity screening/counseling for adults as part of an office visit, hospital visit or global fee—these services may not be billed separately. <p>Behavioral Assessment/Intervention G0447, 96150-96154, 98960-98962</p> <p>Nutritional Consultation & Therapy None</p> <p><u>NOTE:</u> <i>Nutritional services and home delivered meals are separately reimbursable only for adults with developmental disabilities.</i></p>	<p>NOT COVERED</p> <p>NV Medicaid explicitly <u>excludes</u> coverage of pharmaceutical agents used for weight loss.</p>	
	<p>Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Benefit includes the initial work-up, surgical procedure, and routine post-surgical follow-up care. - Procedure is indicated for recipients aged 21-55 years with a BMI ≥ 35 kg/m² and waist circumference > 40 in. (men)/> 35 in. (women) for whom previous weight reduction therapies have failed. - Candidates should have disabling obesity-related comorbidities, indicate a strong desire for substantial weight loss, be well-informed and motivated, demonstrate commitment to lifestyle change, and have no physiological or psychological contraindications to the procedure. 	




NEW HAMPSHIRE
 Department of Health & Human Services (DHHS) ^{121, 122, 123}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412 99385-99387*, 99395-99397*</p> <ul style="list-style-type: none"> - *Billable a maximum of once per year. - Fee schedule indicates reimbursement for obesity-specific preventive medicine codes; limits not specified <p>Behavioral Assessment/Intervention 96150-96155</p> <p>Nutritional Consultation & Therapy G0270-G0271</p>	<p>COVERAGE may include:</p> <p>Belviq*, Contrave*, Qsymia*, Alli</p> <ul style="list-style-type: none"> - Prior authorization is required. - Members enrolled in the <i>Well Sense Health Plan</i> should see approval guidelines for full coverage criteria. <p><u>NOTE:</u> Copays may apply regardless of approval.</p> <p>*Indicates PDL (preferred) medication.</p>	<div data-bbox="1533 300 1816 576" data-label="Image"> </div> <p>Adults with obesity: 27% ³ Adults with diabetes: 8% ³</p> <p>13% of residents covered by Medicaid/CHIP \$1.7 billion in total Medicaid spending (2015)</p> <p>96% enrolled in managed care 4% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Department of Health & Human Services Phone: 603-271-4331</p> <p>Division of Public Health Services <i>Nutrition & Physical Activity</i> Phone: 603-271-4628</p> <p>New Hampshire Insurance Department Phone: 603-271-2261</p>
<ul style="list-style-type: none"> - New Hampshire Medicaid generally <u>excludes</u> coverage for dietary services including commercial weight loss, nutritional counseling, and exercise programs. - Medical nutrition therapy assessment/intervention is included as a covered service for members enrolled in managed care; service authorization (SA) required to bill for more than 60 minutes per year. 	<p align="center">Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; follows Milliman © Criteria - In addition to meeting standard approval criteria, adult members must attend support group to learn about bariatric surgery from other patients. 	

NEW JERSEY
Department of Human Services (DHS) 124, 125, 126

Assessment & Counseling	Pharmacotherapy				
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - The Division of Medical Assistance and Health Services (DMAHS) capitation payments include coverage for adult primary care services, preventive care services, nutritional counseling, and postpartum services. <p>Behavioral Assessment/Intervention G0447*, G0473, 96150-96155</p> <ul style="list-style-type: none"> - Weight reduction programs and dietary supplements—except for surgical operations, procedures, or obesity treatments approved by the managed care contractor—are not covered for NJ FamilyCare enrollees. - *Services provided by MCO; not included on fee-for-service schedule. <p>Nutritional Consultation & Therapy 97802-97803</p> <p><u>NOTE:</u> MCOs may choose to cover weight-loss programs as valued-added services, but these services are not covered by NJ Medicaid.</p>	<p>COVERAGE may include:</p> <p>NJ FamilyCare excludes coverage for antiobesics and anorexiant other than lipase inhibitors</p> <ul style="list-style-type: none"> - Prior authorization is required. - Coverage for lipase inhibitors is limited to individuals with a BMI ≥ 27 kg/m² with hypertension, diabetes, and/or dyslipidemia (BMI > 30 without comorbidity). <p><i>See: New Jersey Medicaid. N.J.A.C. 10:51-1.13: Pharmaceutical Services</i></p> <tr> <th colspan="2" data-bbox="728 837 1362 906" style="text-align: center;">Bariatric Surgery</th> <td data-bbox="1362 326 1999 1425" rowspan="2"> <div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>18% of residents covered by Medicaid/CHIP \$14.2 billion in total Medicaid spending (2015)</p> <p>95% enrolled in managed care 5% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>New Jersey Department of Health Phone: 800-367-6543</p> <p>Division of Medical Assistance & Health Services (NJ FamilyCare) Phone: 800-356-1561</p> <p>Department of Banking & Insurance Phone: 609-292-5360</p> </td> </tr> <tr> <td data-bbox="728 906 1362 1425"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Surgical operations, procedures, or treatment of obesity shall not be covered except when specifically approved by the HMO. <p><u>NOTE:</u> Coverage for bariatric surgery at the discretion of MCOs; all MCO's reviewed indicate coverage (criteria vary)</p> </td> </tr>	Bariatric Surgery		<div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>18% of residents covered by Medicaid/CHIP \$14.2 billion in total Medicaid spending (2015)</p> <p>95% enrolled in managed care 5% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>New Jersey Department of Health Phone: 800-367-6543</p> <p>Division of Medical Assistance & Health Services (NJ FamilyCare) Phone: 800-356-1561</p> <p>Department of Banking & Insurance Phone: 609-292-5360</p>	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Surgical operations, procedures, or treatment of obesity shall not be covered except when specifically approved by the HMO. <p><u>NOTE:</u> Coverage for bariatric surgery at the discretion of MCOs; all MCO's reviewed indicate coverage (criteria vary)</p>
Bariatric Surgery		<div data-bbox="1533 297 1818 574" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>18% of residents covered by Medicaid/CHIP \$14.2 billion in total Medicaid spending (2015)</p> <p>95% enrolled in managed care 5% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>New Jersey Department of Health Phone: 800-367-6543</p> <p>Division of Medical Assistance & Health Services (NJ FamilyCare) Phone: 800-356-1561</p> <p>Department of Banking & Insurance Phone: 609-292-5360</p>			
<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Surgical operations, procedures, or treatment of obesity shall not be covered except when specifically approved by the HMO. <p><u>NOTE:</u> Coverage for bariatric surgery at the discretion of MCOs; all MCO's reviewed indicate coverage (criteria vary)</p>					

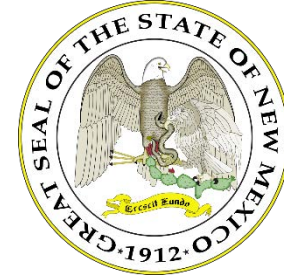
NEW JERSEY MEDICAID: MANAGED CARE PLANS
5 plans total | 1,598,417 enrollees (2015)

<p align="center">UnitedHealthcare Community Plan (373,603 enrollees)</p>	<p align="center">Amerigroup NJ (165,600 enrollees)</p>	<p align="center">Horizon NJ Health (587,529 enrollees)</p>
<p align="center">  </p> <p>In addition to standard Medicaid services, the Community Plan covers:</p> <p><u>Pharmacotherapy</u></p> <p>Pharmacy benefit excludes drugs used for weight loss or appetite suppression. (<i>Qsymia</i> is listed as non-formulary; PA criteria not found)</p> <p><u>Bariatric Surgery</u></p> <p>Prior authorization is required; see coverage determination guidelines.</p> <p><i>Note: As of November 2016, plan offers NJ FamilyCare provider incentive payments for adolescent BMI screenings/documentation (\$10/year for members ages 3-17); include codes 99401-99404; 99411-99412 in claim.</i></p> <p><u>Resources</u> Phone: 1-800-941-4647</p> <p>Provider Administrative Manual Directory of Nutritionists & Dieticians</p>	<p align="center">  </p> <p>In addition to standard Medicaid services, Amerigroup NJ covers:</p> <p><u>Value-Added Benefits</u></p> <p>Amerigroup members may also access health education classes and a 24-hour Nurse HelpLine.</p> <p><u>Pharmacotherapy</u></p> <p>Alli (60 mg) is only drug included in formulary; prior authorization and quantity limits apply.</p> <p><u>Bariatric Surgery</u></p> <p>Coverage criteria are outlined in the Bariatric Surgery Medical Policy.</p> <p><u>Resources</u> Phone: 732-452-6000</p> <p>Provider Manual Nutritionist & Dietician Directory</p>	<p align="center">  </p> <p>In addition to standard Medicaid services, Horizon NJ Health covers:</p> <p><u>Value-Added Benefits</u></p> <p>Care-A-Vans operated by nurses and health educators offer additional health workshops on nutrition, exercise, and child obesity.</p> <p><u>Pharmacotherapy</u></p> <p>Weight-loss drugs are a non-covered pharmacy benefit.</p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 1-877-765-4325</p> <p>Healthcare Professional Manual Medical Policy Manual</p>

NEW MEXICO

Human Services Department (HSD)—*Centennial Care* ^{127, 128, 129}

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling G0438-G0439, 99401-99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - The Alternative Benefit Plan (ABP)—for recipients aged 19-64 years at/below 100% FPL—includes coverage for preventive services, primary care visits, annual physical exams, lifestyle/behavior change counseling, chronic disease management, and nutritional evaluation/counseling for obesity. - These services may not be covered for standard Medicaid recipients (over age 20) but may be provided through an MCO. - ABP recipients may be subject to small co-pays (non-preventive services only) depending on income. <p>Behavioral Assessment/Intervention G0447, 96150-96151, 96153-96154</p> <ul style="list-style-type: none"> - MCOs may choose to cover weight-loss programs as valued-added services, but these services are not covered under any NM Medicaid plan. (see also the Centennial Rewards program) <p>Nutritional Consultation & Therapy* 97802-97804, G0270</p> <ul style="list-style-type: none"> - *Service may be performed by a physician, dietician, or other qualifying practitioner. 	<p>NOT COVERED</p> <p>NM Medicaid <u>excludes</u> coverage of drugs used for weight loss/weight control.</p> <tr> <th data-bbox="728 836 1362 904">Bariatric Surgery</th> <td data-bbox="728 904 1362 1427"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Bariatric surgery services are only covered when medically indicated and alternatives are not successful. - Limited to once per lifetime under ABP; no limitation for full Medicaid if medical necessity is met </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Bariatric surgery services are only covered when medically indicated and alternatives are not successful. - Limited to once per lifetime under ABP; no limitation for full Medicaid if medical necessity is met
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Bariatric surgery services are only covered when medically indicated and alternatives are not successful. - Limited to once per lifetime under ABP; no limitation for full Medicaid if medical necessity is met 		



Adults with obesity: **28%** ³
Adults with diabetes: **10%** ³

27% of residents covered by Medicaid/CHIP
\$4.9 billion in total Medicaid spending (2015)

88% enrolled in managed care
12% enrolled in fee-for-service ⁴




Resources & Contacts:

NM Public Regulation Commission
Phone: 800-947-4722

Human Services Department
Phone: 505-827-3100

New Mexico Department of Health
Phone: 505-827-2619

NEW MEXICO MEDICAID: MANAGED CARE PLANS ^{130,131}
4 plans total | 683,219 enrollees




<p align="center">Molina Healthcare (231,839 enrollees)</p>	<p align="center">Presbyterian Health Plan, Inc. (225,253 enrollees)</p>	<p align="center">Blue Cross Blue Shield of NM (138,331 enrollees)</p>
<p align="center"></p> <p>In addition to standard Medicaid services, Molina Healthcare covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Free access to evidence-based disease management and lifestyle change programs: MyCD Program and National Diabetes Prevention Program - Extended full Medicaid benefits for women enrolled in maternity-only COE - Up to 42 home-delivered meals/year after hospital discharge <p><u>Pharmacotherapy</u> Possible coverage for OTC lipase inhibitor (orlistat/<i>Alli</i>) only; see OTC formulary.</p> <p><u>Bariatric Surgery</u> Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 1-800-580-2811</p> <p>2017 Provider Manual Medicaid Prior Authorization Guide</p>	<p align="center"></p> <p>In addition to standard Medicaid services, PHP covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Wellness benefit covers up to 3 provider counseling visits; may include nutrition guidance, assistance w/ stress or life-changes, or employee assistance services. - Adult physicals and related tests - Extended full Medicaid benefits for women enrolled in maternity-only COE <p><u>Bariatric Surgery</u> Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 505-923-5200</p> <p>2017 Practitioner & Provider Manual Prior Authorization Guide</p>	<p align="center"></p> <p>In addition to standard Medicaid services, BCBSNM covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Transportation to/from exercise classes, health education sessions, and community support groups. - Adult physicals and related tests - Extended full Medicaid benefits for women enrolled in maternity-only COE <p><u>Bariatric Surgery</u> Must complete a prior authorization request to obtain coverage; see medical determination guidelines. (Providers can also submit a voluntary predetermination request.)</p> <p><u>Resources</u> Phone: 505-291-3585</p> <p>Community Centennial Provider Manual Child Obesity Provider Toolkit</p>

NEW YORK
 Department of Health (DOH) 132, 133, 134

Assessment & Counseling	Pharmacotherapy					
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - General preventive medicine codes included in fee schedule, but coverage for adult obesity-specific prevention/treatment services not explicit; - Some MCOs reviewed indicate that providers are expected to educate enrollees on physical fitness and nutrition during office visits (included in capitated payment) - NY Medicaid covers patient education and training for disease self-management. <p>Behavioral Assessment/Intervention 98960-98962, S9445-S9446</p> <p>Nutritional Consultation & Therapy None</p> <p><u>NOTE:</u> Adolescent <i>weight assessment and counseling on nutrition and physical activity is covered only for members aged 3-17 years.</i></p> <p><u>NOTE:</u> Coverage for adult obesity prevention/treatment services not explicitly mentioned.</p>	<p>NOT COVERED</p> <p>NY Medicaid <u>excludes</u> coverage for amphetamine/amphetamine-like drugs which are used for the treatment of obesity and drugs whose sole clinical use is the reduction of weight.</p> <p><u>Note:</u> Some MCOs explicitly exclude coverage for anti-obesity agents.</p> <tr> <th colspan="2" data-bbox="730 836 1367 906">Bariatric Surgery</th> <td data-bbox="1367 326 2003 1424" rowspan="2"> <div data-bbox="1533 292 1816 568" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>24% of residents covered by Medicaid/CHIP \$59.8 billion in total Medicaid spending (2015)</p> <p>77% enrolled in managed care 23% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Department of Financial Services Phone: 518-474-6600</p> <p>New York State of Health Phone: 855-355-5777</p> <p>New York State Department of Health Phone: 518-474-2011</p> </td> </tr> <tr> <td data-bbox="94 906 730 1424"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for both MCO and FFS members - Specific coverage criteria were not found. </td> <td data-bbox="730 906 1367 1424"></td> </tr>	Bariatric Surgery		<div data-bbox="1533 292 1816 568" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>24% of residents covered by Medicaid/CHIP \$59.8 billion in total Medicaid spending (2015)</p> <p>77% enrolled in managed care 23% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Department of Financial Services Phone: 518-474-6600</p> <p>New York State of Health Phone: 855-355-5777</p> <p>New York State Department of Health Phone: 518-474-2011</p>	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for both MCO and FFS members - Specific coverage criteria were not found. 	
Bariatric Surgery		<div data-bbox="1533 292 1816 568" data-label="Image"> </div> <p>Adults with obesity: 27%³ Adults with diabetes: 9%³</p> <p>24% of residents covered by Medicaid/CHIP \$59.8 billion in total Medicaid spending (2015)</p> <p>77% enrolled in managed care 23% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Department of Financial Services Phone: 518-474-6600</p> <p>New York State of Health Phone: 855-355-5777</p> <p>New York State Department of Health Phone: 518-474-2011</p>				
<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required for both MCO and FFS members - Specific coverage criteria were not found. 						

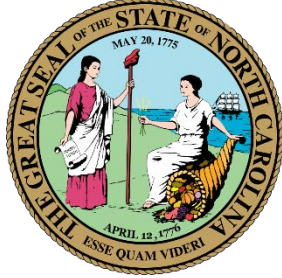
NEW YORK MEDICAID: MANAGED CARE PLANS

24 plans total | 4,420,484 enrollees


NYS Catholic Health Plan <i>(1,171,045 enrollees)</i>	HealthFirst <i>(909,809 enrollees)</i>	UnitedHealthcare Community Plan <i>(460,702 enrollees)</i>
		
<p>In addition to standard Medicaid services, Fidelis Care (NYSCHP) covers:</p> <p><u>Assessment & Counseling</u></p> <p>Providers are expected to educate enrollees on physical fitness and nutrition during office visits.</p> <ul style="list-style-type: none"> Contact Member Services (1-888-343-3547) for information on upcoming classes <p><i>Fitness reimbursement is not available for Medicaid members, but is offered for low-income members on Essential Plan.</i></p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 1-888-343-3547</p> <p>Provider Manual BMI Screening & Documentation Guidelines</p>	<p>In addition to standard Medicaid services, HealthFirst covers:</p> <p><u>Assessment & Counseling</u></p> <p>Preventive: 99401-99404*, 99411-99412* Nutritional: G0270-G0271, S9452^, S9470^ Intervention: G0447*, S9449^, S9451^, S9452^</p> <p><u>Bariatric Surgery</u></p> <p>Coverage criteria not found.</p> <p><i>*Included in capitated physician payment</i> <i>^ Includes \$10 incentive payment</i></p> <p><u>Resources</u> Phone: 866-463-6743</p> <p>Provider Manual Directory of NYC Medicaid Nutritionists</p>	<p>In addition to standard Medicaid services, UHC Community Plan covers:</p> <p><u>Assessment & Counseling</u></p> <p>98960-98962 + GT: Patient self-management education/training provided by a non-physician healthcare professional using Telehealth technology.</p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage; see coverage criteria.</p> <p><u>Resources</u> Phone: 866-362-3368</p> <p>Care Provider Manual Prior Authorization List</p>

NORTH CAROLINA

Department of Health & Human Services (DHHS) 135, 136, 137, 138


Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - NC Medicaid covers one adult preventive medicine health assessment per year, to include: - a comprehensive physical examination - a comprehensive health history - anticipatory guidance/risk-factor reduction interventions - ordering of appropriate diagnostic procedures <p>Behavioral Assessment/Intervention 96150-96151</p> <p>Nutritional Consultation & Therapy 97802-97803</p> <p><i><u>NOTE:</u> Additional services may be available to members enrolled in CCNC/Carolina Access, the state's primary-care case management program.</i></p> <p><i><u>NOTE:</u> Dietary evaluation and counseling services are covered only for children through 20 years of age and pregnant/postpartum women with medical necessity. (Clinical Coverage Policy No. 1-1)</i></p>	<p>NOT COVERED</p> <p>NC Medicaid explicitly <u>excludes</u> coverage for weight loss and weight gain drugs.</p>	 <p>Adults with obesity: 30% ³ Adults with diabetes: 10% ³</p> <p>18% of residents covered by Medicaid/CHIP \$13.5 billion in total Medicaid spending (2015)</p> <p>80% enrolled in primary care case management 20% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>North Carolina Department of Insurance Phone: 919-807-6056</p> <p>NC Division of Medical Assistance Phone: 919-855-4320</p> <p>Department of Health & Human Services Phone: 919-855-4800</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Recipient must be at least 18 years of age and have diagnosis of clinically-severe obesity with a serious comorbidity. - Must include documentation of unsuccessful medically-supervised treatment attempt in past 12 months, dietician/nutritionist evaluation, psychological evaluation. - Must complete all pre-surgical requirements as requested by the surgeon. <p><i><u>Note:</u> See Section 3 of source for full coverage criteria and adolescent policy.</i></p>	

NORTH DAKOTA
 Department of Human Services (DHS) ^{139, 140, 141}

Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: 32% ³ Adults with diabetes: 8% ³</p> <p>10% of residents covered by Medicaid/CHIP \$1.1 billion in total Medicaid spending (2015)</p> <p>49% enrolled in primary care case management 29% enrolled in fee-for-service 22% enrolled in managed care ⁴</p> <p>Resources & Contacts:</p> <p>North Dakota Insurance Department Phone: 701-328-2440</p> <p>North Dakota Medical Services Division Phone: 701-328-7068</p> <p>North Dakota Department of Health Phone: 701-328-2372</p>
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412, G0438, G0439, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - ND Medicaid does not reimburse for exercise classes, nutritional supplements for weight reduction, or instructional materials/books. <p>Behavioral Assessment/Intervention 96150-96155</p> <p>Nutritional Consultation & Therapy 97802-97804, G0270-G0271</p> <ul style="list-style-type: none"> - ND Medicaid covers up to four adult nutritional service visits per calendar year without prior authorization. - Additional visits may be covered with prior authorization 	<p>COVERAGE may include:</p> <p>Xenical/Alli (<i>orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required. - Consideration for recipients with a BMI ≥ 40 kg/m² based on dietician evaluation. - Requires semi-annual updates; continued coverage with progress (5% weight loss in 6 months) until patient achieves BMI < 30. <p><i>Note: ND Medicaid typically excludes coverage for agents used for anorexia or weight gain, with the exception of Xenical.¹⁴²</i></p>	
	<p>Bariatric Surgery</p>	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required.¹⁴³ - Patient must have BMI > 40 kg/m² (>35 w/ severe comorbidity) for at least 5 years, unsuccessful treatment in a clinically-supervised weight loss program, and presence of severe uncontrolled disease conditions due to obesity (e.g. diabetes, hypertension). - Formal psychiatric evaluation must demonstrate emotional stability over the past year. 	

OHIO

Department of Medicaid (ODM) ^{144, 145, 146}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Medicaid-covered preventive medicine services may include, but are not necessarily limited to: - Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit - Medical nutritional therapy - RDs should bill codes 97802-04 + AE modifier under the NPI of supervising practitioner <p>Behavioral Assessment/Intervention 98960-98962, 99078</p> <ul style="list-style-type: none"> - Patient education and disease self-management services are included in bundled payment, not individually reimbursable. <p>Nutritional Consultation & Therapy 97802-97804, S9470[†], S9452</p> <p>Commercial weight loss programs (e.g. Weight Watchers, Jenny Craig) and gym memberships are not covered services.</p> <p><i><u>NOTE:</u>[†] Nutritional counseling provided by an independent dietician is covered only in the context of prenatal care and/or for specific conditions such as diabetes, high blood pressure and anemia.</i></p>	<p>NOT COVERED</p> <p>OH Medicaid explicitly <u>excludes</u> coverage of drugs for the treatment of obesity.</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 33% ³ Adults with diabetes: 10% ³</p> <p>21% of residents covered by Medicaid/CHIP \$21.6 billion in total Medicaid spending (2015)</p> <p>88% enrolled in managed care 12% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Ohio Department of Insurance Phone: 614-644-2658</p> <p>Ohio Department of Medicaid Phone: 800-686-1516</p> <p>Ohio Department of Health Phone: 614- 466-3543</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Effective for dates of service on and after January 1, 2015, surgical treatment for obesity is covered when prior authorized. - Coverage criteria may vary; see provider manual for member's MCO. 	

OKLAHOMA

Oklahoma Health Care Authority (OHCA) ^{147, 148, 149}

Assessment & Counseling	Pharmacotherapy			
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - OHCA covers up to 4 office visits per month per member (ages 21+). - Health promotion services may be covered for adults with serious mental illness enrolled in OK Health Homes or SoonerCare Choice program (<i>see SoonerFit website for resources</i>). <p>Behavioral Assessment/Intervention 96150-96155[†], S9445, 98960-98962*</p> <p>Nutritional Consultation & Therapy 97802-97804</p> <ul style="list-style-type: none"> - OHCA covers 6 hours of medically necessary nutritional counseling per year. - Should be provided face-to-face by a licensed registered dietician (w/ physician/NP referral) - Nutritional services for the treatment of obesity requires documentation that the obesity is a contributing factor in another illness. <p><u>NOTE:</u> [†] <i>Psychologist services only covered for children (<21) under fee-for-service contract.</i></p> <p><i>*Additional coverage criteria and/or prior authorization may apply.</i></p>	<p>NOT COVERED</p> <p>OK Medicaid explicitly <u>excludes</u> coverage for drugs used primarily for the treatment of obesity.</p> <tr> <th data-bbox="728 574 1362 643">Bariatric Surgery</th> <td data-bbox="728 643 1362 1429"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - OHCA requires <u>2 prior authorizations</u> as part of a three-phase process to evaluate the member’s motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery. <ul style="list-style-type: none"> o Phase I: PAR #1 o Phase II: 6-month evaluation and minimal weight loss phase o Phase III: PAR #2 - See guidelines for full coverage criteria. <p><u>NOTE:</u> <i>Bariatric surgery is not covered for the treatment of obesity alone. Bariatric surgery facilities/providers must be contracted with OHCA (Title 317:30-5-10-137)¹⁵⁰</i></p> </td> <td data-bbox="1362 326 2003 1429"> <div data-bbox="1533 300 1816 568" data-label="Image"> </div> <p>Adults with obesity: 33% ³ Adults with diabetes: 11% ³</p> <p>17% of residents covered by Medicaid/CHIP \$5.0 billion in total Medicaid spending (2015)</p> <p>75% enrolled in primary care case management 25% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Oklahoma Insurance Department Phone: 405-521-2828</p> <p>Oklahoma Health Care Authority <i>SoonerCare</i> Phone: 405-522-7300</p> <p>Oklahoma State Department of Health Phone: 405-271-5600</p> </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - OHCA requires <u>2 prior authorizations</u> as part of a three-phase process to evaluate the member’s motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery. <ul style="list-style-type: none"> o Phase I: PAR #1 o Phase II: 6-month evaluation and minimal weight loss phase o Phase III: PAR #2 - See guidelines for full coverage criteria. <p><u>NOTE:</u> <i>Bariatric surgery is not covered for the treatment of obesity alone. Bariatric surgery facilities/providers must be contracted with OHCA (Title 317:30-5-10-137)¹⁵⁰</i></p>	<div data-bbox="1533 300 1816 568" data-label="Image"> </div> <p>Adults with obesity: 33% ³ Adults with diabetes: 11% ³</p> <p>17% of residents covered by Medicaid/CHIP \$5.0 billion in total Medicaid spending (2015)</p> <p>75% enrolled in primary care case management 25% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Oklahoma Insurance Department Phone: 405-521-2828</p> <p>Oklahoma Health Care Authority <i>SoonerCare</i> Phone: 405-522-7300</p> <p>Oklahoma State Department of Health Phone: 405-271-5600</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - OHCA requires <u>2 prior authorizations</u> as part of a three-phase process to evaluate the member’s motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery. <ul style="list-style-type: none"> o Phase I: PAR #1 o Phase II: 6-month evaluation and minimal weight loss phase o Phase III: PAR #2 - See guidelines for full coverage criteria. <p><u>NOTE:</u> <i>Bariatric surgery is not covered for the treatment of obesity alone. Bariatric surgery facilities/providers must be contracted with OHCA (Title 317:30-5-10-137)¹⁵⁰</i></p>	<div data-bbox="1533 300 1816 568" data-label="Image"> </div> <p>Adults with obesity: 33% ³ Adults with diabetes: 11% ³</p> <p>17% of residents covered by Medicaid/CHIP \$5.0 billion in total Medicaid spending (2015)</p> <p>75% enrolled in primary care case management 25% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Oklahoma Insurance Department Phone: 405-521-2828</p> <p>Oklahoma Health Care Authority <i>SoonerCare</i> Phone: 405-522-7300</p> <p>Oklahoma State Department of Health Phone: 405-271-5600</p>		


OREGON

Oregon Health Authority (OHA) ^{151, 152, 153}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99411-99412, G0438, G0439, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention G0447, G0473, 96150-96155</p> <ul style="list-style-type: none"> - OHA coverage for medical obesity treatment includes intensive nutrition/physical activity counseling and behavioral interventions provided by health care professionals - Intensive counseling visits (once every 1-2 weeks) are covered for 6 months, but may continue for longer if there is evidence of continued weight loss. - Maintenance visits are covered only monthly after this intensive counseling period. - OR Medicaid does not cover weight loss programs or food supplements for use in weight loss. <p>Nutritional Consultation & Therapy 97802-97804, S9470</p>	<p>NOT COVERED</p> <p>OR Medicaid does not cover weight loss drugs except in cases of comorbidity with prior authorization.</p> <ul style="list-style-type: none"> - No obesity-specific drugs in formulary; treatment of obesity with medications is an OHP unfunded diagnosis—previous Weight Loss Medications authorization criteria removed. 	<div data-bbox="1549 305 1818 570" data-label="Image"> </div> <p>Adults with obesity: 28% ³ Adults with diabetes: 8% ³</p> <p>24% of residents covered by Medicaid/CHIP \$8.1 billion in total Medicaid spending (2015)</p> <p>86% enrolled in managed care 14% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Oregon Health Authority Phone: 800-273-0557</p> <p>Oregon Health Plan Phone: 503-945-5772</p> <p>Oregon Division of Financial Regulation Phone: 503-378-4140</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Bariatric surgery for obesity is covered for individuals 18 years and older with a BMI ≥ 35 with type II diabetes or another significant comorbidity (BMI > 40 without comorbidity). - The individual must have no prior history of bariatric surgery, unless in failure due to complications of the original surgery. - The individual must participate in pre- and post-surgical psychological, medical, surgical, and dietician evaluations. <p>NOTE: All approved surgical programs must submit outcomes data to DMAP.</p>	


PENNSYLVANIA

Department of Human Services (DHS) ^{154, 155, 156}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397, 99401</p> <p>Behavioral Assessment/Intervention 96150-96154[†], S9451</p> <p>Nutritional Consultation & Therapy S9470</p> <ul style="list-style-type: none"> - Covered only for pregnant women and/or as a family planning service. <p><i>NOTE: The Office of Medical Assistance Programs (OMAP) does not explicitly mention obesity services for adults.</i></p> <ul style="list-style-type: none"> - The Department provides childhood nutrition and weight management services (e.g. individual/family weight management counseling; nutritional counseling) <p>[†] Behavioral assessment/intervention services are covered only for youth (<18 years) and pregnant women.</p>	<p>NOT COVERED</p> <p>PA Medicaid explicitly <u>excludes</u> coverage for drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 30% ³ Adults with diabetes: 10% ³</p> <p>18% of residents covered by Medicaid/CHIP \$23.4 billion in total Medicaid spending (2015)</p> <p>83% enrolled in managed care 17% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Obesity Prevention & Wellness Program Phone: 877-724-3258</p> <p>HealthChoices Pennsylvania Phone: 866-550-4355</p> <p>Pennsylvania Department of Health Phone: 877-724-3258</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>PA Medicaid generally excludes coverage of bariatric surgery for morbid obesity, except when all other types of treatment have failed.</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have morbid obesity (BMI > 40 kg/m² or >35 with severe comorbidity) that interferes with daily function to the extent that performance is severely curtailed and no specifically correctable cause for the obesity. - Must have documented history of failure in physician supervised nutrition/exercise program and/or multi-disciplinary surgical preparatory regiment (at least 6 months) 	


RHODE ISLAND

Department of Human Services (DHS) 157, 158, 159


Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention None</p> <p>Nutritional Consultation & Therapy 97802-97804, G0270-G0271</p> <ul style="list-style-type: none"> - Covers patient education programs, including nutrition classes and weight management counseling. - Prior authorization may apply. <p><i>NOTE: Fee schedule indicates coverage for general preventive medicine codes only; plan documents silent on obesity-specific preventive services other than nutritional; see the Rhode Island Weight Management Resource Guide for dietitians that accept Medicaid</i></p>	<p>COVERAGE may include:</p> <p>Xenical/Alli (<i>orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required for adults (not required for members < 21 years) - Alli (OTC/formulary) is preferred - Presence of comorbidity for initial coverage; extended 4-6-month approval possible with evidence of successful weight loss 	 <p>Adults with obesity: 27% ³ Adults with diabetes: 8% ³</p> <p>17% of residents covered by Medicaid/CHIP \$2.6 billion in total Medicaid spending (2015)</p> <p>90% enrolled in managed care 10% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Office of the Health Insurance Commissioner Phone: 401-462-9517</p> <p>Exec. Office of Health & Human Services Phone: 401-462-5274</p> <p>HealthSource Rhode Island Phone: 401-462-3608</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI ≥ 40 kg/m² (or BMI >35 with comorbidity) for at least 3 years. - Clinical health documentation must include failure of an intensive, structured, non-surgical weight loss program in preceding 2 years. - Correctable causes for obesity must be ruled out and patient must agree to multidisciplinary team plan for post-surgical follow up. 	

SOUTH CAROLINA

Department of Health & Human Services (DHHS) ^{160, 161, 162}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397, G0438*, G0439</p> <ul style="list-style-type: none"> - *Coverage only as a Family Planning service. <p>Behavioral Assessment/Intervention G0447, 96150-96154, S9445-S9446, S0316</p> <ul style="list-style-type: none"> - SCDHHS’s obesity initiative targets individuals (BMI > 30) who do not meet the criteria for gastric bypass surgery but are committed to losing weight through diet and exercise. - All obesity visits must include counseling under the 5 As framework (assess, advise, agree, assist, arrange). - Providers should emphasize the importance exercise and develop a realistic exercise plan with goals. - Providers should arrange for individual nutritional assessment to be provided by a licensed dietician. - See website for weight management programs that accept Medicaid. <p>Nutritional Consultation & Therapy 97802, S9452, S9470</p>	<p>COVERAGE may include:</p> <p>Xenical (<i>orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI > 30 kg/m² in the presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia). - Patient must be on a reduced fat and calorie diet with nutritional counseling <p><i>Note: SC Medicaid typically excludes coverage for weight control products (except lipase inhibitors).</i></p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 32% ³ Adults with diabetes: 11% ³</p> <p>19% of residents covered by Medicaid/CHIP \$6.0 billion in total Medicaid spending (2015)</p> <p>73% enrolled in managed care 27% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>South Carolina Department of Insurance Phone: 803-737-6160</p> <p>South Carolina Healthy Connections Phone: 888-289-0709</p> <p>Dept. of Health & Environmental Control Phone: 803-898-3432</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered only when procedure is medically necessary to correct an illness that caused the obesity or was aggravated by the obesity. - Individuals who receive bariatric surgery will be required to undergo an annual evaluation to assess long-term effectiveness of the procedure. 	

SOUTH DAKOTA
Department of Social Services (DSS) 163, 164, 165

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Members with obesity may be eligible for Health Home enrollment - Core services may include health coaching, obesity reduction/prevention lifestyle interventions and/or nutritional counseling. - Providers can refer members by completing the Manual Tiering Document; fax to 605-773-5246 with supporting documentation <p>Behavioral Assessment/Intervention 96150-96154, G0447*</p> <ul style="list-style-type: none"> - South Dakota Medicaid does not typically cover obesity control therapy or weight-loss programs/ activities. <p>Nutritional Consultation & Therapy G0270-G0271*</p> <p><i>NOTE: SD Medicaid does not cover the cost of dietician consultation for bariatric surgery candidates; see SD Obesity Toolkit for state-recommended coverage under other plans.</i></p> <p>*Limited coverage for Health Home recipients.</p>	<p>NOT COVERED</p> <p>SD Medicaid explicitly <u>excludes</u> coverage of agents used for anorexia, weight loss or weight gain.</p>	
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization and documentation of medical necessity required. - Gastric surgery for weight loss is covered only when it is an integral and necessary part of treatment for another illness. - Individual must be at least 21 years old with a BMI > 40 kg/m² and have documented participation in physician-supervised weight loss program. - Recipient must be well-informed, motivated, and psychologically fit for the procedure. - Recipient cannot actively abuse drugs or alcohol (tobacco use must be discontinued for at least 4 months prior to surgery). 	<p>Adults with obesity: 30% ³</p> <p>Adults with diabetes: 8% ³</p> <p>14% of residents covered by Medicaid/CHIP \$813 million in total Medicaid spending (2015)</p> <p>80% enrolled in primary care case management 20% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>South Dakota Division of Insurance Phone: 605-773-3563</p> <p>Department of Social Services Phone: 605-773-3165</p> <p>South Dakota Department of Health Phone: 605-773-3361</p>




TENNESSEE

Division of Health Care Finance & Administration (HCFA) 166, 167, 168

Assessment & Counseling	Pharmacotherapy	
<p>***FFS not applicable at state level***</p> <p>MCO COVERAGE may include: 96150-96151, 96153-96155, 97802-97804, 99385-99387, 99395-99397, 99401-99404, 99411-99412, G0270-G0271, G0439, G0439, G0447, G0473, S0315-S0317, S9445-S9446, S9449, S9452, S9454, S9470</p> <p>Coverage depends on the member's TennCare Benefit Indicator and health plan enrollment. The 2017 State Contract indicates that Managed Care Contractors (MCC) must provide a Wellness program with the objective of keeping members healthy.</p> <ul style="list-style-type: none"> - Must include interventions/health promotion strategies for weight management, physical activity, and healthy nutrition. - Expected to provide enhanced disease management services to members with obesity (intensity of treatment based on risk level). <p>TennCare does not cover dietary programs (Optifast, Nutrisystem) or physical fitness (health clubs, marathons/activity fees, swimming pools) for weight loss.</p> <ul style="list-style-type: none"> - MCCs have sole discretionary authority to approve these programs/services as cost effective alternatives (CEA) for the treatment of obesity. 	<p>COVERAGE may include:</p> <p>*** Children/adolescent recipients 20 and under only***</p> <p>Belviq, Benzphetamine, Contrave, Diethylpropion, Evekeo, Phendimetrazine, Phentermine, Qsymia, Saxenda, Xenical</p> <ul style="list-style-type: none"> - Prior authorization is required; see source for full coverage criteria.¹⁶⁹ <p><u>Note: TN Medicaid explicitly excludes coverage of agents used for weight loss for adult beneficiaries (21+ years old).</u></p>	<div data-bbox="1543 300 1822 576" data-label="Image"> </div> <p>Adults with obesity: 31%³ Adults with diabetes: 12%³</p> <p>19% of residents covered by Medicaid/CHIP \$9.1 billion in total Medicaid spending (2015)</p> <p>100% enrolled in managed care⁴</p> <p>Resources & Contacts:</p> <p>Department of Commerce & Insurance Phone: 615-741-2241</p> <p>TennCare Medicaid Phone: 800-342-3145</p> <p>Tennessee Department of Health Phone: 615-741-3111</p>
	<div data-bbox="728 824 1362 894" data-label="Section-Header"> <h2>Bariatric Surgery</h2> </div> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Covered when medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare (Rules 1200-13-13-.04 & 1200-13-14-.04) 	

TENNESSEE MEDICAID: MANAGED CARE PLANS

4 plans total | 1,551,674 enrollees




Tennessee BlueCare <i>(544,128 enrollees)</i>	Amerigroup Community Care <i>(452,836 enrollees)</i>	UnitedHealthcare Community Plan <i>(484,288 enrollees)</i>
		
<p>In addition to standard Medicaid services, BlueCare TN includes:</p> <p>Coverage for physician services, disease management programs, and preventive care.</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - BlueCareFitness: weight loss program that provides members with access to educational materials, phone health coaching, a pedometer, local in-person programs, specialty referrals (dietician; behavioral health), and home monitoring scale if necessary; call 1-800-225-8698. - Case management services may be available; members should complete Health Needs Survey. <p><u>Bariatric Surgery</u></p> <p>Must complete a precertification request; see Bariatric Surgery Medical Policy for criteria.</p> <p><u>Resources</u> Phone: 1-800-468-9736</p> <p>Provider Administration Manual Guide to Healthy Weight Loss</p>	<p>In addition to standard Medicaid services, Amerigroup Community Care includes:</p> <p>Coverage for physician services and adult preventive care.</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Transportation to appointments; call 72-hours in advance (615-248-0120) <p><u>Bariatric Surgery</u></p> <p>Coverage criteria are outlined in the Clinical Policy; must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 1-800-454-3730</p> <p>Medicaid Provider Manual</p>	<p>In addition to standard Medicaid services, UHC's Community Plan includes:</p> <p>Coverage for preventive medicine and nutritional counseling services; see policy for CPT codes.</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Population Health services for weight management (contact 1-800-690-1606) <p><u>Bariatric Surgery</u></p> <p>Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage.</p> <p><u>Resources</u> Phone: 1-800-690-1606</p> <p>Provider Administration Manual Provider Quick Reference Guide</p>

TEXAS


Health & Human Services Commission (HHS) ^{170, 171, 172}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - TX Medicaid covers one adult preventive service visit per year. Screening and behavioral counseling/interventions for obesity are considered part of the routine preventive exam and not separately reimbursable. <p>Behavioral Assessment/Intervention 99078, 96150-96155*, 98960*</p> <ul style="list-style-type: none"> - The Texas Medicaid Wellness Program offers targeted care management services to high-cost/high-risk fee-for-service (FFS) and managed care clients - Clients who have a BMI above 25 will receive vouchers for a weight loss program. - Providers may refer potential clients to the <i>Wellness Program</i> at 1-877-530-7756. <p>Nutritional Consultation & Therapy 97802-97804*, S9470*</p> <p><u>NOTE:</u> TX Medicaid does not cover supervised exercise for weight loss.</p> <p><i>*Obesity-specific behavioral assessment/intervention services and nutritional counseling/therapy are not covered for adults (only recipients under age 21 through TX Health Steps).</i></p>	<p>NOT COVERED</p> <ul style="list-style-type: none"> - Excludes coverage for amphetamines when used for weight loss, and obesity control drugs - Xenical covered only for the treatment of hyperlipidemia <p>Bariatric Surgery</p> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Considered medically necessary only if patient has a BMI > 35 kg/m² <u>and</u> a serious comorbidity exacerbated by or attributable to the obesity. Patient must undergo nutritional and psychological evaluation and have documentation of unsuccessful previous treatment attempts. (see Medical Physician Handbook for full criteria) <p><u>Note:</u> Bariatric surgery is not a benefit if the primary purpose is for weight loss for its own sake, psychological dissatisfaction with personal body image, or the provider/client's convenience.</p>	<div data-bbox="1549 298 1822 570" data-label="Image"> </div> <p>Adults with obesity: 32% ³ Adults with diabetes: 11% ³</p> <p>16% of residents covered by Medicaid/CHIP \$35.8 billion in total Medicaid spending (2015)</p> <p>88% enrolled in managed care 12% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Texas Department of Insurance Phone: 512-676-6000</p> <p>Texas Medicaid & Healthcare Partnership Phone: 800-925-9126</p> <p>Texas Health & Human Services Phone: 512-424-6500</p>

TEXAS MEDICAID: MANAGED CARE PLANS
19 plans total | 3,518,273 enrollees

Superior HealthPlan <i>(878,159 enrollees)</i>	Amerigroup Texas <i>(709,548 enrollees)</i>	Community Health Choice <i>(240,944 enrollees)</i>
		
<p>In addition to standard Medicaid services, Superior’s STAR plan covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Case management services may be available for members with obesity <p><u>Pharmacotherapy</u></p> <p>Coverage for Xenical (orlistat) may require prior authorization; specify 120 mg capsule.</p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage; see clinical policy.</p> <p><u>Resources</u></p> <p>Phone: 1-877-391-5921</p> <p>2017 Provider Manual Obesity Health Sheet</p>	<p>In addition to standard Medicaid services, Amerigroup’s STAR plan covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Members with obesity qualify for disease management services; providers call 1-888-830-4300 to identify local support agencies - Transportation assistance (1-800-600-4441) <p><u>Pharmacotherapy</u></p> <p>Coverage for Xenical (orlistat) following state requirements; see prior authorization form.</p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage; see clinical policy.</p> <p><u>Resources</u></p> <p>Phone: 1-800-454-3730</p> <p>Provider Manual</p>	<p>In addition to standard Medicaid services, Community Health Choice covers:</p> <p><u>Value-Added Benefits</u></p> <ul style="list-style-type: none"> - Discounted access to nutrition/physical activity programs (MEND 7-13 and BOUNCE Healthy Lifestyle) - Transportation assistance for appointments <p><u>Pharmacotherapy</u></p> <p>Coverage for Xenical (orlistat) in treatment of hyperlipidemia only; complete prior authorization</p> <p><u>Bariatric Surgery</u></p> <p>Must complete a prior authorization request to obtain coverage.</p> <p><i>Note: Weight management services may be available for adolescent members (5-19 years) enrolled in the Healthy Choices, Healthy Families Program.</i></p> <p><u>Resources</u></p> <p>Phone: 713-295-2295</p> <p>Provider Manual</p>

UTAH
Department of Health (DOH) 173, 174, 175

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may <u>include</u>:</p> <p>Preventive Counseling 99411, 99385, 99395, 99386-99387*, 99396-99397*</p> <p>Behavioral Assessment/Intervention[†] 96150-96155, S9449, 99078, S9446</p> <ul style="list-style-type: none"> - Living Well with Chronic Conditions Self-Management Program offers free, weekly 2.5-hour small-group workshops on appropriate exercise, good nutrition, and effective health communication. <p>Nutritional Consultation & Therapy[†] 97802-97803, G0270, S9470, S9452</p> <ul style="list-style-type: none"> - Nutritional counseling for malnutrition or obesity is covered for pregnant adults (14 visits) and EPSDT-eligible clients (unlimited). - Non-pregnant adults with a BMI > 30 and supportive documentation may receive up to 2 hours of nutritional counseling (1 initial, 1 subsequent); copayment required. <p>NOTE: <i>UT Medicaid explicitly <u>excludes</u> coverage for some services related to treatment of obesity/weight control, including:</i></p> <ul style="list-style-type: none"> - <i>education/nutritional/support programs</i> - <i>medications for appetite suppression (oral or injectable)</i> <p>* Covered for Primary Care Network (PCN) only [†] Covered for Traditional Medicaid only (not PCN)</p>	<p>NOT COVERED</p> <p>UT Medicaid explicitly <u>excludes</u> coverage of drugs used for anorexia, weight loss, or weight gain.</p>	
	Bariatric Surgery	
	<p>COVERAGE may <u>include</u>:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; specific procedure coverage varies by type of Medicaid (traditional vs. non-traditional). - Surgery for obesity will be considered when the patient meets specific criteria¹⁷⁶ outlined by the Utah Department of Health (BMI threshold, age, comorbidity, informed consent). - Requires psychiatric evaluation to assess the patient’s plan for daily exercise based on current physical abilities, awareness of eating triggers/coping mechanisms, knowledge of a healthy diet regimen and/or need for nutritional counseling, understanding of the effect tobacco/alcohol use on surgical outcome, and willingness to continue supervised behavior modification therapy for at least one year. 	<p>Adults with obesity: 26%³ Adults with diabetes: 8%³</p> <p>12% of residents covered by Medicaid/CHIP \$2.2 billion in total Medicaid spending (2015)</p> <p>82% enrolled in managed care 18% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Utah Insurance Department Phone: 801-538-3800</p> <p>Utah Medicaid Program Phone: 800-662-9651</p> <p>Utah Department of Health Phone: 801-538-6003</p>

VERMONT

Department of Vermont Health Access (DVHA) 177, 178, 179

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99385-99387, 99395-99397</p> <p>Behavioral Assessment/Intervention G0447, G0473, 96150-96154, 98960-98962*, 99078*, S9445^</p> <ul style="list-style-type: none"> - *Patient education and disease self-management services are included in bundled payment, not individually reimbursable. - ^ Service requires prior authorization. <p>Nutritional Consultation & Therapy 97802-97804, S9470†</p> <ul style="list-style-type: none"> - Medical nutrition therapy services (97802-04) are paid through the enrolled primary care physician, inpatient hospital, outpatient hospital, registered dietitians (RD) and school health services. - Covers up to 3 nutritional counseling visits per year (visits for diabetes management do not count toward limit) - These services are not reimbursable when billed by an independent physician. - † Must be provided by a registered dietician or diabetic counselor. 	<p>NOT COVERED</p> <p>VT Medicaid explicitly <u>excludes</u> coverage for weight loss drugs and/or obesity preparations.</p> <tr> <th data-bbox="730 667 1367 737">Bariatric Surgery</th> <td data-bbox="730 737 1367 1416"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; complete supplemental bariatric surgery information. - Coverage provided only when there are other medical conditions present that could be significantly and adversely affected by the obesity. - Recipient must have obesity persisting for at least 5 years, no current substance abuse, normal TSH, and no contraindications to the procedure. - May be required to provide evidence of participation in physician/dietician supervised diet program (≥ 6 months) </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; complete supplemental bariatric surgery information. - Coverage provided only when there are other medical conditions present that could be significantly and adversely affected by the obesity. - Recipient must have obesity persisting for at least 5 years, no current substance abuse, normal TSH, and no contraindications to the procedure. - May be required to provide evidence of participation in physician/dietician supervised diet program (≥ 6 months)
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; complete supplemental bariatric surgery information. - Coverage provided only when there are other medical conditions present that could be significantly and adversely affected by the obesity. - Recipient must have obesity persisting for at least 5 years, no current substance abuse, normal TSH, and no contraindications to the procedure. - May be required to provide evidence of participation in physician/dietician supervised diet program (≥ 6 months) 		



Adults with obesity: **25%**³
Adults with diabetes: **7%**³

20% of residents covered by Medicaid/CHIP
\$1.6 billion in total Medicaid spending (2015)

90% enrolled in primary care case management
10% enrolled in fee-for-service⁴

Resources & Contacts:

Department of Financial Regulation

Phone: 802-828-3301

Department of Vermont Health Access

Phone: 802 879-5900


Green Mountain Care

Health Access Member Services

Phone: 800-250-8427

VIRGINIA

Department of Medical Assistance Services (DMAS) ^{180, 181, 182}

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387*, 99395-99397*</p> <p>Behavioral Assessment/Intervention 96150-96152*, 96154-96155, S9445-S9446*</p> <p>Nutritional Consultation & Therapy 97802-97803</p> <p><u>NOTE:</u> DMAS <i>excludes</i> coverage for general screening services and weight loss programs for adults.</p> <p><u>NOTE:</u> DMAS fee schedules indicate that additional services may be covered pending individual consideration. (98960-98962, 99078, 99401-99404, 99411-99412, G0270-G0271, S0315-S0316, S9449, S9451, S9452, S9454, S9470)</p> <p><u>NOTE:</u> *Service is covered only for recipients under 21 years of age.</p>	<p>COVERAGE may include:</p> <p>Xenical (<i>orlistat</i>)</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have weight 100% above desired level and significant comorbidity <p><u>Note:</u> Additional criteria/forms available from Disability Criteria for the Coverage of Anorexiant Drugs for Obesity (SSA Publication 64-039) and Pharmacotherapy for Weight Loss (18VAC85-20-90)</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 29% ³ Adults with diabetes: 9% ³</p> <p>11% of residents covered by Medicaid/CHIP \$8.1 billion in total Medicaid spending (2015)</p> <p>83% enrolled in managed care 17% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Virginia State Corporation Commission Phone: 804-371-9741</p> <p>Department of Medical Assistance Services Phone: 804-786-7933</p> <p>Virginia Department of Health Phone: 804-864-7001</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Patient must have a BMI > 40 kg/m² (> 35 w/ a comorbidity), continued obesity despite supervised diet for 6 months, preoperative evaluations (cardiac, dietary, psychiatric); see Bariatric Surgery Checklist for additional criteria. - Providers must submit service authorization requests to KEPRO, DMAS's Service Authorization contractor. 	

WASHINGTON

Washington Health Care Authority (HCA) 183, 184, 185

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385, 99395, 99401[†]</p> <ul style="list-style-type: none"> - WA Medicaid (Apple Health) generally <u>excludes</u> routine physical examinations, general preventive services, and weight reduction/control services (procedures, treatments, devices, drugs, products, gym memberships). - Managed care enrollees may be eligible for additional services; see Title 182, Chapter 538 of the Washington Administrative Code for additional information. - [†]Covered only as a family planning service and/or in the context of HIV/AIDS risk-reduction <p>Behavioral Assessment/Intervention 96150-96154, 99078*</p> <ul style="list-style-type: none"> - * Restricted to members with diagnosis of diabetes and/or asthma <p>Nutritional Consultation & Therapy 97802-97804</p> <p><u>NOTE:</u> <i>Nutritional counseling is covered only for beneficiaries under age 21; see WAC 182-550-6300 or MNT manual for guidelines.</i></p>	<p>NOT COVERED</p> <p>WA Medicaid explicitly <u>excludes</u> coverage of drugs prescribed for weight loss or gain.</p> <tr> <th data-bbox="728 634 1362 703">Bariatric Surgery</th> <td data-bbox="728 703 1362 1430"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; must have BMI ≥ 35 and serious comorbidity - Authorized payment for bariatric surgery services follows in accordance with WAC 182-531-1600 and includes: <ul style="list-style-type: none"> o Initial assessment of client o Evaluations for bariatric surgery and successful completion of a weight loss regimen o Bariatric surgery - HCA may authorize up to 34 units of a bariatric case management fee for the PCP coordinating/overseeing the approval process and necessary referrals. <p><u>Note:</u> <i>Additional criteria apply (including physician restrictions); see Provider Manual for full criteria.</i></p> </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; must have BMI ≥ 35 and serious comorbidity - Authorized payment for bariatric surgery services follows in accordance with WAC 182-531-1600 and includes: <ul style="list-style-type: none"> o Initial assessment of client o Evaluations for bariatric surgery and successful completion of a weight loss regimen o Bariatric surgery - HCA may authorize up to 34 units of a bariatric case management fee for the PCP coordinating/overseeing the approval process and necessary referrals. <p><u>Note:</u> <i>Additional criteria apply (including physician restrictions); see Provider Manual for full criteria.</i></p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required; must have BMI ≥ 35 and serious comorbidity - Authorized payment for bariatric surgery services follows in accordance with WAC 182-531-1600 and includes: <ul style="list-style-type: none"> o Initial assessment of client o Evaluations for bariatric surgery and successful completion of a weight loss regimen o Bariatric surgery - HCA may authorize up to 34 units of a bariatric case management fee for the PCP coordinating/overseeing the approval process and necessary referrals. <p><u>Note:</u> <i>Additional criteria apply (including physician restrictions); see Provider Manual for full criteria.</i></p>		



Adults with obesity: **27%** ³
Adults with diabetes: **8%** ³

22% of residents covered by Medicaid/CHIP
\$10.6 billion in total Medicaid spending (2015)

83% enrolled in managed care ⁴
15% enrolled in fee-for-service
2% enrolled in primary care case management

Resources & Contacts:


Office of the Insurance Commissioner
Phone: 360-725-7000

Washington Health Care Authority
Phone: 844-284-2148

Washington State Department of Health
Phone: 800-525-0127

WEST VIRGINIA

Department of Health & Human Resources (DHHR) 186, 187, 188

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - West Virginia Medicaid provides coverage for annual adult physical examinations and preventive/diagnostic services. <p>Behavioral Assessment/Intervention 99078*</p> <ul style="list-style-type: none"> - *Service is included in bundled payment, not individually reimbursable. - DHHR typically excludes coverage for weight loss programs. - Members enrolled in WV's Health Home Program or Mountain Health Choices Enhanced Plan who are pre-diabetic or have co-morbid conditions due to obesity may receive coverage for weight management services (e.g. preventive medicine counseling, individual and group exercise classes with nutritional counseling, and bariatric surgery) <p>Nutritional Consultation & Therapy 97802-97803</p> <p><i>NOTE: DHHR fee schedules indicate that additional services may be covered pending carrier approval. (S0315-S0317, S9445, S9449, S9451, S9452)</i></p>	<p>NOT COVERED</p> <p>DHHR explicitly <u>excludes</u> coverage of agents used for weight loss or weight gain.¹⁸⁹</p>	<div style="text-align: center;">  </div> <p>Adults with obesity: 36%³ Adults with diabetes: 12%³</p> <p>29% of residents covered by Medicaid/CHIP \$3.7 billion in total Medicaid spending (2015)</p> <p>63% enrolled in managed care 37% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Office of the Insurance Commissioner Phone: 304-558-3386</p> <p>WV Bureau for Medical Services Phone: 304-558-1700</p> <p>Department of Health & Human Resources Phone: 304-558-0684</p>
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - All requirements outlined in Section 519.4.1 must be met, including patient BMI > 40 kg/m² (> 35 w/ severe comorbidity or 100 lbs. overweight) for at least 5 years, participation in 12-month physician-supervised nutrition/exercise program within last 2 years, and psychological evaluation. - PCP or surgeon may initiate the medical necessity review by submitting a request with supporting documentation to the Utilization Management Contractor. 	

WISCONSIN

Department of Health Services (DHS) 190, 191, 192

Assessment & Counseling	Pharmacotherapy	
<p>COVERAGE may include:</p> <p>Preventive Counseling 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> - Wisconsin Medicaid does not limit the frequency, age criteria, or reasons for preventive health screening; left to best medical judgment based on standard medical practice and the patient's individual circumstances. <p>Behavioral Assessment/Intervention S9445*, G0447[†]</p> <ul style="list-style-type: none"> - WI Medicaid may reimburse for weight management services (diet clinics, obesity programs, weight loss programs) if performed in the clinical setting by or under the direct supervision of a physician. - All medical, surgical, or psychiatric services aimed specifically at weight control or reduction (beyond 5 E&M office visits per year) require prior authorization. - Food supplements and dietary supplies dispensed during an office visit are not separately reimbursable. <p>Nutritional Consultation & Therapy 97802-97804*</p> <p><u>NOTE:</u> <i>Additional counseling and therapeutic services may be available to members enrolled in IRIS, a home/community-based program. (S9446, S9449, S9451, S9470)</i></p> <p><u>NOTE:</u> <i>*Covered only as home health services.</i></p> <p><u>NOTE:</u> <i>†Covered only as a family planning service.</i></p>	<p>COVERAGE may include:</p> <p>Belviq, Benzphetamine, Contrave, Diethylpropion, Evekeo, Phentermine, Phendimetrazine, Qsymia, Saxenda, Xenical</p> <ul style="list-style-type: none"> - Prior authorization is required. - Member must have a BMI ≥ 30 kg/m² (BMI ≥ 27 with at least two risk factors) and continue participation in weight loss treatment plan while taking drug. - Weight loss targets must be met in specified timeframe or coverage will be terminated; lifetime caps apply. 	<div data-bbox="1533 300 1816 576" data-label="Image"> </div> <p>Adults with obesity: 31%³ Adults with diabetes: 8%³</p> <p>17% of residents covered by Medicaid/CHIP \$8.0 billion in total Medicaid spending (2015)</p> <p>67% enrolled in managed care 33% enrolled in fee-for-service⁴</p> <p>Resources & Contacts:</p> <p>Office of the Commissioner of Insurance Phone: 608-266-3586</p> <p>Wisconsin ForwardHealth Phone: 800-947-9627</p> <p>Wisconsin Department of Health Services Phone: 608-266-1865</p>
	Bariatric Surgery	
	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Gastric bypass or gastric stapling for obesity is limited to medical emergencies, as determined by the department. - Coverage criteria include obesity persisting at least 5 years, BMI > 40 (35 w/ uncontrolled diabetes) with serious comorbid condition, 6 months in a medically-supervised weight reduction program and participation in dietician counseling. 	

WYOMING
 Department of Health (DOH) 193, 194, 195

Assessment & Counseling	Pharmacotherapy		
<p>COVERAGE may include:</p> <p>Preventive Counseling 99401-99404, 99385-99387*, 99395-99397*</p> <ul style="list-style-type: none"> - The Pay 4 Participation Program allows providers to receive additional reimbursement for providing health education to clients with chronic illness and making referrals to WYhealth Care Management Program. - Weight Talk Program includes 11 proactive phone-based coaching sessions; specialized protocols for bariatric clients, severe obesity, and/or diabetes. - Providers can enroll clients using the Care Management Referral Form or by calling 1-888-545-1710. <p>Behavioral Assessment/Intervention G0447[†], 96150-96154[†], S0315-S0316, S9445-S9446</p> <p>Nutritional Consultation & Therapy G0270-G0271, 97802-97804, S9470</p> <ul style="list-style-type: none"> - WY Medicaid now covers medical nutrition therapy provided by a registered dietician.¹⁹⁶ - Adults limited to 12 visits per year. - Services must be ordered by a physician or nurse practitioner; dietician can bill Medicaid directly. <p><i>*Limited to coverage for pregnant women.</i></p> <p><i>† May be covered in outpatient hospital settings; rates priced by APC.</i></p>	<p>NOT COVERED</p> <p>WY Medicaid explicitly <u>excludes</u> coverage for anorexiants products.</p> <tr> <th data-bbox="728 667 1362 735">Bariatric Surgery</th> <td data-bbox="728 735 1362 1433"> <p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Candidates should have a BMI > 40 kg/m² (BMI > 35 with a significant comorbidity), have failed previous non-surgical weight loss attempts, be well-informed and motivated to make permanent lifestyle changes, and have no contraindications to the procedure. - Adolescent patients (< 18 years old) will be considered on a case-by-case basis </td> </tr>	Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Candidates should have a BMI > 40 kg/m² (BMI > 35 with a significant comorbidity), have failed previous non-surgical weight loss attempts, be well-informed and motivated to make permanent lifestyle changes, and have no contraindications to the procedure. - Adolescent patients (< 18 years old) will be considered on a case-by-case basis
Bariatric Surgery	<p>COVERAGE may include:</p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> - Prior authorization is required. - Candidates should have a BMI > 40 kg/m² (BMI > 35 with a significant comorbidity), have failed previous non-surgical weight loss attempts, be well-informed and motivated to make permanent lifestyle changes, and have no contraindications to the procedure. - Adolescent patients (< 18 years old) will be considered on a case-by-case basis 		



Adults with obesity: **30%**³
 Adults with diabetes: **8%**³

10% of residents covered by Medicaid/CHIP
\$566 million in total Medicaid spending (2015)

100% enrolled in fee-for-service⁴

Resources & Contacts:

Wyoming Department of Insurance
 Phone: 307-777-7401

Wyoming Department of Health
 Phone: 307-777-7656

Wyoming Division of Healthcare Financing
 Phone: 307-777-7531

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- ¹ Alabama Medicaid. Provider Manual. Updated January 2017. Accessed February 3, 2017. Available at: http://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.1G_Jan2017/provman.pdf
- ² Alabama Medicaid. Fee Schedule. Updated December 2016. Accessed February 3, 2017. Available at: http://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx
- ³ Alabama Medicaid. Prior Authorization Request Form-369. Updated September 2016. . Accessed February 3, 2017. Available at: https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.14_PA_Forms/9.4.14_PA_Form_369_Revised_9-12-16.pdf
- ⁴ Alaska Medical Assistance Program. Web search of Provider Manuals Bookshelf: Non-Covered Medicaid Services. Last updated October 2016. Accessed February 3, 2017. Available at: http://manuals.medicaidalaska.com/physician/physician.htm#general_program_info_section_iii/section_iii_general_program_information.htm
- ⁵ Alaska Medical Assistance Program. Physician Fee Schedule. Last updated July 2013. Accessed February 3, 2017. Available at: http://manuals.medicaidalaska.com/docs/dnld/Fees_Physician_SF2014.pdf
- ⁶ Division of Healthcare Services. *Alaska Medicaid 2015 Annual Report*. Department of Health and Social Services, 2016. Available at: <http://dhss.alaska.gov/dhcs/Documents/PDF/Alaska-Medicaid-Annual-Report-SFY2015.pdf>
- ⁷ Alaska Department of Health & Social Services. Medicaid Interim Prior Authorization List. Last updated December 2016. Accessed on February 6, 2017. Available at: <http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/InterimPriorAuthorizationList.pdf>
- ⁸ Alaska Department of Health & Social Services. Select Diagnoses and Procedures Pre-certification List for Medical Assistance Recipients. Last updated January 2015. Available at: <http://www.qualishealth.org/sites/default/files/AK-Medicaid-Precert-List.pdf>
- ⁹ AHCCCS. Fee-for-Service Fee Schedules. Last updated January 2017. Accessed February 9, 2017. Available at: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>
- ¹⁰ AHCCCS. Fee-for-Service Provider Manual: Professional and Technical Services. Last updated October 2016. Accessed February 9, 2017. Available at: https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf
- ¹¹ AHCCCS. Health and Behavior Intervention (320-E). Last updated March 2014. Accessed February 9, 2017. Available at: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/320E.pdf>
- ¹² AHCCCS. Acute and Long-Term Care Drug List. Last updated January 2017. Accessed February 9, 2017. Available at: <https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSAcuteLongTermCareDrugList01012017.pdf>
- ¹³ Arkansas Medicaid. Physician Fee Schedule. Last updated February 2017. Accessed on February 10, 2017. Available at: <https://www.medicaid.state.ar.us/Download/provider/docs/fees/PHYSICN-fees.pdf>
- ¹⁴ Arkansas Medicaid. Physician Provider Manual: Section 2, Program Policy. Last updated January 2016. Accessed on February 10, 2017. Available at: https://www.medicaid.state.ar.us/Download/provider/provdocs/Manuals/PHYSICN/PHYSICN_II.doc
- ¹⁵ Arkansas Medicaid & MagellanRx. Preferred Drug List. Last updated February 2017. Accessed on February 10, 2017. Available at: <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>

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- ¹⁶ Arkansas Medicaid. Prescription Drug Program Prior Authorization Criteria. Last updated January 2017. Accessed on February 14, 2017. Available at: <https://arkansas.magellanrx.com/provider/docs/rxinfo/PACriteria.pdf>
- ¹⁷ California MediCal. FFS Provider Rates. Last updated January 2017. Accessed on February 14, 2017. Available at: http://files.medical.ca.gov/pubsdoco/Rates/rates_download.asp
- ¹⁸ California Department of Healthcare Services. Medi-Cal Formulary Online Lookup. Last updated February 2017. Accessed on February 14, 2017. Available at: <http://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx>
- ¹⁹ DHHS/Centers for Medicare & Medicaid Services. Chronic Care Management Services. Last updated December 2016. Accessed on February 15, 2017. Available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
- ²⁰ California Medi-Cal. Provider Manuals. Part 2: General Medicine, Evaluation & Management. Last updated September 2016. Accessed February 15, 2017. Available at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/eval_m00o03.doc
- ²¹ California Medi-Cal. Provider Manuals. Part 2: General Medicine, TAR and Non-Benefit List. Last updated January 2017. Accessed February 15, 2017. Available at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/tarandnoncd9_m00i00o03.doc
- ²² California Medi-Cal. Provider Manuals. Part 2: Local Educational Agency (LEA) Billing Codes & Reimbursement Rates. Last updated September 2016. Accessed February 15, 2017. Available at: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/locedbilcd_o09.doc
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- ²⁴ Colorado Medical Assistance Program. Medical/Surgical Services Manual. Last updated December 2016. Accessed on February 17, 2017. Available at: <https://drive.google.com/file/d/0ByTJ5EpY6wodjA3OVE3bmc5VW8/view>
- ²⁵ Colorado Department of Health Care Policy and Medical Assistance Program. Prior Authorization Procedures and Criteria and Quantity Limits for Physicians and Pharmacists. Last updated December 2016. Accessed on February 17, 2017. Available at: https://www.colorado.gov/pacific/sites/default/files/1-1-17%20appendix%20P%20final%20v2_1.pdf
- ²⁶ Colorado Medical Assistance Program. Provider Rates & Fee Schedule. Last updated July 2016. Accessed on February 17, 2017. Available at: <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>
- ²⁷ Colorado Medicaid. Colorado Medicaid Benefit Coverage Standard: Bariatric Surgery. *Currently under review*. Accessed February 17, 2017. Available at: <https://www.colorado.gov/pacific/sites/default/files/Bariatric.pdf>
- ²⁸ Connecticut Department of Social Services. Medicaid Fee Schedule: Physician Office and Outpatient Services. Last updated December 2016. Accessed on March 8, 2017. Available at: <https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabId/54/Default.aspx>
- ²⁹ Connecticut Department of Social Services. Provider Manual: Chapter 7- Physician and Psychiatrist. Last updated August 2013. Accessed March 8, 2017. Available at: http://www.ct.gov/sots/lib/sots/regulations/title_17b/262.pdf
- ³⁰ Connecticut Department of Social Services. Provider Manual: Chapter 7- Pharmacy. Last updated January 2008. Accessed March 8, 2017. Available at: https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch7_iC_pharm_V1.0.pdf&URI=Manuals/ch7_iC_pharm_V1.0.pdf

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