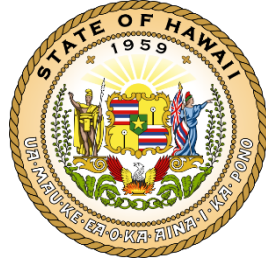


HAWAII

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

Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: 22% ³ Adults with diabetes: 9% ³</p> <p>18% of residents covered by Medicaid/CHIP \$2.0 billion in total Medicaid spending (2015)</p> <p>99% enrolled in managed care < 1% enrolled in fee-for-service ⁴</p> <p>Resources & Contacts:</p> <p>Med-QUEST Division of Hawaii Phone: 808-587-3521</p> <p>Hawaii Division of Insurance Phone: 808-586-2790</p> <p>Hawaii State Department of Health Nutrition & Physical Activity Section Phone: 808-586-4671</p>
<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. 	
	<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 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 jejunioileal bypass procedures.</i></p>	