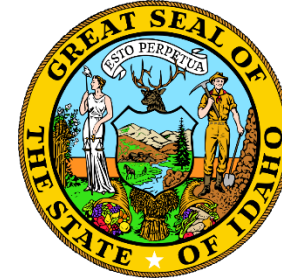


# IDAHO

Department of Health & Welfare (DHW) <sup>57, 58, 59, 60</sup>

Assessment & Counseling	Pharmacotherapy <sup>61</sup>		
<p><b>COVERAGE may include:</b></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><b>Preventive Counseling</b> 99401-99404, 99385-99387, 99395-99397</p> <ul style="list-style-type: none"> <li>- 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 <b>Weight Management Program</b><sup>62</sup> that addresses lifestyle change through physical fitness, balanced diet, and personal health education. To enroll, participants must: <ul style="list-style-type: none"> <li>- be over the age of five</li> <li>- have a BMI <math>\geq 30</math> kg/m<sup>2</sup> or a BMI <math>\leq 18.5</math> kg/m<sup>2</sup> (adults); BMI in the overweight or underweight category (children) complete the <b>WM Agreement Form</b> with their primary care provider</li> </ul> </li> </ul> <p><b>Behavioral Assessment/Intervention</b> 96150-96154, G0473</p> <p><b>Nutritional Consultation &amp; Therapy</b> G0270, S9470</p> <ul style="list-style-type: none"> <li>- Intensive <b>nutritional education/counseling services</b> (G0270, S9470)<sup>63</sup> are available only to children and pregnant women by physician referral.</li> </ul>	<p><b>COVERAGE may include:</b></p> <p>Xenical, Belviq, Contrave</p> <ul style="list-style-type: none"> <li>- Prior authorization is required. Coverage criteria for consideration include BMI <math>\geq 40</math> kg/m<sup>2</sup> (BMI <math>\geq 35</math> kg/m<sup>2</sup> with a comorbidity) and documented weight loss failure with diet and exercise alone.</li> </ul> <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 1432"> <p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required.</li> <li>- Patient must have a BMI <math>\geq 40</math> kg/m<sup>2</sup> (<math>\geq 35</math> 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.</li> <li>- Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital.</li> </ul> </td> </tr>	Bariatric Surgery	<p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required.</li> <li>- Patient must have a BMI <math>\geq 40</math> kg/m<sup>2</sup> (<math>\geq 35</math> 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.</li> <li>- Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital.</li> </ul>
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Adults with obesity: **29%**<sup>3</sup>  
Adults with diabetes: **7%**<sup>3</sup>

**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<sup>4</sup>

**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