


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

Assessment & Counseling	Pharmacotherapy	 Adults with obesity: 35% ³ Adults with diabetes: 10% ³ 20% of residents covered by Medicaid/CHIP \$8.1 billion in total Medicaid spending (2015) 70% enrolled in managed care 30% enrolled in fee-for-service ⁴ Resources & Contacts: Department of Health & Hospitals Phone: 225-342-9500 Council on Physical Fitness & Sports Phone: 225-342-4886 Louisiana Department of Insurance Phone: 800-259-5300
<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>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. 	<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 ≥ 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. 	
	<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. - 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. 	