

ALASKA

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

Assessment & Counseling	Pharmacotherapy	
<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>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>) 	<div data-bbox="1549 297 1818 565" data-label="Image"> </div> <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>Behavioral Assessment/Intervention 96154</p>	<p>Bariatric Surgery</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>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. 	