### Assessment & Counseling

**Preventive Counseling**

- 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.

**Nutritional Consultation & Therapy**

- Prenatal nutritional counseling provided by a registered dietician (S9470) is covered only when beneficiary is referred by RN or obstetrical care provider.

### Pharmacotherapy

**Saxenda, Xenical, Alli, Belviq, Contrave ER, Adipex-P, Qsymia**

- Prior authorization is required; see approval criteria.

**Note:** KMAP excludes weight reduction medications other than those requiring PA.

### Bariatric Surgery

**Gastric Bypass, Gastric Band, Sleeve Gastrectomy**

- 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.

**Note:** Additional coverage criteria apply for children and adolescents.

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**KANSAS**

**Kansas Department of Health & Environment (KDHE)** 76, 77, 78, 79

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>Saxenda, Xenical, Alli, Belviq, Contrave ER, Adipex-P, Qsymia</strong></td>
</tr>
<tr>
<td>Preventive Counseling 99385-99387, 99395-99397</td>
<td>- Prior authorization is required; see approval criteria.</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention 96150, S0315-S0316</td>
<td>Note: KMAP excludes weight reduction medications other than those requiring PA.</td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy S9470*, 97802-97803</td>
<td></td>
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</tbody>
</table>

* Covered only for beneficiaries enrolled in the Diabetes Management Home Health Service Plan

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**Resources & Contacts:**

- **Kansas Medicaid (KanCare)**
  Phone: 1-866-305-5147

- **Department of Health & Environment**
  Phone: 785-296-1500

- **Division of Healthcare Finance**
  Phone: 785-296-3512

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Adults with obesity: 31% ³

Adults with diabetes: 10% ³

13% of residents covered by Medicaid/CHIP

$3.0 billion in total Medicaid spending (2015)

95% enrolled in managed care

5% enrolled in fee-for-service ⁴
# KANSAS MEDICAID: MANAGED CARE PLANS

3 plans total | 363,316 enrollees (2013sti)

<table>
<thead>
<tr>
<th><strong>Amerigroup Kansas, Inc.</strong></th>
<th><strong>Sunflower State Health Plan</strong></th>
<th><strong>UnitedHealthcare Community Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(166,655 enrollees)</td>
<td>(133,426 enrollees)</td>
<td>(113,235 enrollees)</td>
</tr>
</tbody>
</table>

In addition to standard KMAP services, Amerigroup Kansas covers:

**Value-Added Benefits**

**Disease Management Centralized Care Unit:** Providers can refer patients with multiple chronic conditions (including obesity) to DMCCU for additional education/care management support.

**Weight Watchers:** Beneficiaries are eligible for a voucher covering initiation fees and four weeks of classes.

**Pharmacotherapy**
Complete prior authorization for: Adipex-P, Xenical, Alli, Belviq, Qsymia, Saxenda

**Bariatric Surgery**
Pre-certification request is required. See the medical policy for coverage criteria.

**Resources**
Phone: 877-434-7579
Provider Manual
Provider Quick Reference

In addition to standard KMAP services, Sunflower Health Plan covers:

**Value-Added Benefits**

**Healthy Solutions for Life:** Weight management program offered to at-risk adult beneficiaries.

**Choose Health:** Members with chronic conditions are assigned a Health Coach who collaborates with their healthcare team.

**Pharmacotherapy**
See coverage criteria for prior authorization of: Xenical, Alli, Belviq, Qsymia, Bontril PDM, Adipex-P, Contrave, Saxenda, benzphetamine, diethylpropion

**Bariatric Surgery**
Complete prior authorization for inpatient or outpatient procedure.

**Resources**
Phone: 877-644-4623
Provider Manual
Quick Reference Guide

In addition to standard KMAP services, UHC Community Plan of Kansas covers:

**Value-Added Benefits**

**Weight Watchers:** Beneficiaries are eligible for a 3-month program membership to attend local meetings.

**Choose Health:** Smartphone application designed to help members manage their health.

**Care Coordination/Management:** Offers obesity management/bariatric surgery programs and lifestyle interventions.

**Pharmacotherapy**
Complete prior authorization according to KMAP coverage guidelines.

**Bariatric Surgery**
Must complete a prior authorization request to obtain coverage.

**Resources**
Phone: 877-542-9235
Provider Guide
Community Rewards Program