


**RHODE ISLAND**  
 Department of Human Services (DHS) <sup>157, 158, 159</sup>

Assessment & Counseling	Pharmacotherapy	 <p>Adults with obesity: <b>27%</b> <sup>3</sup>                  Adults with diabetes: <b>8%</b> <sup>3</sup></p> <p><b>17%</b> of residents covered by Medicaid/CHIP  <b>\$2.6 billion</b> in total Medicaid spending (2015)</p> <p><b>90%</b> enrolled in managed care  <b>10%</b> enrolled in fee-for-service <sup>4</sup></p> <p><b>Resources &amp; Contacts:</b></p> <p><b>Office of the Health Insurance Commissioner</b>                  Phone: 401-462-9517</p> <p><b>Exec. Office of Health &amp; Human Services</b>                  Phone: 401-462-5274</p> <p><b>HealthSource Rhode Island</b>                  Phone: 401-462-3608</p>
<p><b>COVERAGE may include:</b></p> <p><b>Preventive Counseling</b>                      99385-99387, 99395-99397</p> <p><b>Behavioral Assessment/Intervention</b>                      None</p> <p><b>Nutritional Consultation &amp; Therapy</b>                      97802-97804, G0270-G0271</p> <ul style="list-style-type: none"> <li>- Covers patient education programs, including nutrition classes and weight management counseling.</li> <li>- Prior <b>authorization</b> may apply.</li> </ul> <p><i><b>NOTE:</b> Fee schedule indicates coverage for general preventive medicine codes only; plan documents silent on obesity-specific preventive services other than nutritional; see the <b>Rhode Island Weight Management Resource Guide</b> for dietitians that accept Medicaid</i></p>	<p><b>COVERAGE may include:</b></p> <p>Xenical/Alli (<i>orlistat</i>)</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required for adults (not required for members &lt; 21 years)</li> <li>- Alli (OTC/formulary) is preferred</li> <li>- Presence of comorbidity for initial coverage; extended 4-6-month approval possible with evidence of successful weight loss</li> </ul>	
	<p><b>Bariatric Surgery</b></p>	
	<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> (or BMI &gt;35 with comorbidity) for at least 3 years.</li> <li>- Clinical health documentation must include failure of an intensive, structured, non-surgical weight loss program in preceding 2 years.</li> <li>- Correctable causes for obesity must be ruled out and patient must agree to multidisciplinary team plan for post-surgical follow up.</li> </ul>	