MEDICAID FEE-FOR-SERVICE TREATMENT OF OBESITY INTERVENTIONS

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50 State & District of Columbia Survey
- 2012 Update -

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Methodology and Findings

Methodology:
Research findings are based on an online document review of Medicaid provider manuals, drug formularies, and fee schedules conducted between August 16 and September 10, 2012. Findings are categorized into three broad categories: Nutritional Assessment/Consultation, Pharmaceutical Therapy, and Bariatric Surgery. We grouped CPT codes into four sub-categories: preventive counseling, nutritional consultation, disease management and education, and behavioral consultation and therapy. For the EPSDT sub-section, only services in excess of standard EPSDT coverage (refer to the Appendix for CMS regulations concerning EPSDT) are reported.

Search terms included: obesity, weight, weight loss, bariatric surgery, gastric bypass, nutritional counseling, morbid obesity, anorexiant, appetite suppressant, Orlistat, Xenical.

Findings:
Prevention-
7 states cover all obesity-related preventive care CPT codes. Of these states, 2 impose restrictions such as limiting the number of reimbursable visits. 20 states cover 1 or more obesity-related preventive care CPT code. 21 states cover no obesity-related preventive care CPT codes and/or state that obesity-related preventive care services are explicitly excluded in respective provider manuals. Coverage for 3 states was undeterminable as their Medicaid programs are administered by multiple insurers.

Nutrition-
6 states cover all obesity-related nutritional consult CPT codes. Of these states, 2 impose restrictions such as limiting the number of visits or restricting who can administer these services. 22 states cover 1 or more obesity-related nutritional consult CPT code. Of these states, 5 impose restrictions and 2 require prior authorization. 22 states cover no obesity-related nutritional consult CPT codes. Coverage for 1 state was undeterminable.

Disease Management-
No states cover all obesity-related disease management CPT codes. 19 states cover 1 or more obesity-related disease management CPT codes. Of these states, 3 impose restrictions. 30 states cover no obesity-related disease management CPT codes. Coverage for 2 states was undeterminable.

Behavioral Consultation-
2 states cover all obesity-related behavioral consult CPT codes. Of these states, 1 imposes restrictions such as medical necessity criteria. 24 states cover 1 or more obesity-related behavioral consult CPT code. Of these states, 2 impose restrictions. 23 states cover no obesity-related behavioral consult CPT codes. Coverage for 2 states was undeterminable.

Pharmaceuticals-
12 states cover obesity drugs. Of these states, 10 require prior authorization and 8 impose other restrictions such as requiring a specified percent weight loss in a specified timeframe in order to remain eligible for this benefit. 34 states explicitly exclude obesity drug coverage, with one state expressly citing safety concerns as justification for non-coverage. Coverage for 5 states was undeterminable.

Bariatric Surgery-
44 states cover bariatric surgery. Of these states, 36 require prior authorization and 37 require criteria other than BMI alone to determine eligibility. 5 states explicitly exclude bariatric surgery. Coverage for 2 states was undeterminable.
## CPT/HCPCS-II Codes

In the State-by-State Charts section, if CPT/HCPCS-II codes are listed for a state, refer to the table below for a full listing of which codes match which services. States may still restrict eligibility for these benefits and may summarily exclude their use for the prevention and treatment of obesity, however, we did not find an indication in the provider manuals or fee schedules to indicate that this is the case.

Providers and beneficiaries should always check with their respective billing entity before assuming services are covered.

### Table 1: Obesity-related CPT/HCPCS-II Codes

<table>
<thead>
<tr>
<th>CPT/HCPCS-II code</th>
<th>Code description</th>
<th>Obesity-related service</th>
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<tbody>
<tr>
<td><strong>Prevention</strong></td>
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<tr>
<td>99401-99404 or 99411-99412</td>
<td>Counseling and/or risk factor reduction intervention (individual or group)</td>
<td>Obesity prevention counseling</td>
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<tr>
<td><strong>Nutrition</strong></td>
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<tr>
<td>S9452</td>
<td>Nutrition class, non-physician provider</td>
<td>Nutrition class</td>
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<tr>
<td>97802-97804 and/or S9470</td>
<td>Medical nutrition therapy (individual or group); nutritional assessment and intervention by non-physician provider</td>
<td>Nutritional counseling</td>
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<tr>
<td><strong>Disease Management</strong></td>
<td></td>
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<tr>
<td>99078</td>
<td>Miscellaneous services; physician educational services to patients in group setting</td>
<td>Group counseling for patients with symptoms/illnesses</td>
</tr>
<tr>
<td>S0315-S0316</td>
<td>Health education disease management program; initial and follow-up assessments</td>
<td>Health education</td>
</tr>
<tr>
<td>S9445-S9446</td>
<td>Patient education, not otherwise specified non-physician provider, individual or group</td>
<td>Health education</td>
</tr>
<tr>
<td>98960-98962</td>
<td>Education and training for patient self-management, by non-physician</td>
<td>Counseling for individuals or groups of patients with symptoms/illnesses</td>
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<tr>
<td><strong>Behavioral Consult and Therapy</strong></td>
<td></td>
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<tr>
<td>96150-96155</td>
<td>Health and behavior assessments (health-focused clinical interview, behavior observations, psychophysiological monitoring, health-oriented questionnaires)</td>
<td>Health and behavioral intervention/counseling</td>
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<tr>
<td>S9449</td>
<td>Weight management class, non-physician provider</td>
<td>Weight management class</td>
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<tr>
<td>S9451</td>
<td>Exercise class, non-physician provider, per session</td>
<td>Exercise class</td>
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### State Medicaid Coverage of Adult Obesity Treatment Modalities

<table>
<thead>
<tr>
<th>State</th>
<th>Preventive Counseling</th>
<th>Nutritional Consultation</th>
<th>Disease Management &amp; Education</th>
<th>Behavioral Consultation/Therapy</th>
<th>Drug Therapy</th>
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<th>Disease Management &amp; Education</th>
<th>Behavioral Consultation/Therapy</th>
<th>Drug Therapy</th>
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- Various restrictions apply
- Preauthorization required
- = strong evidence of coverage
- = mixed coverage (evidence one or more service covered)
0 = not mentioned/undetermined
- = strong evidence of noncoverage (either specifically excluded or absent from provider manuals and fee schedule)
Map 1: Medicaid Coverage of Obesity-Related Preventive Counseling Services

Source: CPT Code Search of Provider Fee Schedules
Note: Common Preventive Counseling Services are defined as CPT codes 99401-99404 and 99411-99412
Map 2: Medicaid Coverage of Obesity-Related Nutritional Consult Services

Source: CPT Code Search of Provider Fee Schedules
Note: Common Nutritional Consult Services are defined as CPT codes S9462, 97802-97804, S9470
Map 3: Medicaid Coverage of Obesity-Related Disease Management and Education Services

Source: CPT Code Search of Provider Fee Schedules
Note: Common Disease Management and Education Services are defined as CPT codes 99076, 50315-50316, 99445-99446, 99960-99962
Map 4: Medicaid Coverage of Obesity-Related Behavioral Consult and Therapy Services

Source: CPT Code Search of Provider Fee Schedules
Note: Common Behavioral Consult and Therapy Services are defined as CPT codes 90150-90155, 98949, 98451
Map 5: Medicaid Coverage of Obesity-Related Pharmaceuticals

Source: State Medicaid Provider Manuals
Map 6: Medicaid Coverage of Bariatric Surgery

Source: State Medicaid Provider Manuals
ALABAMA
Alabama Medicaid Agency

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;1,2,3,4,5&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;1,6,7,8&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Adults:</strong></td>
<td>Mediterranean diet instruction performed by a physician is considered part of a routine visit.</td>
<td>Medicaid will not compensate pharmacy providers for:</td>
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<tr>
<td></td>
<td>&quot;Non-billable encounters are visits for face-to-face contact between a patient and health professional for services other than those listed above (i.e., visits to social worker, LPN). Such services include, but are not limited to, weight check only or blood pressure check only. Non-billable encounters cannot be forwarded to HP for payment.&quot;</td>
<td>- Agents when used for anorexia, weight loss, or weight gain except for those specified by the Alabama Medicaid Agency.</td>
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<tr>
<td></td>
<td>Medicaid also does not cover dietitians except for recipients under 21 years of age.</td>
<td>Gastric bypass covered with prior authorization approval when specific medical criteria are met.</td>
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<tr>
<td></td>
<td>CPT Codes: 99401-99402</td>
<td>Considered cosmetic unless specific medical criteria are met and with prior authorization.</td>
</tr>
<tr>
<td><strong>EPSDT:</strong></td>
<td>Nutritional services covered under children’s specialty clinics for children who qualify for EPSDT.</td>
<td>Bariatric surgical procedures are considered for Medicaid eligible recipients between 18 and 64 years of age, effective June 1, 2009.</td>
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<td></td>
<td>At Well Child check up: Nutritional status must be assessed at each screening visit. Screenings are based on dietary history, physical observation, height, weight, head circumference (ages two and under), hemoglobin/hematocrit, and any other laboratory determinations carried out in the screening process. A plotted height/weight graph chart is acceptable when performed in conjunction with a hemoglobin or hematocrit if the recipient falls between the 10&lt;sup&gt;th&lt;/sup&gt; and 95&lt;sup&gt;th&lt;/sup&gt; percentile.</td>
<td>Prior authorization criteria are not specified in provider manual.</td>
</tr>
<tr>
<td>Nutritional Assessment/Counseling&lt;sup&gt;9,10,11,12,13&lt;/sup&gt;</td>
<td>Pharmaceutical Therapy&lt;sup&gt;14&lt;/sup&gt;</td>
<td>Bariatric Surgery&lt;sup&gt;15&lt;/sup&gt;</td>
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<tr>
<td><strong>Adults:</strong>&lt;br&gt;Weight loss programs, programs to improve overall fitness, and maintenance therapy are not covered services. CPT Codes: 99401-99404</td>
<td>Alaska Medicaid does not cover the following pharmacy services:&lt;br&gt;• Medications used to treat infertility, obesity, or baldness.</td>
<td>Covered; requires special review. Special review process not detailed.</td>
</tr>
<tr>
<td><strong>EPSDT:</strong>&lt;br&gt;Complete physical exams, or checkups, are covered until a child turns 21. A complete checkup should include:&lt;br&gt;• height and weight measurement;&lt;br&gt;• vision, hearing, and dental screening;&lt;br&gt;• immunizations, if needed;&lt;br&gt;• growth and development assessment;&lt;br&gt;• time for parents, children and teens to have questions answered;&lt;br&gt;• age-related information about normal development, food, health, and safety; and&lt;br&gt;• referrals for dental care, vision exams, and WIC, depending on the patient’s age.</td>
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<tr>
<td>Nutrition services are covered for children under age 21 who are at high risk nutritionally. The division will reimburse for outpatient nutrition services provided to a Medical Assistance-eligible recipient under 21 years of age who has had an EPSDT screening within the 12 months before or one month after service is provided and is determined to be at high risk nutritionally by a physician, ANP, or other licensed or certified health care practitioner. Coverage for a child under 21 years of age includes one initial assessment within a calendar year, and up to 12 additional hours within a calendar year for counseling and follow-up care, unless additional visits are prescribed by a physician, ANP, or other licensed health care practitioner who may order those services within the scope of the practitioner’s license. Medical justification is required for prescribed services in excess of 12 hours per calendar year.</td>
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<tr>
<td>Nutritional Assessment/Counseling(^{16,17})</td>
<td>Pharmaceutical Therapy</td>
<td>Bariatric Surgery(^{18})</td>
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<td><strong>Adults:</strong> Not explicitly mentioned in provider manual; however, reimbursable under physician fee schedule.</td>
<td>Excluded (not included in drug formulary or mentioned in provider manual).</td>
<td>Bariatric surgery is only paid for when other treatments have been tried and did not work. You must try other treatments first, like medication or a weight loss plan (The Contractor may expand on this explanation so it is reflective of the Contractor’s criteria for this service). AHCCCS states that “these treatments are less risky and may help the beneficiary without surgery.”</td>
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<tr>
<td>CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, S0315-S0316, S9451</td>
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<td><strong>EPSDT:</strong> Nutritional assessments are conducted to assist EPSDT members whose health status may improve with nutrition intervention. AHCCCS covers the assessment of nutritional status provided by the member’s primary care provider (PCP) as a part of the EPSDT screenings specified in the AHCCCS EPSDT Periodicity Schedule, and on an inter-periodic basis as determined necessary by the member’s PCP. AHCCCS also covers nutritional assessments provided by a registered dietitian when ordered by the member’s PCP. This includes EPSDT eligible members who are under or overweight. To initiate the referral for a nutritional assessment, the PCP must use the Contractor referral form in accordance with Contractor protocols. Prior authorization is not required when the assessment is ordered by the PCP.</td>
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<tr>
<td>The Children’s Rehabilitative Services Program, which provides specialty coordinated care to high need EPSDT children, excludes eating disorders and obesity coverage.</td>
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ARKANSAS
Arkansas Medicaid

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;19,20&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery&lt;sup&gt;21&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults:</td>
<td>Not explicitly mentioned.</td>
<td>Requires prior authorization and:</td>
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<tr>
<td></td>
<td></td>
<td>A. The patient must be between 18 and 65 years of age.</td>
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<td>B. The beneficiary has a documented body mass index &gt;35 and has at least one co-morbidity related to obesity.</td>
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<td>C. The beneficiary must be free of endocrine disease as supported by an endocrine study consisting of a T3, T4, blood sugar and a 17-Keto Steroid or Plasma Cortisol.</td>
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<td>D. Under the supervision of a physician the beneficiary has made at least one documented attempt to lose weight in the past. The medically supervised weight loss attempt(s) as defined above must have been at least six months in duration.</td>
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<td>E. Medical and psychiatric contraindications to the surgical procedure have been ruled out (and referrals made as necessary)</td>
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<td>F. A complete history and physical, documenting:</td>
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<td>a. beneficiary’s height, weight, and BMI</td>
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<td>b. the exclusion or diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome,</td>
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<td>G. A psychiatric evaluation no more than three months prior to the requesting authorization. The evaluation should address these issues:</td>
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<td>a. Ability to provide, without coercion, informed consent,</td>
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<td>b. family and social support,</td>
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<td></td>
<td>c. patient ability to comply with the postoperative care plan and, identify potential psychiatric contraindications</td>
</tr>
</tbody>
</table>

Covered Procedures:
- Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)
- Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
- Laparoscopic adjustable gastric banding (LAGB) Vertical banded gastroplasty
- Gastric Bypass

Excluded Procedures:
- Open adjustable gastric banding
- Open and laparoscopic sleeve gastrectomy

CPT Codes: 99401-99402

EPSDT:
The Arkansas Medicaid Program requires that all eligible EPSDT participants under age 21 receive regularly scheduled examinations and evaluations of their general physical and mental health, growth, development and nutritional status.

When a condition is diagnosed through a Child Health Services (EPSDT) screen and requires treatment services not normally covered under the Arkansas Medicaid Program, those treatment services will be considered for reimbursement if the service is medically necessary and permitted under federal Medicaid regulations. The PCP must request consideration for reimbursement using the EPSDT Prescription/Referral for Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan Form DMS-693.
### Nutritional Assessment/Counseling

**Adults:**
Non-Benefit: May be reimbursed in unique circumstances, but only if an approved pre-authorization (TAR) is obtained.

CPT Codes: 96150-96153, 99401, S9470

**EPSDT:**
EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services with prior authorization and a physician treatment plan. Nutritional Evaluations and Services are additional services which require prior-authorization (TAR). In addition to the TAR, the provider must also submit the following medical documentation:

A. Medical information, which supports the medical necessity for the requested services;
B. Assessment of medical care needs, i.e., nursing care, and;
C. Plan of Treatment signed by a physician.

### Pharmaceutical Therapy

Not explicitly mentioned.

### Bariatric Surgery

**Requires Prior Authorization (Treatment Authorization Request – TAR) and:**

A. The recipient has a BMI, the ratio of weight (in kilograms) to the square of height (in meters), of:
   a. Greater than 40, or
   b. Greater than 35 if substantial co-morbidity exists, such as life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.

B. The recipient has failed to sustain weight loss on conservative regimens. Examples of appropriate documentation of failure of conservative regimens include but are not limited to:
   a. Severe obesity has persisted for at least five years despite a structured physician-supervised weight-loss program with or without an exercise program for a minimum of six months.
   b. Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

C. The recipient has a clear and realistic understanding of available alternatives and how his or her life will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.

D. The recipient has received a pre-operative medical consultation and is an acceptable surgical candidate.

E. The recipient has an absence of contraindications to the surgery, including a major life-threatening disease not susceptible to alleviation by the surgery, alcohol or substance abuse problem in the last six months, severe psychiatric impairment and a demonstrated lack of compliance and motivation.

F. The recipient has a treatment plan, which includes:
   a. Pre-and post-operative dietary evaluations and nutritional counseling, counseling regarding exercise, psychological issues, and the availability of supportive resources when needed
   b. Repeat bariatric surgery or surgical revision may be medically necessary to correct complications or technical failure including implanted device failure, gastric pouch of inappropriate size or stricture, fistula, obstruction or other surgical complication.

G. Request for repeat surgery for failure to achieve or sustain weight loss must include documentation that the patient has been enrolled in and compliant with the previous post-operative program.

H. Authorization for bariatric surgery will only be approved for a Center for Medicare & Medicaid Services certified Center of Excellence (as designated by the American Society for Bariatric Surgery or certified Level I Center for Excellence by the American College of Surgeons).

**Covered Procedures:**

A. Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)
B. Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
C. Laparoscopic adjustable gastric banding (LAGB) Vertical banded gastroplasty
D. Gastric bypass
E. Open adjustable gastric banding
<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td>Adults:</td>
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<tr>
<td>Excluded:</td>
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<tr>
<td>Non-benefit services include educational counseling or materials (e.g., obesity or diabetic instructions and materials), obesity control therapy (psychiatry services).</td>
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<tr>
<td>CPT Codes: 99401-99404, 99411-99412</td>
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<tr>
<td>EPSDT:</td>
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<tr>
<td>Assesses and covers services related to nutrition and weight:</td>
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<tr>
<td>A. Obtain nutritional status through questions about dietary patterns. If the child has a poor diet, provide or refer the parent and child for nutritional counseling.</td>
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<td>B. As part of the Developmental Assessment, measure and compare the child’s height and weight with the normal ranges for children of that age. Developmental assessment is part of every EPSDT initial and periodic examination. The assessment includes a range of activities to determine whether a child’s developmental processes fall within a normal range of achievement according to age group and cultural background. Diagnostic and Evaluation Clinics are available when additional assessment, diagnosis, treatment, or follow-up is needed.</td>
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<tr>
<td>Requires Pre-Authorization and Medical Necessity</td>
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<tr>
<td>Eligibility: All currently enrolled Medicaid clients over the age of 16 are eligible for this service.</td>
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<td>All four of the criteria listed below must be met in order to authorize bariatric surgery. Clients not meeting the criteria, who have one or more immediate, life-threatening co-morbidities will be considered for approval on a case-by-case basis. The fifth criterion applies to clients under the age of 18.</td>
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<td>The client is clinically obese with one of the following:</td>
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<td>1. BMI of 40 or higher OR BMI of 35-40 with objective measurements documenting one or more of a specified list of co-morbid conditions.</td>
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<td>2. The BMI level qualifying the client for surgery (&gt;40 or &gt;35 with one or more specified co-morbidities) must be of at least two years’ duration. A client’s required attempts to lose weight may cause their BMI to fluctuate around the discrete required levels during the two-year period. The two-year period will not necessarily start over, or be prolonged, under this scenario, but will be decided on a case-by-case basis.</td>
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<td>3. The client has made at least one serious (6 months or longer) clinically supervised attempt to lose weight in the past, under the supervision of a registered dietician working in consultation with a physician, nurse practitioner, or physician’s assistant.</td>
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<td>4. Medical and psychiatric contraindications to the surgical procedure have been ruled out through:</td>
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<td>a. A complete history and physical conducted by or in consultation with the requesting surgeon; and;</td>
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<tr>
<td>b. A psychiatric or psychological assessment, conducted by a licensed mental health professional, no more than three months prior to the requested authorization.</td>
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<td>Additional Criterion for Teenagers. For individuals under the age of eighteen, the following must be documented: The exclusion or diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome; Girls have attained Tanner stage IV breast development; Bone age studies estimate the attainment of 95% of projected adult height.</td>
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<tr>
<td>Covered Procedures:</td>
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<tr>
<td>1. Roux-en-Y Gastric Bypass;</td>
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<td>2. Adjustable Gastric Banding;</td>
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<tr>
<td>3. Biliopancreatic Diversion with or without Duodenal Switch;</td>
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<td>4. Vertical-Banded Gastroplasty;</td>
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<td>5. Vertical Sleeve Gastroplasty.</td>
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<tr>
<td>Colorado Medicaid will reimburse participating providers for no more than one bariatric procedure per client lifetime, unless a revision is appropriate. Additional criteria apply for revisions.</td>
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<tr>
<td>Nutritional Assessment/Counseling</td>
<td>Pharmaceutical Therapy</td>
<td>Bariatric Surgery</td>
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<tr>
<td><strong>Adults:</strong> Nutritional assessment and counseling; and behavioral counseling appear to be covered when “medically necessary” but require prior authorization. CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804</td>
<td>Any drugs used in the treatment of obesity are not covered.</td>
<td>The department shall pay providers for surgical services necessary to treat morbid obesity when another medical illness is caused by, or is aggravated by, the obesity. Such illnesses shall include illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system. “Morbid obesity” is classified by the International Classification of Diseases (ICD).</td>
</tr>
<tr>
<td><strong>EPSDT:</strong> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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</table>
Nutritional Assessment/Counseling[^3][^38]  | Pharmaceutical Therapy[^39][^40]  | Bariatric Surgery[^41]  
---|---|---
**Adults:**
Does not appear to be covered except in MCO plan and when provided in a FQHC as preventive care for weight consisting of nutritional assessment and referral.

CPT Codes: 96150-96155, 99401-99404, 99411-99412, S9470

**EPSDT:**
Obesity services outside of mandated EPSDT services are not explicitly mentioned.

Pharmaceuticals not covered include drugs for obesity.

All requests for bariatric surgery must be prior authorized. This includes the surgeon, assistant surgeon (if medically necessary), anesthesiologist, and facility. Requests for prior authorizations of bariatric surgery must be submitted in writing.

The DMAP may cover bariatric surgery for treatment of obesity in adults when the patient’s obesity is causing significant illness and incapacitation and when all other more conservative treatment options have failed.
## DISTRICT OF COLUMBIA
### Department of Health Care Finance

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;42,43&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;44&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;45&lt;/sup&gt;</th>
</tr>
</thead>
</table>
| **Adults:** Screening and behavioral counseling for obesity are non-benefits. | The following drugs are excluded from coverage for the DC DHCF Pharmacy Program:  
- Anti-obesity drugs. | Gastric bypass requires written justification and prior authorization.  
Specific criteria not defined. |
| CPT Codes: 96151-96155, 99401, 99411, S9470, S9445, S9451 | | |

**EPSDT:**

*Dietary Assessment*

If information suggests a dietary inadequacy, obesity or other nutritional problems, further assessment is indicated, including:

- Family, socioeconomic or any community factors;
- Determining quality and quantity of individual diets (e.g., dietary intake, food acceptance, meal patterns, methods of food preparation and preservation, and utilization of food assistance programs);
- Further physical and laboratory examinations; and
- Preventive, treatment and follow-up services, including dietary counseling and nutrition education.
**FLORIDA**  
Agency for Health Care Administration

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;46,47,48&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;49&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;50&lt;/sup&gt;</th>
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</thead>
</table>
| **Adults:**  
At a minimum, the following items must be documented in the recipient’s medical record:  
- Present history, including pertinent psychiatric history;  
- Past history;  
- Family history;  
- Dietary history;  
- Nutritional assessment;  
- Use of alcohol, drugs, and tobacco; and  
- List of all known risk factors.  

CPT Codes: 99401-99403 | Medicaid does not reimburse for appetite suppressants (unless prescribed for an indication other than obesity). | All bariatric surgical procedures require prior authorization by the inpatient hospital Medicaid QIO peer review organization.  
All bariatric surgical procedures requested for overweight and obesity must use the additional ICD-9 code to identify body mass index (V85.1-V85.45).  

**EPSDT:**  
A Child Health Check-Up (CHCUP) consists of a comprehensive, preventive health screening performed on a periodic basis on recipients’ birth through 20 years of age.  

A CHCUP includes: A comprehensive health and developmental history, an assessment of past medical history, developmental history and behavioral health status, unclothed physical exam, nutritional assessment, developmental assessment, updating of routine immunizations, laboratory tests (including blood lead screening), vision, hearing, and dental screening (including dental referral), and health education/anticipatory guidance, diagnosis, and treatment.
## GEORGIA
Department of Community Health

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<tr>
<td><strong>Adults:</strong> The Diagnostic, Screening and Preventive Services Program reimburses a broad range of diagnostic, screening, and preventive services. These services are provided at an office, clinic, school-based clinic, or similar facility in Georgia. Services include nutritional counseling.</td>
<td>Non-covered drugs include agents used for anorexia or weight gain.</td>
<td>Bariatric Surgery for the treatment of morbid obesity is considered medically necessary when pre-authorized with the following criteria met:</td>
</tr>
<tr>
<td>Nutritional Counseling (Individual &amp; Group): Dietitians licensed by the Georgia Board of Examiners may bill for Nutritional Counseling. Medicaid reimburses for new patient nutritional assessment, established patient nutritional, counseling and nutritional group counseling visits:</td>
<td></td>
<td>1. Presence of morbid obesity, defined as either: Body mass index (BMI)* exceeding 40; OR, BMI greater than 35 in conjunction with ANY of the following severe co-morbidities: Coronary heart disease; OR, Type 2 diabetes mellitus; OR, Clinically significant obstructive sleep apnea (i.e., member meets the criteria for treatment of obstructive sleep apnea; OR, Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite optimal medical management); AND; 2. Member has completed growth (18 years of age or documentation of completion of bone growth); AND; 3. The member must concurrently participate in an organized multidisciplinary surgical preparatory regimen coordinated by a qualified bariatric surgeon in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the member's ability to comply with post-operative medical care and dietary restrictions. AND; 4. Member has participated in a physician-supervised nutrition and exercise program (including a low calorie diet, increased physical activity, and behavioral modification). This physician-supervised nutrition and exercise program must meet ALL of the following criteria: Participation in nutrition and exercise program must be supervised and monitored by a physician; AND, Nutrition and exercise program must be 6 months or longer in duration; AND, Nutrition and exercise program must occur within the two years prior to surgery; AND, Participation in physician-supervised nutrition and exercise program must be documented in the medical record by an attending physician who does not perform bariatric surgery. Note: A physician’s summary letter is not sufficient documentation. Programs such as Weight Watchers®, Jenny Craig® and Optifast® are acceptable alternatives if done in conjunction with physician supervision and detailed documentation of participation is available for review. However, physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement. AND; 5. Mental health evaluation by a psychiatrist or psychologist to determine any contraindications as listed below, mental competency and understanding of the nature, extent and possible complications of the surgery and ability to sustain dietary behavioral modifications needed to ensure a successful outcome of surgery. Contraindicated diagnoses are: active drug abuse, active suicidal ideation, borderline personality disorder, schizophrenia, psychotic disorder, uncontrolled depression, defined non-compliance with previous medical care.</td>
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<tr>
<td>• Nutritional Counseling (individual or group) can be billed as a single service if it was the only service provided that day.</td>
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<td>Procedures Covered Only the following surgical procedures are covered:</td>
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<tr>
<td>• Nutritional Counseling (individual or group) rendered in combination with other clinic services on a particular day should not be billed separately.</td>
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<td>• Gastric segmentation along its vertical axis with a Roux-en-Y bypass with distal anastomosis placed in the jejunum</td>
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<tr>
<td>• Nutritional Counseling for WIC-eligible members must be beyond the first two (2) nutrition education contacts.</td>
<td></td>
<td>• Laparoscopic adjustable silicone gastric banding</td>
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<tr>
<td>• Nutritional Group Counseling classes must be specific to client’s nutrition-related medical condition and diagnosis.</td>
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<td>• Bilipancreatic Diversion with Duodenal Switch</td>
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<tr>
<td>CPT Codes: None</td>
<td></td>
<td>• Laparoscopic or open sleeve gastrectomy; laparoscopic longitudinal gastrectomy</td>
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<tr>
<td><strong>EPSDT:</strong> At a minimum, the Diagnostic, Screening and Preventive Services provider must provide nutritional counseling.</td>
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[^1]: Nutritional Assessment/Counseling
[^2]: Pharmaceutical Therapy
[^3]: Bariatric Surgery
[^4]: EPSDT
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<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tr>
<td>Adults: Preventive risk assessments for adults are covered. They are reimbursed as procedures.</td>
<td>Appetite suppressants (anorexics) require prior authorization. Information on the Request for Medical Authorization DHS Form 1144B must include the patient’s weight and program for weight loss. Other types of weight loss products such as Meridia may have more specific prior authorization criteria.</td>
<td>Prior Authorization is required. Jejuno-ileal bypass procedures for morbid obesity is specifically excluded.</td>
</tr>
<tr>
<td>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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CPT Codes: 96150-96155
IDAHO  
Department of Health and Welfare

<table>
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<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;62,63,64&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;65&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;66,67&lt;/sup&gt;</th>
</tr>
</thead>
</table>
| **Adults:** Non-included services: Prevention and health assistance benefits (includes health/wellness education and intervention services such as disease management, tobacco cessation programs, or weight management). | Non-surgical treatment for obesity: services in connection with non-surgical treatment of obesity are covered only when such services are integral and necessary part of treatment for another medical condition that is covered by Medicaid. | Medicaid will only cover bariatric surgeries, including abdominoplasty and panniculectomy, when all of the following conditions are met:  
• The participant meets the criteria for morbid obesity as defined in IDAPA 16.03.09.431 Surgical Procedures for Weight Loss – Participant Eligibility through 434 Surgical Procedures for Weight Loss – Provider Qualifications and Duties online at [http://adminrules.idaho.gov/rules/2012/16/0309.pdf](http://adminrules.idaho.gov/rules/2012/16/0309.pdf)  
• The procedure is prior authorized by Qualis Health. If approval is granted, Qualis Health will issue the authorization number and conduct a length-of-stay review.  
• The procedure(s) must be performed in a Medicare-approved bariatric surgery center (BSC) or bariatric surgery center of excellence (BSCE). Must be medically necessary. All criteria must be met:  
1. BMI>40 or BMI>35 with co-morbidities such as diabetes, hypothyroidism, atherosclerotic cardiovascular disease, or osteoarthritis of the lower extremities. The serious co-morbid condition must be documented by the primary physician who refers the patient for the procedure, or a physician specializing in the patient’s comorbid condition who is not associated by clinic or other affiliation with the surgeons who will perform the surgery.  
2. Other Medical Condition exists: The obesity is caused by the serious comorbid condition or the obesity could aggravate the participant’s cardiac, respiratory, or other systemic disease.  
3. Psychiatric Evaluation  
   |  
| CPT Codes: 96150-96154, 99401-99404, S9470 |  
| **EPSDT:** Nutritional Services for Children  
Following criteria must be met:  
• Ordered by a physician  
• Determined to be medically necessary  
• Payment for two visits during the calendar year is available at a rate established by DHW  
Children may receive two additional visits when prior authorized. |  
|  
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**Notes:**

<sup>62</sup> This service is covered under EPSDT.
<sup>63</sup> CPT Codes: 96150-96154, 99401-99404, S9470.
<sup>64</sup> EPSDT: Nutritional Services for Children.
<sup>65</sup> CPT Codes: 96150-96154, 99401-99404, S9470.
<sup>66</sup> The participation must meet the criteria for morbid obesity as defined in IDAPA 16.03.09.431 Surgical Procedures for Weight Loss – Participant Eligibility through 434 Surgical Procedures for Weight Loss – Provider Qualifications and Duties online at [http://adminrules.idaho.gov/rules/2012/16/0309.pdf](http://adminrules.idaho.gov/rules/2012/16/0309.pdf).
<sup>67</sup> The procedure(s) must be performed in a Medicare-approved bariatric surgery center (BSC) or bariatric surgery center of excellence (BSCE).

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**ILLINOIS**  
Department of Healthcare and Family Services

<table>
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<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td>Adults:</td>
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</table>
| Not explicitly mentioned in provider manual; however, reimbursable under physician fee schedule. | Prescription pharmacy items that are not covered under the Medical Assistance Program are:  
- Weight loss drugs. | Payment for this service may be made only in those cases in which the physician determines that obesity is exogenous in nature, the recipient has had the benefit of other therapy with no success, endocrine disorders have been ruled out, and the body mass index (BMI) is 40 or higher, or 35 to 39.9 with serious medical complications.  
The medical record must contain the following documentation of medical necessity:  
- Documentation of review of systems (history and physical);  
- Client height, weight and BMI;  
- Listing of co-morbidities;  
- Patient weight loss attempts;  
- Current and complete psychiatric evaluation indicating the patient is an appropriate candidate for weight loss surgery;  
- Documentation of nutritional counseling. |

CPT Codes: 96150-96155, 97802-97804, 99078

**EPSDT:**  
Medical Records for EPSDT services must include nutritional assessments and growth chart.

Nutritional Assessment covered under Well Child visits:  
There is no one biochemical or physical measurement that will allow a positive statement of nutritional health. Instead, there are a number of measurements, which collectively allow an estimate of such. Components of a nutritional assessment include the following:  
Dietary Evaluation - including record of food intake, diet history including questions to identify unusual dietary practices or eating habits (e.g. prolonged use of bottle feedings, eating non-food items, etc.) or food frequency to identify the frequency of consumption of foods grouped together based on their principal nutrient contribution; evaluation of breastfeeding.
### INDIANA
Office of Medicaid Policy and Planning

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<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;73,/4&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;75,76,77&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;78&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Adults:</strong>&lt;br&gt;Not explicitly mentioned in provider manual; however, reimbursable under physician fee schedule.</td>
<td>Amphetamines are excluded when prescribed for weight control or treatment of obesity. Anorectics (except amphetamines), both legend and nonlegend, are not covered by Medicaid. Amphetamines are not covered services for weight control or treatment of obesity. Medicaid does not cover anorectics or any agent used to promote weight loss.</td>
<td>Services requiring prior authorization include weight reduction surgery, including gastroplasty and related gastrointestinal surgery. Prior authorization requirements are not defined in the provider manual.</td>
</tr>
<tr>
<td><strong>CPT Codes:</strong> 96150-96155, 97802-97804, S9470, S9446, S9449, S9451-S9452</td>
<td><strong>EPSDT:</strong>&lt;br&gt;Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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</tbody>
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25
<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling[^9][^80][^81]</th>
<th>Pharmaceutical Therapy[^82]</th>
<th>Bariatric Surgery[^83][^84]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults: Not explicitly mentioned in provider manual; however, reimbursable under physician fee schedule.</td>
<td>Medicaid payment will not be made for drugs used to cause anorexia, weight gain or weight loss.</td>
<td>Hospital admissions and certain surgical procedures, including surgery for obesity, are subject to prior approval by the IME Medical Services Unit. Surgical procedures affect health care expenditures significantly. To ensure that procedures are medically necessary, the IME Medical Services Unit conducts preprocedure review for the Medicaid program. Preprocedure review will be performed for all procedures identified on the following list: includes gastric stapling (gastroplasty) and high gastric bypass. Specific prior authorization documentation requirements are not defined.</td>
</tr>
<tr>
<td>CPT Codes: 96152, 96154, 99402, 97802-97804, S9470, 98960-98962</td>
<td></td>
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<tr>
<td>EPSDT: Nutritional counseling services provided by licensed dietitians for members age 20 and under are covered when a nutritional problem or a condition of such severity exists that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.</td>
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<tr>
<td>Nutritional counseling for children from birth through age 20 is technically not a “non-inpatient” service, but is paid similarly. When billing the service, one unit equals 15 minutes.</td>
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</table>
## KANSAS
Kansas Health Policy Authority

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td><strong>Adults:</strong></td>
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<tr>
<td>Services Requiring Referral from the HealthConnect Primary Care Case Manager</td>
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<tr>
<td>The following nonemergency services are not covered if provided or prescribed by a provider other than the assigned PCCM unless the PCCM makes a referral.</td>
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<tr>
<td>• Dietitian</td>
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<td>CPT Codes:</td>
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<tr>
<td>• QMP (Managed Care): 96150-96154, 97802-9704, 99078</td>
<td></td>
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<tr>
<td>• MediKan (Traditional FFS Medicaid): 96150, S9470</td>
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<tr>
<td><strong>EPSDT:</strong></td>
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<tr>
<td>Dietitian Services</td>
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<tr>
<td>• Dietitian services are covered when provided by a registered dietitian licensed through the Kansas Department of Health and Environment (KDHE). Proof of licensure is required at the time of enrollment.</td>
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<tr>
<td>• Dietitian services are covered for KBH participants only.</td>
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<tr>
<td>• Other insurance and Medicare are primary and must be billed first.</td>
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<tr>
<td>• Dietitian services can only be rendered as a result of a medical or dental screening referral.</td>
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<tr>
<td>• Individual-focused services are limited to an initial evaluation (up to 2 units) and 11 follow-up units per beneficiary, per year. Each unit equals 15 minutes. Additional visits may be covered with approved prior authorization. Refer to Section 4300 of the General Special Requirements Provider Manual for information on obtaining prior authorization.</td>
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<tr>
<td>Non covered services:</td>
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<tr>
<td>• Weight reduction with exception of those requiring PA.</td>
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<tr>
<td>• EXCEPTION: Orlistat (Xenical®) and sibutramine (Meridia®) will be covered with PA. Individuals with a body mass index (BMI) greater than 30 or greater than 27 with comorbidity may be eligible to receive orlistat or sibutramine with PA.</td>
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<tr>
<td>Not explicitly mentioned.</td>
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<tr>
<td>Nutritional Assessment/Counseling&lt;sup&gt;90,91&lt;/sup&gt;</td>
<td>Pharmaceutical Therapy&lt;sup&gt;92&lt;/sup&gt;</td>
<td>Bariatric Surgery&lt;sup&gt;93&lt;/sup&gt;</td>
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<td>-------------------------------------------------</td>
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</table>
| **Adults:**  
CPT codes 96150, 96151-96153, and 97802-97804 are covered according to the KY Medicaid fee schedule.  
CPT Codes: 96150-96153, 97802-97804  
**EPSDT:**  
Obesity services outside of mandated EPSDT services are not explicitly mentioned. | The following is a list of non-covered (i.e., excluded from the Medicaid benefit) drugs and/or categories:  
- Agents used for anorexia, weight gain or weight loss. | Bariatric Surgery for the treatment of morbid obesity is considered medically necessary when pre-authorized with the following criteria met:  
1. Presence of morbid obesity, defined as either: Body mass index (BMI) exceeding 40; OR, BMI greater than 35 in conjunction with ANY of the following severe co-morbidities: Coronary heart disease; OR, Type 2 diabetes mellitus; OR, Clinically significant obstructive sleep apnea (i.e., member meets the criteria for treatment of obstructive sleep apnea; OR, Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite optimal medical management); AND;  
2. Member has completed growth (18 years of age or documentation of completion of bone growth); AND;  
3. The member must concurrently participate in an organized multidisciplinary surgical preparatory regimen coordinated by a qualified bariatric surgeon in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the member's ability to comply with post-operative medical care and dietary restrictions. AND;  
4. Member has participated in a physician-supervised nutrition and exercise program (including a low calorie diet, increased physical activity, and behavioral modification). This physician-supervised nutrition and exercise program must meet ALL of the following criteria: Participation in nutrition and exercise program must be supervised and monitored by a physician; AND, Nutrition and exercise program must be 6 months or longer in duration; AND, Nutrition and exercise program must occur within the two years prior to surgery; AND, Participation in physician-supervised nutrition and exercise program must be documented in the medical record by an attending physician who does not perform bariatric surgery. Note: A physician's summary letter is not sufficient documentation. Programs such as Weight Watchers®, Jenny Craig® and Optifast® are acceptable alternatives if done in conjunction with physician supervision and detailed documentation of participation is available for review. However, physician-supervised programs consisting exclusively of pharmacological management are not sufficient to meet this requirement. AND;  
5. Mental health evaluation by a psychiatrist or psychologist to determine any contraindications as listed below, mental competency and understanding of the nature, extent and possible complications of the surgery and ability to sustain dietary behavioral modifications needed to ensure a successful outcome of surgery. Contraindicated diagnoses are: active drug abuse, active suicidal ideation, borderline personality disorder, schizophrenia, psychotic disorder, uncontrolled depression, defined non-compliance with previous medical care. |

**Procedures Covered**  
Only the following surgical procedures are covered:  
- Gastric segmentation along its vertical axis with a Roux-en-Y bypass with distal anastomosis placed in the jejunum  
- Laparoscopic adjustable silicone gastric banding  
- Biliopancreatic Diversion with Duodenal Switch  
- Laparoscopic or open sleeve gastrectomy; laparoscopic longitudinal gastroplasty.
**LOUISIANA**  
**Medicaid (Health Services Financing)**  
**Office of Management and Finance, Department of Health and Hospitals**

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td><strong>Adults:</strong></td>
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<tr>
<td>Not explicitly mentioned in provider manual; however, some services are reimbursable under physician fee schedule.</td>
<td>Agents when used for anorexia, weight loss or weight gain (Orlistat only) are not covered by Louisiana Medicaid unless they are covered by Medicare Part B or Part D.</td>
<td>Louisiana Medicaid covers bariatric or weight loss surgery as an option only after a comprehensive and sustained program of diet and exercise with or without pharmacologic measures has been unsuccessful over time. Bariatric surgery may consist of open or laparoscopic procedures that revise the gastro-intestinal anatomy to restrict the size of the stomach and/or reduce absorption of nutrients.</td>
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<tr>
<td>CPT Codes: 96150-96155 and 97802-97804</td>
<td></td>
<td>Prior Authorization</td>
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<tr>
<td><strong>EPSDT:</strong></td>
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<tr>
<td>Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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<td>Surgeons who perform bariatric surgery must obtain prior authorization through the fiscal intermediary’s Prior Authorization (PA) Unit. The PA request shall include a thorough multidisciplinary evaluation within the previous 12 months. A physician letter documenting recipient qualifications and medical necessity must accompany the PA request and must include confirmatory evidence of co-morbid condition(s). Photographs must be submitted with the request for consideration of bariatric surgery.</td>
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<td>All of the following criteria must be met by candidates for bariatric surgery:</td>
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<td>• Be a minimum of 16 years of age,</td>
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<td>• Have a documented weight in the morbidly obese range as defined by a body mass index greater than 40,</td>
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<td>• Have at least three failed efforts at medical therapy and is experiencing the complications of extreme obesity,</td>
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<td>• Have current obesity-related medical conditions which are classified as being very high risk for morbidity and mortality,</td>
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<td>• Not have a major psychiatric diagnosis as the cause of the obesity or which will act as a deterrent to successful treatment as evidenced by the results of a psycho-social evaluation,</td>
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<td>• Not be currently abusing alcohol or other substances, and</td>
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<td></td>
<td>• Be capable of complying with the modified food intake regimen and follow-up program which will come after surgery.</td>
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<tr>
<td>Nutritional Assessment/Counseling</td>
<td>Pharmaceutical Therapy</td>
<td>Bariatric Surgery</td>
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<tr>
<td><strong>Adults:</strong> Not explicitly mentioned in provider manual; however, some services are reimbursable under physician fee schedule. CPT Codes: 99401-99403 and 97802-97804</td>
<td>Weight loss drugs and nutritional support products prescribed for managing body weight or enhancing nutrient intake when the member is able to eat conventional foods are non-covered services by MaineCare.</td>
<td>Gastric bypass, gastroplasty and adjustable gastric banding are among the restricted services covered by MaineCare. Reimbursement will be made to the physician, hospital or other health care provider for services related to gastric bypass, gastroplasty surgery or adjustable gastric banding only when prior approval has been granted by the Department. The request for prior authorization must be submitted by the surgeon who will be performing the surgery. For Members age twenty-one (21) years and younger, the surgery must also be recommended by all of the following, with documentation submitted with the prior approval request: a. a primary care provider; b. an endocrinologist; c. second surgeon not affiliated with the first surgeon’s practices; and d. a licensed mental health professional specializing in children’s mental health</td>
</tr>
<tr>
<td><strong>EPSDT:</strong> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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</table>
## MARYLAND
Medical Programs, Department of Health and Mental Hygiene

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling(^{102})</th>
<th>Pharmaceutical Therapy(^{103})</th>
<th>Bariatric Surgery(^{104})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults:</td>
<td>Limitations: neither the State nor the MCO cover the following:</td>
<td>Bariatric surgery appears to be covered by inclusion of CPT/HCPCS-II codes 43644-43645, 43770-43774, 43842-43843, 43845, 43846-43847, and 43848 in the 2011 Fee Schedule. Other guidelines for gastric procedures were not found.</td>
</tr>
<tr>
<td>Excluded services include:</td>
<td>• Diet and exercise programs for weight loss except when medically necessary.</td>
<td></td>
</tr>
<tr>
<td>• Diet and exercise programs for weight loss except when medically necessary.</td>
<td>• Prescriptions or injections for central nervous system stimulants and anorectic agents when used for controlling weight.</td>
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<tr>
<td>CPT Codes: HealthChoice is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider for coverage details).</td>
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<tr>
<td>EPSDT: Obesity services outside of mandated EPSDT services are not explicitly mentioned.</td>
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</tbody>
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\(^{102}\) Adults: Excluded services include:

- Diet and exercise programs for weight loss except when medically necessary.

CPT Codes: HealthChoice is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider for coverage details).

**EPSDT:**
Obesity services outside of mandated EPSDT services are not explicitly mentioned.
**MASSACHUSETTS**
MassHealth, Office of Health and Human Services

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling 105,106,107</th>
<th>Pharmaceutical Therapy(^{108})</th>
<th>Bariatric Surgery(^{109})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults: Does not explicitly mention.</td>
<td>MassHealth does not pay for any prescription, over-the-counter drug or therapy that is used for obesity management.</td>
<td>MassHealth bases its determination of medical necessity for bariatric surgery on a combination of clinical data and presence of indicators that would affect the relative risks and benefits of the procedure. It is determined on an individual, case-by-case basis, in accordance with 130 CMR 450.204, when needed to either alleviate or correct medical problems caused by severe obesity. These guidelines apply to Roux-en-Y gastric bypass surgery. Requests for other forms of bariatric surgery will require exceptional circumstances and additional documentation, depending on the case.</td>
</tr>
</tbody>
</table>
| CPT Codes: None                             |                                 | These criteria include, but are not limited to, the following.  
1. The surgery will be performed under the guidance of a multidisciplinary team particularly experienced in the performance of bariatric surgery and the pre- and post-operative management of bariatric surgery patients.  
2. The surgery will be performed in a facility equipped to properly care for bariatric surgery patients.  
3. The member has a body mass index (BMI) greater than 40 or a BMI greater than or equal to 35 with significant co-morbid conditions, for example degenerative joint disease, circulatory and respiratory insufficiency, arteriosclerosis, hypertension, diabetes mellitus, obstructive sleep apnea, or dyslipidemia.  
4. The member has been severely obese for at least five years.  
5. The provider has ruled out metabolic causes of the member’s obesity.  
6. The member is at least 18 years of age.  
7. The member is well informed of the risks of surgery.  
8. The member is under a physician’s supervision for the treatment of obesity.  
9. The member has satisfactorily completed the pre-operative care plan.  
10. There is no evidence of active substance abuse.  
11. Any history of binge eating disorder has been documented and discussed. |

MassHealth does not explicitly say that nutrition counseling is paid for, with the exception of individuals receiving prenatal care or adult day care.

**EPSDT:**  
Medical nutrition therapy/diabetes self-management training are among the exceptions of services requiring referrals.
### MICHIGAN
Department of Community Health

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<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td><strong>Adults:</strong> MDCH policy covers obesity treatment when done for the purpose of controlling life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone. The physician must request prior authorization and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</td>
<td><strong>Prior authorization</strong> is required for prescription weight loss drugs. Depending on the specific drug being prescribed, additional medical documentation may be required. The most common categories requiring additional documentation are: 1. Current medical status, including nutritional or dietetic assessment. 2. Current therapy for all medical conditions, including obesity. 3. Documentation of specific treatments, including medications. 4. Current accurate Body Mass Index (BMI), height, and weight measurements. 5. Confirmation that there are no medical contraindications to reversible lipase inhibitor use; no mal-absorption syndromes, cholestasis, pregnancy and/or lactation. 6. Details of previous weight loss attempts and clinical reason for failure (at least two failed, physician supervised, attempts are required).</td>
<td>MDCH policy covers obesity treatment when done for the purpose of controlling life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone. The physician must request Prior Authorization and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed. The request for prior authorization must include: 1. The medical history; 2. Past and current treatment and results; 3. Complications encountered; 4. All weight control methods that have been tried and failed; and 5. Expected benefits or prognosis for the method being requested. If surgical intervention is desired, a psychiatric evaluation of the beneficiary’s willingness/ability to alter their lifestyle following surgical intervention must be included in addition to the following guidelines.</td>
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</table>

The request for prior authorization must include:
1. The medical history;
2. Past and current treatment and results;
3. Complications encountered;
4. All weight control methods that have been tried and failed; and
5. Expected benefits or prognosis for the method being requested.

CPT Codes: None

**EPSDT:**
Obesity services outside of mandated EPSDT services are not explicitly mentioned.
### Nutritional Assessment/Counseling

**Adults:**
MHCP covers physician visits, medical nutritional therapy, mental health services, and laboratory work provided for weight management. Services must be billed by enrolled providers on a component basis with current CPT codes. Authorization may be required for mental health services. Refer to MHCP Mental Health Service policy for requirements.

MHCP reimburses Dietician or Nutritionist services listed only when prescribed by a physician and provided in an office or outpatient setting. MNT and DSMT are separate benefits and may not be billed for the same date of service. Payment for medical nutritional therapy is limited to various codes.

The follow services are not covered under the weight loss service policy:
- Weight loss services on a program basis
- Nutritional supplements or foods for the purpose of weight reduction
- Exercise classes
- Health club memberships
- Instructional materials and books
- Motivational classes
- Counseling or weight loss services provided by persons who are not MHCP providers
- Counseling that is part of the physician's covered services and for which payment has already been made
- Nutritional counseling for diabetic education when it is part of a diabetic education program (see Diabetic Education section)

CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, 98960-98962, 99078, S9446

### Pharmaceutical Therapy

Drugs that are used for weight loss are not covered.

### Bariatric Surgery

The following criteria apply only to MHCP enrollees ages 18 and older.

All four of the criteria listed below must be met in order to authorize bariatric surgery. Patients not meeting the criteria, who have one or more immediate, life-threatening comorbidities, will be considered for approval on a case-by-case basis when the recipient is clinically obese with one of the following:
- BMI of 40 or higher
- BMI of 35-40 with one or more of the following comorbid conditions: Severe cardiac disease (coronary artery disease, pulmonary hypertension, congestive heart failure, or cardiomyopathy)
- Type 2 diabetes
- Obstructive sleep apnea and other respiratory disease (chronic asthma, obesity hypoventilation syndrome, or Pickwickian syndrome)
- Pseudo-tumor cerebri
- Gastroesophageal reflux disease
- Hypertension
- Hyperlipidemia
- Severe joint or disc disease that interferes with daily functioning

The BMI level qualifying the patient for surgery (> 40 or > 35 with one of the above comorbidities) must be of at least two years duration. A patient’s required attempt(s) to lose weight may cause their BMI to fluctuate around the discrete required levels during the two-year period. The two-year period will not necessarily start over, or be prolonged, under this scenario, but will be decided on a case-by-case basis.

Similar criteria apply for adolescent bariatric surgery.
### MISSISSIPPI Division of Medicaid

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;118,119&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;120&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;121&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td><strong>Adults:</strong> Not explicitly mentioned in provider manual; however, some services are reimbursable under physician fee schedule. All counseling is explicitly NOT covered in the fee schedule except for 99078 (group counseling for patients with symptoms / illnesses) which is covered as part of a bundled service. CPT Codes: 99078 (bundled service)</td>
<td>Mississippi Medicaid pharmacy program excludes drugs when used for anorexia, weight loss or weight gain. Beneficiaries, under the age of twenty-one (21) however, have unlimited prescription drug coverage within the parameters of the drug program. No limitations, other than prior authorization requirements for specific drugs and/or classes of drugs listed in the comprehensive plan, shall exist.</td>
<td>No payment may be made under the Medicaid program for gastric surgery (any technique or procedure) for the treatment of obesity or weight control, regardless of medical necessity.</td>
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## MISSOURI
### MO HealthNet Division, Department of Social Services

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<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery[^124]</th>
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<tbody>
<tr>
<td>Adults: Not explicitly mentioned.</td>
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<tr>
<td>CPT Codes: 99402 and 99404, S0315-S0316</td>
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<td><strong>EPSDT:</strong></td>
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<td>In Missouri, this program is called &quot;Healthy Children and Youth.&quot; The list provided are services available for children age 0 through 20 years and do not explicitly state that they are related to weight or nutrition, but among them are:</td>
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<tr>
<td>• physical therapy</td>
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<td>• psychology counseling</td>
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<td>• case management services</td>
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<td>• other medically necessary services</td>
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<td>• screening services including</td>
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<tr>
<td>o physical development</td>
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<td>o anticipatory guidance</td>
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</table>

**Obesity treatment:**
Procedures for bariatric surgery (43770) gastroplasty (43843), unlisted laparoscopy procedure, stomach (43659) and gastric bypass for morbid obesity (43846, 43847 and 43848) are covered surgical procedures when performed as treatment for a concurrent or complicating medical condition and must be prior authorized. A Prior Authorization Request form and supporting documentation, if appropriate, must be submitted to the fiscal agent, Infocrossing Healthcare Services, for processing. Refer to Section 8 for additional information. Bariatric surgery procedure codes 43771, 43772, 43773 and 43774 do not require prior authorization.

When billing MO HealthNet for any services related to obesity, the primary diagnosis must be for a concurrent or complicating medical condition. The claim should reflect obesity as a secondary diagnosis.

**Morbid obesity treatment:**
The following codes for bariatric surgery, gastric bypass, gastroplasty, and laparoscopy are covered codes by MHD for patients with a BMI of greater than 40 and a co-morbid condition(s): 43644, 43645, 43659, 43770, 43843, 43846, 43847, 43848. These services must be prior authorized. Refer to section 8 of the physician's manual to review MHD's prior authorization policy.

The following are covered codes by MHD for patients with a BMI of greater than 40 and a co-morbid condition(s), but do not require a prior authorization request: 43771, 43772, 43773, 43774.
### Nutritional Assessment/Counseling

**Adults:**

Weight Reduction: Physicians and mid-level practitioners who counsel and monitor clients on weight reduction programs can be paid for those services. If medical necessity is documented, Medicaid will also cover lab work. Similar services provided by nutritionists are not covered for adults.

CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804

**EPSDT:**

The Montana Medicaid nutrition services program covers the following nutrition services for children through age 20 through the EPSDT program:

- Nutrition screening to collect subjective and objective nutritional and dietary data about a child.
- Nutrition counseling with a child or a responsible caregiver, to explain the nutrition assessment and to implement a plan of nutrition care.
- Nutrition assessment for evaluation of a child’s nutritional problems, and design a plan to prevent, improve, or resolve identified nutritional problems, based upon the health objectives, resources, and capacity of the child.
- Nutrition counseling with or for health professionals, researching, or resolving special nutrition problems or referring a child to other services, pertaining to the nutritional needs of the child.
- Nutritional education for routine education for normal nutritional needs.

### Pharmaceutical Therapy

The Montana Medicaid prescription drug program does not reimburse or pay for drugs prescribed for weight loss.

### Bariatric Surgery

Medicaid does not cover gastric bypass surgery.
### Nutritional Assessment/Counseling

**Adults:** Not explicitly mentioned. None of the CPT Codes are covered according to the physicians’ services fee schedule.

CPT Codes: None

**EPSDT:** Obesity services outside of mandated EPSDT services are not explicitly mentioned.

### Pharmaceutical Therapy

Non-Covered Services:
- Payment by NMAP will not be approved for:
  - Drugs or items prescribed or recommended for weight control and/or appetite suppression.

### Bariatric Surgery

Coverage is restricted to recipients with the following indicators:
- BMI 40 or greater;
- Waist circumference of more than 40 inches in men, and more than 35 inches in women;
- Obesity related comorbidities that are disabling;
- Strong desire for substantial weight loss;
- Be well informed and motivated;
- Commitment to a lifestyle change;
- Negative history of significant psychopathology that contraindicates this surgical procedure.

Surgical procedures deemed experimental, not well established or not approved by Medicare or Medicaid are not covered and will not be reimbursed for payment. Below is a list of definitive non-covered services which include:
1. Intestinal bypass surgery for the treatment of obesity.
2. Gastric balloon for the treatment of obesity.
3. Surgical procedures to control obesity other than gastric bypass for morbid obesity with significant comorbidities.
<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
</table>
| Adults: Medicaid will not cover services such as routine physical exams for adults or weight control programs. Nevada Medicaid reimburses for preventive medicine services (obesity screening and counseling) for women as recommended by the U. S. Preventive Services Task Force (USPSTF) A and B Recommendations. CPT Codes: 96150-96154, 99401, 98960, and 98961 | The Nevada Medicaid Drug Rebate program will not reimburse for any agents used for weight loss. | Requires Prior Authorization and documentation of medical necessity; gastric bypass surgery is a covered for recipients with severe and resistant morbid obesity in whom efforts at medically supervised weight reduction therapy have failed and who are disabled from the complications of obesity. Gastric bypass surgical procedure is indicated for recipients between the ages of 21 and 55 years with morbid obesity (potential candidates older than age 55 will be reviewed on a case by case basis). Coverage is restricted to recipients with the following indicators:  
- BMI 40 or greater  
- Waist circumference of more than 40 inches in men, and more than 35 inches in women  
- Obesity related comorbidities that are disabling  
- Strong desire for substantial weight loss  
- Be well informed and motivated  
- Commitment to a lifestyle change  
- Negative history of significant psychopathology that contraindicates this surgical procedure  
- No coverage will be provided for pregnant women, women less than six months postpartum, or women who plan to conceive in a time frame less than 18 to 24 months post gastric bypass surgery  
- 3 year documentation of medically supervised weight loss and weight loss therapy |
Adults: Non-covered services include dietary services and/or exercise programs for the treatment of obesity.

CPT Codes: 96150-96154, 99401, 98960-98961

**EPSDT:**
Obesity services outside of mandated EPSDT services are not explicitly mentioned.

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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</thead>
<tbody>
<tr>
<td>Requires clinical prior authorization for anti-obesity medication.</td>
<td>Requires Prior Authorization and medical necessity</td>
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</table>

**Roux-en-Y Gastric Bypass surgery** may be covered for non-cosmetic indications for Medicaid recipients 18 years of age or older, but less than 65, when all of the following criteria are met:
- The recipient has lost and maintained the loss of at 15% of body weight prior to scheduling surgery
- Body Mass Index (BMI) must be between 35 and 40 with life threatening co-morbidities of cardio-pulmonary problems, cardiovascular disease, uncontrolled severe Diabetes Mellitus, or medically refractory hypertension. Inadequate treatment of a co-morbid condition should not be used as an indication for Roux-en-Y Gastric Bypass surgery.
- BMI > for greater than 5 years (unspecified BMI level to qualify)
- The recipient has participated in a physician-supervised/directed program including nutritional counseling, a low calorie diet, increased physical activity, and behavioral modification. This needs to be documented in the recipient’s medical record. The nutrition and exercise program must be supervised and monitored by a physician. It must also be for a minimum cumulative total of 6 months or longer in duration and occur within 2 years of surgery, with participation in one program of at least 3 consecutive months. Diet plans of Jenny Craig, Weight Watchers etc. are not considered physician directed/monitored nutritional weight loss programs. Physician visits consisting of only pharmacological management are also not considered toward this goal.
- The recipient has the ability to adhere to lifestyle changes/modifications.
- The recipient does not have a specific correctable cause for the obesity, such as an endocrine metabolic disorder.
- A comprehensive psychological evaluation has been done to rule out an undiagnosed underlying psychological disorder, to determine the recipient is able to understand, tolerate and comply with all phases of care and is committed to long-term follow-up requirements. The recipient has had previous conservative weight reduction attempts without long-term weight reduction.
- The recipient has attended AT LEAST three gastric bypass seminars at his/her own expense, and passed the tests given.
<table>
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<tr>
<th><strong>Nutritional Assessment/Counseling</strong>&lt;sup&gt;141&lt;/sup&gt;</th>
<th><strong>Pharmaceutical Therapy</strong>&lt;sup&gt;142&lt;/sup&gt;</th>
<th><strong>Bariatric Surgery</strong>&lt;sup&gt;143,144&lt;/sup&gt;</th>
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<tr>
<td>Adults: Not explicitly mentioned. CPT Codes: 96150-96155, 99401-99404, 99411-99412</td>
<td>Lipase inhibitors, used in the treatment of obesity, require prior authorization as follows: 1. The provider shall telephone the pharmacy prior authorization agent, using the toll-free telephone number supplied by the Division. Pharmacy prior authorization is available 24 hours a day, seven days a week. The pharmacy prior authorization agent reviews the information provided and automatically prior-authorizes a 30-day supply. Subsequent authorizations are based on criteria established by the New Jersey Drug Utilization Review Board, as specified below. 2. The lipase inhibitors will be provided for an initial 30-day period. A prior authorization will be issued without clinical criteria for an initial prescription for a maximum 30-day supply. During this initial 30-day period, the pharmacy prior authorization agent will contact the physician to request justification for continuing the use of the lipase inhibitor. If justification is received by the pharmacy prior authorization agent, the lipase inhibitor will be prior authorized for an additional 30-day supply. After these two 30-day periods, any subsequent provision of lipase inhibitors shall not be dispensed without prior authorization. Such subsequent prior authorizations for lipase inhibitors shall be limited to 90-day supply.</td>
<td>Surgical operations, procedures or treatment of obesity, shall not be covered, except when specifically approved by the HMO. Appears to be covered in DRG manual, pre-approval criteria not specified.</td>
</tr>
<tr>
<td><strong>Nutritional Assessment/Counseling</strong>&lt;sup&gt;145,146&lt;/sup&gt;</td>
<td><strong>Pharmaceutical Therapy</strong>&lt;sup&gt;147&lt;/sup&gt;</td>
<td><strong>Bariatric Surgery</strong>&lt;sup&gt;148&lt;/sup&gt;</td>
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<td><strong>Adults:</strong> New Mexico Medicaid does not provide coverage for the following: 1. Services not considered medically necessary for the condition of the recipient; 2. Dietary counseling for the sole purpose of weight loss; 3. Weight control and weight management programs; and Commercial dietary supplements or replacement products marketed for the primary purpose of weight loss and weight management. CPT Codes: 96150-96151, 96153-96154, 97802-97804</td>
<td>New Mexico Medicaid does not cover weight loss or weight controlling drugs.</td>
<td>New Mexico Medical Assistance Division does not cover bariatric or other weight reduction surgeries or procedures.</td>
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<tr>
<td>Nutritional Assessment/Counseling 149,150,151,152</td>
<td>Pharmaceutical Therapy 153</td>
<td>Bariatric Surgery 154,155</td>
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<tr>
<td><strong>Adults:</strong> CPT Codes: 98960-98962</td>
<td>Coverage for amphetamine and amphetamine-like substances is only available when used in outpatient treatment of conditions other than obesity or weight reduction. No payment will be made for any drug which has weight reduction as its sole clinical use.</td>
<td>Gastric bypass does not require prior approval but should be a treatment of last resort to control obesity. It is covered under the following circumstances: 1. It is an integral and necessary part of a course of treatment for an illness; 2. The obesity was created by or is aggravating or creating pathological disorders; and 3. Regular medical treatment including endocrine, nutritional psychiatric, and counseling services, as appropriate, have been provided to the patient for a period of 12-24 months and regular weighing of patient has indicated insignificant weight loss. As of January 1, 2011, partial gastrectomy (sleeve reduction of the stomach) procedures, when accompanied by a primary diagnosis of obesity, unspecified, morbid obesity or overweight, is also covered.</td>
</tr>
<tr>
<td><strong>EPSDT:</strong> Services include screening of children and youth for nutritional risk at each visit. Nutritional risk includes overweight and hyperlipidemia, or inappropriate feeding practices. Each visit should also include an evaluation of growth, dietary practices, a general health history, the physical exam, and laboratory tests. Adolescents receive an annual screen for eating disorders and obesity by determining weight, stature and BMI, and asking about body image and dieting patterns. EPSDT providers should be alert for nutrition problems, such as obesity (and its complications such as type II diabetes and hyperlipidemia).</td>
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43
### Nutritional Assessment/Counseling

**Adults:**
CPT Codes: 96150-96151, 99404, 99412, 97802-97803

**EPSDT:**
The Child Service Coordination program informs families of the importance of preventive health care and assists them access these services, including nutrition services.

Dietary evaluation and counseling are provided by a qualified nutritionist to Medicaid eligible children through age 20 identified as having risk conditions by their health care provider, include by are not limited to:
1. Nutrition assessment;
2. Development of an individualized care plan;
3. Diet therapy; and
4. Counseling, education about needed nutrition habits and skills, and follow-up.

### Pharmaceutical Therapy

North Carolina does not cover drugs used for weight loss.

### Bariatric Surgery

If general and specific criteria are met, the following services are covered:
1. Roux-en-Y gastric bypass;
2. Adjustable gastric banding;
3. Biliopancreatic diversion with or without duodenal switch; and
4. Revision of bariatric surgery.

General criteria require that:
1. The procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness, and not in excess of the recipient’s needs;
2. The procedure can be safely furnished, and no equally effective and more conservative or less expensive treatment is available statewide; and
3. The procedure is furnished in a manner no primarily intended for the convenience of the recipient.

Specific criteria require that:
1. The recipient is at least 18 years old;
2. The recipient has a BMI ≥ 40 or a BMI ≥ 35 with at least one comorbidity complicated by clinically severe or morbid obesity;
3. Clinical health records document all of the following:
   a. Clinically severe or morbid obesity has been present for at least 2 years;
   b. The recipient has attempted weight loss over this period without sustained results; and
   c. The recipient has no correctable cause for the obesity, such as an endocrine disorder.
4. The recipient undergoes a multidisciplinary pre-surgical preparatory regimen; and
5. The recipient undergoes a psychological and dietician/nutritionist evaluation.
## NORTH DAKOTA
Department of Human Services

<table>
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<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy&lt;sup&gt;164&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;165,166&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults: Nutritional services are allowed up to four (4) visits per calendar year without prior authorization. North Dakota Medicaid does not pay for: 1. Exercise class; 2. Nutritional supplements for the purpose of weight reduction; 3. Instruction materials and books; or 4. Diet pills with the exception of Xenical.</td>
<td>Orlistat is covered by prior authorization with dietician evaluation, for recipients with BMI ≥ 40. Updates on progress are required semi-annually and coverage will be terminated if no progress is shown (specifically 5% weight loss in six months). Coverage is also terminated if BMI falls below 30.</td>
<td>Weight loss surgery requires prior authorization from North Dakota Health Care Review, Inc. and must be provided in writing at least four (4) weeks in advance. Criteria for coverage include: 1. BMI ≥ 40 (a BMI ≥ 35 may be considered with presence of serious comorbidity); 2. Failure of obesity management programs to achieve weight loss over the past five (5) years (the weight loss program should be documented monthly and supervised by a physician or professional). Documentation of weight/year for the last five (5) years is required. Chart notes for the last three (3) years from a PCP plus documentation of participation in a supervised program need to be submitted; 3. Presence of severe disease condition(s) due to obesity that are not adequately controlled with current medical treatment; 4. Active participation in their medical management; 5. A formal psychiatric evaluation performed by a specialist (psychiatrist/psychologist) demonstrating emotional stability over the past year; and 6. Documentation from surgeon stating the patient is able to tolerate the procedure and is willing to comply postoperatively both physically and psychologically.</td>
</tr>
<tr>
<td>CPT Codes: None</td>
<td><strong>EPSDT:</strong> Coverage includes comprehensive health and developmental history as well as health education and anticipatory guidance. Health education is a required component of EPSDT screening services and includes anticipatory guidance. Health education and counseling for parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child’s development and to provide information about the benefits of healthy lifestyles and practices.</td>
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</tbody>
</table>
| **OHIO**  
Department of Job & Family Services |
| --- |
| **Nutritional Assessment/Counseling**  
167,168,169,170 |
| **Pharmaceutical Therapy**  
171 |
| **Bariatric Surgery**  
172 |

**Adults:**  
Medicaid-covered preventive medicine services include:  
1. Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit; and  
2. Medical nutritional therapy.

CPT Codes: 99402-99404, 97802-97804, S9470, S9452

**EPSDT:**  
Nutritional screenings include questions regarding dietary practices, measurements of height and weight, laboratory testing (if medically indicated), and a complete physical examination.

Health education must include counseling, anticipatory guidance, and risk-factor related intervention. The education and guidance should provide information on the benefits of healthy lifestyles and disease prevention. When EPSDT screening indicates need for further evaluation of an individual’s health, the provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment.

Ohio Medicaid Pharmacy Program does not cover drugs for treatment of obesity.

Ohio Medicaid does not cover the treatment of obesity, including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures.
### Nutritional Assessment/Counseling

| Adults: | Oklahoma Medicaid pays for six hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, a physician assistant, advance practice nurse, or nurse midwife and be face to face encounters between a licensed registered dietician and the member. Services must be expressly for diagnosing, treating or preventing, or minimizing the effects of illness. Nutritional services for the treatment of obesity are not covered unless there is documentation that the obesity is a contributing factor in another illness.  

CPT Codes: 96150-96155, 97802-97804, 98960-98962, and S9445 |

### Pharmaceutical Therapy

| Adults: | Oklahoma Medicaid does not cover drugs used for the primary for the treatment of anorexia, weight gain, or obesity. |

### Bariatric Surgery

| Adults: | Oklahoma Medicaid does not cover bariatric surgery for the treatment of obesity alone. To be eligible for Medicaid reimbursement, providers must be nationally certified and all qualifications must be met and approved by the Oklahoma Health Care Authority (OHCA). Bariatric surgery must be contracted with OHCA.  

To be eligible for bariatric surgery, the recipient must:

1. Be between 18 and 65 years old;  
2. Have BMI ≥ 35 and the obese condition must have persisted for at least five (5) years;  
3. Be diagnosed with one of the following:
   a. Diabetes;  
   b. Degenerative joint disease of major weight bearing joints; or  
   c. A rare comorbid condition for which evidence supports that bariatric surgery is medically necessary to treat such a condition and that the benefits of surgery outweigh the risk of surgical mortality;  
4. Have documentation of unsuccessful attempts at weight loss;  
5. Have absence of other medical conditions that would increase risk of surgical mortality or morbidity; and  
6. Not be pregnant or planning to become pregnant in the next two years.  

Once OHCA certifies that the member meets the above requirements, the PCP must coordinate a pre-operative assessment and weight loss process including:

1. Psychological evaluation;  
2. Surgical and medical evaluation; and  
3. Member participation in a six (6) month physician-supervised weight loss program, the member must, within 180 days, lost at least 5% of member’s initial body weight.  

When all requirements have been met, a prior authorization for surgery must be obtained. This authorization cannot be requested before the initial 180-day weight loss program has been completed. If the member does not meet the weight loss requirement in the allotted time, the member will not be approved for surgery and the provider must restart the prior authorization process. |

**Ontario**

| Services: | Pharmaceutical Therapy |

**Adults:**

- Oklahoma Medicaid pays for six hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, a physician assistant, advance practice nurse, or nurse midwife and be face to face encounters between a licensed registered dietician and the member. Services must be expressly for diagnosing, treating or preventing, or minimizing the effects of illness. Nutritional services for the treatment of obesity are not covered unless there is documentation that the obesity is a contributing factor in another illness.  

CPT Codes: 96150-96155, 97802-97804, 98960-98962, and S9445  

**EPST:**

- Program requires regularly scheduled examinations and evaluations of the nutritional status of infants, children, and youth. Each visit shall record measurements of height and weight. Beginning at age 4 and with each subsequent visit, a BMI is to be calculated and charted.  

Nutritional assessments may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:

1. Questions about dietary practices;  
2. Height and weight measurements  

**Ontario**

- Oklahoma Medicaid does not cover drugs used for the primary for the treatment of anorexia, weight gain, or obesity.  

**Ontario**

- Oklahoma Medicaid does not cover bariatric surgery for the treatment of obesity alone. To be eligible for Medicaid reimbursement, providers must be nationally certified and all qualifications must be met and approved by the Oklahoma Health Care Authority (OHCA). Bariatric surgery must be contracted with OHCA.  

To be eligible for bariatric surgery, the recipient must:

1. Be between 18 and 65 years old;  
2. Have BMI ≥ 35 and the obese condition must have persisted for at least five (5) years;  
3. Be diagnosed with one of the following:
   a. Diabetes;  
   b. Degenerative joint disease of major weight bearing joints; or  
   c. A rare comorbid condition for which evidence supports that bariatric surgery is medically necessary to treat such a condition and that the benefits of surgery outweigh the risk of surgical mortality;  
4. Have documentation of unsuccessful attempts at weight loss;  
5. Have absence of other medical conditions that would increase risk of surgical mortality or morbidity; and  
6. Not be pregnant or planning to become pregnant in the next two years.  

Once OHCA certifies that the member meets the above requirements, the PCP must coordinate a pre-operative assessment and weight loss process including:

1. Psychological evaluation;  
2. Surgical and medical evaluation; and  
3. Member participation in a six (6) month physician-supervised weight loss program, the member must, within 180 days, lost at least 5% of member’s initial body weight.  

When all requirements have been met, a prior authorization for surgery must be obtained. This authorization cannot be requested before the initial 180-day weight loss program has been completed. If the member does not meet the weight loss requirement in the allotted time, the member will not be approved for surgery and the provider must restart the prior authorization process.

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| OREGON  
| Oregon Health Plan |
|-------------------|-------------------|-------------------|
| **Nutritional Assessment/Counseling** 182,183,184,185 | **Pharmaceutical Therapy** 186,187 | **Bariatric Surgery** 188,189 |
| Adults:  
Oregon Medicaid does not cover weight loss programs including, but not limited, to Optifast, Nutrisystem, and other similar programs. Food supplements will not be authorized for use in weight loss.  
Medical treatment of obesity is limited to intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling (once every 1-2 weeks) are converted for six (6) months. Intensive counseling may continue for longer than six (6) months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period.  
CPT Codes: 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, 99078  
**EPSDT:**  
Periodic screening exams must include a comprehensive health and developmental history, including an assessment of physical development, an assessment of the child’s nutritional status, health education, and anticipatory guidance. EPSDT services also include any inter-periodic encounters with a physician that are medically necessary by referral. | Weight loss drugs are covered with prior authorization for covered diagnoses. Obesity is not a covered diagnosis. Covered drugs include Xenical (Orlistat) and Apidex (Phetermine). | Bariatric surgery is covered with prior authorization. For each of these services, the primary care provider must refer the patient for evaluation pursuant to the Prioritized List of Guidelines directed to Director of Medical Assistance Programs Policy for review and transmittal to the Medical-Surgical Prior Authorization contractor.  
Bariatric surgery for obesity is covered for individuals 18 years and older with a BMI ≥ 35 with type II diabetes or another significant comorbidity or BMI ≥ 40 without a significant comorbidity. The individual must have no prior history of roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless in failure due to complications of the original surgery. The individual must also participate in psychological, medical, surgical, and dietician evaluations. The individual must also participate in post-surgical evaluations. |
## PENNSYLVANIA Department of Public Welfare

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<th>Nutritional Assessment/Counseling&lt;sup&gt;190,191,192&lt;/sup&gt;</th>
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<th>Bariatric Surgery&lt;sup&gt;194&lt;/sup&gt;</th>
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<tr>
<td><strong>Adults:</strong> CPT Codes: 96150-96154, 99401, S9470, and S9451</td>
<td>Non-compensable services and items include drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.</td>
<td>Non-compensable services include gastroplasty for morbid obesity, gastric stapling, or ileo-jejunal shunt except when all other types of treatment for morbid obesity have failed.</td>
</tr>
<tr>
<td><strong>EPSDT:</strong> Assessments include a comprehensive history and examination, counseling, anticipatory guidance, risk factor reduction interventions, age-appropriate nutritional counseling, the calculation of BMI, and ordering of appropriate laboratory diagnostic procedures as recommended by current AAP guidelines.</td>
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<td>Childhood nutrition and weight management services provide medically necessary services to recipients under 21 years of age who are overweight, obese, or experiencing weight management problems. Childhood nutrition and weight management services consist of the following specific services:</td>
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<tr>
<td>1. Initial and re-assessment;</td>
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<td>2. Individual, family, and group weight management and nutritional counseling.</td>
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**RHODE ISLAND**  
Department of Human Services

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<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy&lt;sup&gt;200&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;201&lt;/sup&gt;</th>
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</table>
| **Adults:**                      | Rhode Island Medicaid covers all types of anorexiant with prior authorization, but limited to a three-month supply. | Rhode Island Medicaid covers the following:  
1. Gastric bypass, other than with roux-en-Y gastroenterostomy, for morbid obesity;  
2. Gastroplasty, any method for morbid obesity; and  
| Adults: Rhode Island Medicaid does not cover weight loss centers or diet centers. |  
  Nutritional services are covered as delivered by a licensed dietician for certain conditions and as referred by a health plan.  
  CPT Codes: 97802-97804 | Treatment for morbid obesity is covered when:  
1. The individual is 50% above or 100 pounds over their ideal body weight, whichever is greater;  
2. The duration of obesity exceeds three years (non-consecutive years are acceptable);  
3. There is a presence of physical trauma caused by excess weight, pulmonary and circulatory insufficiencies, and/or complications related to the treatment of conditions such as arteriosclerosis, diabetes, coronary disease, etc; and  
4. The patient is between the ages 18 and 60.  
A second operation to restore the gastrointestinal tract to normal is also covered when medically necessary.  
The following services will not be covered:  
1. Procedures performed for cosmetic reasons due to the weight loss; and  
2. Insertion and/or removal of the gastric bubble, including dietary behavioral modification. |
| EPSDT: Standardized services for evaluation of child development, including BMI measurement, blood pressure screening (if at risk), psychological/behavioral counseling, and age-appropriate anticipatory guidance. |  |  |
**SOUTHWEST CAROLINA**  
Department of Health and Human Services

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<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy&lt;sup&gt;208&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;209&lt;/sup&gt;</th>
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</table>
| **Adults:**  
Preventive/Rehabilitative Services for Primary Care Enhancement are provided to support primary medical care in patients who exhibit risk factors that directly impact their medical status. These services are designed to help the physician maximizing the patient’s treatment benefits and outcomes by supplementing routine medical care.  
This includes:  
1. Comprehensive assessments/evaluations of client’s medical, nutritional, or psychological needs by health professionals; and  
2. Medical nutrition therapy for clients with chronic disease or other nutritional disorders.  
South Carolina Medicaid does not cover weight control products (except for lipase) or nutritional supplements.  
CPT Codes: 96150-96154, 99401-99404, 97802 | Coverage for Lipase inhibitors needs prior authorization when prescribed for morbid obesity or hypercholesterolemia. Patients must also be at least 18 years of age.  
Coverage for Xenical for diagnosis of morbid obesity requires that the individual:  
1. Have a diagnosis of obesity in the presence of other risk factors (e.g., hypertension, diabetes);  
2. Have an initial BMI > 30; and  
3. Have reduced his/her caloric diet with nutritional counseling regarding adherence to dietary guidelines. | South Carolina Medicaid does not cover intestinal bypass surgery or gastric balloon for treatment of obesity. |

**EPSDT:**  
Screening includes a comprehensive health and developmental history and health education with anticipatory guidance. The child’s height and weight should be obtained and plotted on a graphic recording sheet to compare them with the child’s age group. The provider should also assess the child’s nutritional status at each screening to include eating habits and general diet history.
### SOUTH DAKOTA Department of Social Services

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<th>Nutritional Assessment/Counseling&lt;sup&gt;210,211&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;212&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;213,214&lt;/sup&gt;</th>
</tr>
</thead>
</table>
| **Adults:**<br>Health services not covered include:<br>1. Self-help devices, exercise equipment, protective outerwear, and personal comfort or environmental control equipment, including air conditioners, humidifiers, dehumidifiers, heaters, and furnaces; and<br>2. Any weight loss program or activity. | **Non Covered Services**<br>The following are not reimbursable under the Department of Social Services Pharmacy Program:<br>- Medical supplies, food or nutritional supplements, delivery charges.<br>- Items prescribed for weight control or appetite suppressants. | Services not covered.<br>In addition to items and services specified as not covered in other sections of this article, the following are examples of items and services not covered under the medical assistance program:<br>- Gastric bypass, gastric stapling, gastroplasty, any similar surgical procedure, or any weight loss program or activity.

CPT Codes: 96150-96154

**EPSDT:**<br>Obesity services outside of mandated EPSDT services are not explicitly mentioned.

**Obesity and Gastric Procedures**

**Severe Co-Morbid Conditions Coverage: Prior authorization is available for severe cases in which:**
1) Individual is severely obese with a BMI > 40<br>2) Significant interference with activities of daily living<br>3) Documented failure of any sustained weight loss under medical supervision<br>4) Medically appropriate for the individual to have such surgery<br>5) The surgery has been prior authorized by the department<br>6) There is medical documentation of the following:<br   a. history of pain and limitation of motion in any weight bearing joint or the lumbosacral spine; or<br   b. hypertension with diastolic blood pressure persistently > 100mmHg; or<br   c. Congestive heart failure manifested by past evidence of vascular congestion such as heptomgaly, peripheral or pulmonary edema; or<br   d. Chronic venous insufficiency with superficial varicosities in a lower extremity with pain on weight bearing and persistent edema; or<br   e. Respiratory insufficiency or hypoxia at rest.
### Nutritional Assessment/Counseling

**Adults:**
Services, products, and supplies that are specifically excluded from coverage under the TennCare program. Weight loss or weight gain and physical fitness programs including, but not limited to:

1. Dietary programs of weight loss programs, including, but not limited to, Optifast, Nutrisystem, and other similar programs or exercise programs
2. Food supplements will not be authorized for use in weight loss programs or for weight gain
3. Health clubs, membership fees (e.g., YMCA)
4. Marathons, activity and entry fees
5. Swimming pools

CPT Codes: TennCare is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider).

**EPSDT:**
Must include a comprehensive health (physical and mental) and developmental history in addition to health education and anticipatory guidance.

Assessment of Nutritional Status accomplished during the examination through:

1. Questions about dietary practices to identify unusual eating habits or diets which are deficient or excessive in one or more nutrients
2. Accurate measurements of height and weight
3. Cholesterol screen for children over 1 year of age, especially if family history of heart disease and/or hypertension and stroke
4. Determining quality and quantity of individual diets
5. Preventive, treatment and follow-up services, including dietary counseling and nutrition education

### Pharmaceutical Therapy

Through the use of a formulary, the following drugs or classes of drugs, or their medical uses, shall be excluded from coverage or otherwise restricted by TennCare as described in Section 1927 of the Social Security Act [42 U.S.C. §1396r-8]:

1. Agents for weight loss or weight gain.

### Bariatric Surgery

Bariatric Surgery, defined as surgery to induce weight loss is covered when medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare.

Acceptable bariatric surgical procedures include Roux-en-Y Gastric and Biliopancreatic Diversion with Duodenal Switch. Gastric stapling is not an acceptable bariatric procedure.
## Nutritional Assessment/Counseling

**Adults:**
- **Texas Medicaid Wellness Program**
  - High-cost/high-risk fee-for-service and managed care clients may be eligible to receive targeted care management services through the Texas Medicaid Wellness Program. Clients who have a body mass index (BMI) above 25 will receive vouchers for a weight loss program.
  - Weight Watchers is available through the Wellness Program for Medicaid clients who are 18 years of age and older, and who have a body mass index (BMI) of 25 or greater and who have an interest in losing weight. If the client meets the criteria for the Weight Watchers benefit but is not currently participating in the Wellness Program, providers may refer Medicaid fee-for-service and PCCM clients to the Wellness Program. Clients will be contacted by a community-based nurse and a dietitian to determine whether they meet program qualifications and whether the program is a good fit for them. As part of the Weight Watchers benefit, qualifying clients will receive ongoing weight loss support and 10 Weight Watchers vouchers. The vouchers can be redeemed at participating Weight Watchers locations.
  - For more information, providers can e-mail Dr. Esteban Lopez, program director and medical director, Texas Medicaid Wellness Program, at esteban.lopez@mckesson.com.

### CPT Codes: 99078

### EPSDT:
- **Services, Benefits, and Limitations**
  - Medical nutrition therapy (assessment, reassessment, and intervention) and medical nutrition counseling may be beneficial for treating, preventing, or minimizing the effects of illness, injuries, or other impairments. A case manager, school counselor, or school nurse may refer a client for medical nutrition counseling services.
  - Medical nutrition counseling services are a benefit when all of the following criteria are met: The client is 20 years of age or younger; The client is eligible for CCP; The services are prescribed by a physician; The services are performed by a Medicaid-enrolled licensed dietitian; Clinical documentation supports medical necessity and medical appropriateness; FFP is available
  - Medical nutrition therapy and nutrition counseling may be considered beneficial for disease states for which dietary adjustment has a therapeutic role. Such disease states include, but are not limited to, the following conditions:
    - Abnormal weight gain

## Pharmaceutical Therapy

### Exclusions: Medicaid may deny a request if it determines the drug is included in one or more of the following classes:
1. Amphetamines, when used for weight loss, and obesity control drugs.

## Bariatric Surgery

- **Exclusions:**
  - Bariatric surgery is considered medically necessary when used as a means to treat covered medical conditions that are caused or significantly worsened by the client’s obesity in cases where those comorbid conditions cannot be adequately treated by standard measures unless significant weight reduction takes place.
  - Prior authorization is required for those eligible for medically necessary bariatric surgery.
  - Bariatric surgery is not a benefit when the primary purpose of the surgery is any of the following:
    - For weight loss for its own sake
    - For cosmetic purposes
    - For reasons of psychological dissatisfaction with personal body image
    - For the client’s or provider’s convenience or preference

### Prior Authorization:

- The services are prescribed by a physician; The services are performed by a Medicaid-enrolled licensed dietitian; Clinical documentation supports medical necessity and medical appropriateness; FFP is available

### Medical nutrition therapy and nutrition counseling may be considered beneficial for disease states for which dietary adjustment has a therapeutic role. Such disease states include, but are not limited to, the following conditions:
- Abnormal weight gain
# Nutritional Assessment/Counseling

**CPT Codes:** 96150-96155, 99411, 97802-97803, S9470, 99078, S0315, S9446, S9449, S9452

**EPSDT:**
A comprehensive history, obtained from the parent or other responsible adult who is familiar with the child's history, should include the following type of history:

- Nutritional history and status by asking questions about dietary practices to identify unusual eating habits, such as pica or extended use of bottle feedings, or diets which are deficient or excessive in one or more nutrients.

Health education is a required component of screening services and includes anticipatory guidance. Providers are instructed to provide:

- Health education and counseling to both parents (or guardians) and children
- Health education and counseling information about understanding what to expect in terms of the child's development and techniques to enhance a child’s development
- Benefits of healthy lifestyles and practices
- Nutrition counseling

## Non-covered Drugs and Services

Only drugs and services described previously as covered are reimbursable by Medicaid. This chapter summarizes those products and services which are not covered, and their exceptions, if any.

Non-covered drugs include:

- Agents when used for anorexia, weight loss or weight gain.

Prior authorization for Medicaid payment of obesity surgery is required.
### Nutritional Assessment/Counseling

**Adults:**
- CPT Codes: 96150-96154, 99401-99404, 97802-97804, and 98960-98962

**EPSDT:**
Physicians are instructed to calculate child’s BMI, BMI percentile, and to plot on CDC growth charts. They are instructed to share this information with families from birth to 10 years of age. From 10-20 the same procedure is used but the information is to be shared with the adolescent as well as the family. Nutrition and physical activity anticipatory guidance is NOT routine and is only provided indicated by risk assessment.

### Pharmaceutical Therapy

The following drugs/drug classes are not covered through the pharmacy benefit:
- Weight loss drugs

Effective 10/12/2011, anti-obesity agents (weight loss agents) are no longer a covered benefit for all Vermont Pharmacy Programs. This change is resultant from Drug Utilization Review Board concerns regarding safety and efficacy of these agents.

### Bariatric Surgery

In addition to the specific exclusions listed elsewhere in VHAP-Limited rules and procedures, benefits will not be provided for the treatment of obesity, except when:
1. The physician determines that the body mass index is over 40 (according to Table 1 in the Methods for Voluntary Weight Loss and Control booklet by the National Institute of Health Technology Assessment Conference Statement of March 1992);
2. There are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and
3. The DVHA approves the treatment in advance.
<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery</th>
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<tbody>
<tr>
<td><strong>Adults:</strong></td>
<td><strong>Prior-Authorization for anti-obesity drugs requires that candidate meet the following criteria:</strong></td>
<td><strong>Elective surgery, as defined by the Virginia Medical Assistance Program, is surgery that is not medically necessary to restore or materially improve a body function. This includes surgery for conditions such as morbid obesity, virginal breast hypertrophy, and procedures that might be considered cosmetic.</strong></td>
</tr>
<tr>
<td>CPT Codes: 96150-96155, 97802-97804</td>
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<tr>
<td><strong>EPSDT:</strong></td>
<td></td>
<td><strong>Effective April 1, 2012, regardless of the dates of service, the provider must submit service authorization requests to KePRO, DMAS’ Service Authorization contractor. Requests may be submitted through direct data entry, telephone, facsimile or US mail. The inpatient hospitalization services must be authorized separately from the physician’s service authorization by KePRO.</strong></td>
</tr>
<tr>
<td>In addition, the height (or length) and weight of the child must be measured. When examining a child two (2) years of age and younger, the provider must measure the child’s occipital-frontal circumference. All measurements must be plotted on age-appropriate, standardized growth grids and evaluated.</td>
<td><strong>- BMI requirements</strong></td>
<td><strong>If the member is enrolled in MEDALLION, the ordering physician must be the MEDALLION primary care physician (PCP), and there must be a referral for the service from the MEDALLION PCP. This type of surgery may be covered only when all other treatment has failed. Service authorization must be obtained.</strong></td>
</tr>
<tr>
<td>Evaluation of growth and laboratory measures is useful for assessing nutritional status. Assessing eating habits in relationship to developmental stage is also important. If dietary or nutritional problems are identified, a referral to the appropriate professional should be made.</td>
<td><strong>- Age restrictions</strong></td>
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<td><strong>- Written Documentation</strong></td>
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<td><strong>- Initial Request documentation</strong></td>
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<td><strong>- Agreement to limited-time authorization</strong></td>
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### WASHINGTON
Department of Social and Health Services

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<tr>
<th>Nutritional Assessment/Counseling&lt;sup&gt;241,242,243&lt;/sup&gt;</th>
<th>Pharmaceutical Therapy&lt;sup&gt;244&lt;/sup&gt;</th>
<th>Bariatric Surgery&lt;sup&gt;245&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Adults:</strong> HRSA covers medical nutrition therapy when medically necessary. Obesity and bariatric surgery patients are among the list of medical conditions that can be referred to a certified dietitian include, but are not limited to.</td>
<td>HRSA does not cover drugs prescribed for weight loss or gain under the Prescription Drug Program.</td>
<td>Bariatric surgery must be performed in an agency approved hospital and requires prior authorization. The Agency covers medically necessary bariatric surgery for clients ages 21 to 59 in an approved hospital with a bariatric surgery program in accordance with WAC 182-531-1600. Prior authorization is required. To begin the authorization process, providers should fax the Agency a completed &quot;Bariatric Surgery Request&quot; form, 13-785.</td>
</tr>
</tbody>
</table>
| CPT Codes: 99401, 97802-97804, 99078 | **EPSDT:** Obesity services outside of mandated EPSDT services are not explicitly mentioned. | The Agency covers medically necessary bariatric surgery for clients ages 18-20:  
- For the laparoscopic gastric band procedure (CPT code 43770);  
- When prior authorized;  
- When performed in an approved hospital with a bariatric surgery program; and  
- In accordance with WAC 182-531-1600. |

#### Bariatric Case Management Fee
The Agency may authorize up to 34 units of a bariatric case management fee as part of the Stage II bariatric surgery approval. One unit of procedure code G9012 = 15 minutes of service. Prior authorization is required. This fee is given to the primary care provider or bariatric surgeon performing the services required for Bariatric Surgery Stage II. This includes overseeing weight loss and coordinating and tracking all the necessary referrals, which consist of a psychological evaluation, nutritional counseling, and required medical consultations as requested by the Agency. Clients enrolled in a managed care organization (MCO) are eligible for bariatric surgery under fee-for-service when prior authorized. Clients enrolled in an MCO who have had their surgery prior authorized by the Agency and who have complications following bariatric surgery are covered fee-for-service for these complications 90 days from the date of the Agency-approved bariatric surgery. The Agency requires authorization for these services. Claims without authorization will be denied. |

Agency approved hospitals and clinics are listed in the provider manual.
## WEST VIRGINIA
### Mountain Health Choices

<table>
<thead>
<tr>
<th>Nutritional Assessment/Counseling(^{24b,24f})</th>
<th>Pharmaceutical Therapy</th>
<th>Bariatric Surgery(^{24h})</th>
</tr>
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</table>
| **Adults:**
Certain services and items are not covered by the Medicaid Program. Non-covered services include, but not limited to, the following:
- Nutritional (dietary) counseling
- Weight reduction (obesity) clinics/programs.
| Excluded (not included in drug formulary or mentioned in provider manual). | The West Virginia Medicaid Program covers bariatric surgery procedures subject to the following conditions (truncated descriptions – refer to source for full requirements):
- Medical Necessity Review and Prior Authorization
  - A Body Mass Index (BMI) greater than 40 must be present and documented for at least the past 5 years. Submitted documentation must include height and weight.
  - The obesity has incapacitated the patient from normal activity, or rendered the individual disabled.
  - Must be between the ages of 18 and 65. (Special considerations apply if the individual is not in this age group. If the individual is below the age of 18, submitted documentation must substantiate completion of bone growth.)
  - The patient must have a documented diagnosis of diabetes that is being actively treated with oral agents, insulin, or diet modification.
  - Patient must have documented failure at two attempts of physician supervised weight loss, attempts each lasting six months or longer.
  - Patient must have had a preoperative psychological and/or psychiatric evaluation within the six months prior to the surgery.
  - The patient must demonstrate ability to comply with dietary, behavioral and lifestyle changes necessary to facilitate successful weight loss and maintenance of weight loss.
  - Patient must be tobacco free for a minimum of six months prior to the request.
  - Contraindications: Three (3) or more prior abdominal surgeries; history of failed bariatric surgery; current cancer treatment; Crohn’s disease; End Stage Renal Disease (ESRD); prior bowel resection; ulcerative colitis; history of cancer within prior 5 years that is not in remission; prior history of non-compliance with medical or surgical treatments.
  - Documentation of a current evaluation for medical clearance of this surgery performed by a cardiologist or pulmonologist must be submitted to ensure the patient can withstand the stress of the surgery from a medical standpoint.
| Specified physician credentialing requirements also apply. |
Nutritional Assessment/Counseling

Adults:
Weight management services (e.g., diet clinics, obesity programs, weight loss programs) are reimbursable only if performed by or under the direct, on-site supervision of a physician and only if performed in a physician's office. Weight management services exceeding five visits per calendar year require PA.

Submit claims for weight management services with the appropriate E&M (evaluation and management) procedure code. For weight management services, food supplements, and dietary supplies (e.g., liquid or powdered diet foods or supplements, over-the-counter diet pills, and vitamins) that are dispensed during an office visit are not separately reimbursable by Wisconsin Medicaid.

CPT Codes: 99401-99404, S9445

EPSDT:
Obesity services outside of mandated EPSDT services are not explicitly mentioned.

Pharmaceutical Therapy

Requires prior authorization and meeting specified clinical criteria.

Covered drugs:
- Diethylpropion
- Phentermine
- Phendimetrazine
- Xenical

Clinical criteria for approval of a prior authorization request for anti-obesity drugs require one of the following:
- The member has a BMI greater than or equal to 30.
- The member has a BMI greater than or equal to 27 but less than 30 and two or more of the following risk factors:
  - Coronary heart disease.
  - Dyslipidemia.
  - Hypertension.
  - Sleep apnea.
  - Type II diabetes mellitus.

In addition, all of the following must be true:
- The member is 16 years of age or older. (Note: Members need only to be 12 years of age or older to take Xenical®)
- The member is not pregnant or nursing.
- The member does not have a history of an eating disorder (e.g., anorexia, bulimia).
- The member does not have a medical contraindication to the selected medication.
- The member has participated in a weight loss treatment plan (e.g., nutritional counseling, an exercise regimen, a calorie-restricted diet) in the past six months and will continue to follow the treatment plan while taking an anti-obesity drug.
- PA requests for anti-obesity drugs will not be renewed if a member's BMI is below 24.

Note: OTC anti-obesity drugs are noncovered drugs. ForwardHealth will return prior authorization requests for OTC brand name anti-obesity drugs with generic equivalents and brand name phentermine products as noncovered services.

Additional criteria such as benchmark weight loss requirements to continue therapy apply to certain drugs. Refer to source for full criteria.

Bariatric Surgery

All covered bariatric surgery procedures (CPT procedure codes 43644, 43645, 43770-43775, 43843, 43846-43848) require prior authorization. A bariatric procedure that does not meet the prior authorization approval criteria is considered a noncovered service.

The approval criteria for prior authorization requests for covered bariatric surgery procedures include all of the following:
- The member has a BMI greater than 35 with at least one documented high-risk, life limiting comorbid medical conditions capable of producing a significant decrease in health status that are demonstrated to be unresponsive to appropriate treatment. There is evidence that significant weight loss can substantially improve the following comorbid conditions:
  - Sleep apnea; poorly controlled Diabetes Mellitus while compliant with appropriate medication regimen; poorly controlled hypertension while compliant with appropriate medication regimen; obesity related cardiomyopathy.
  - The member has been evaluated for adequacy of prior efforts to lose weight. If there have been no or inadequate prior dietary efforts, the member must undergo 6 months of a medically supervised weight reduction program. This is separate from and not satisfied by the dietician counseling required as part of the evaluation for bariatric surgery.
  - The member has been free of illicit drug use and alcohol abuse or dependence for the 6 months prior to surgery.
  - The member has been obese for at least 5 years.
  - The member has had a medical evaluation from the member's primary care physician, assessing preoperative condition and surgical risk and finding the member to be an appropriate candidate.
  - The member has received a preoperative evaluation by an experienced and knowledgeable multidisciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological experience.
  - Must be performed in an ASMBS certified “Center of Excellence”

Additional criteria apply, refer to source for full list.
Nutritional Assessment/Counseling

Adults:
CPT Codes: 99401-99404, 99412, S9470, S0315-S0316, S9446

EPSDT:
During each Well Child Screen, providers need to assess the child’s growth. All measurements should be plotted on the National Center for Health Statistics (NCHS) Growth Chart. Growth assessments should be documented in the medical record and any abnormality should be addressed as abnormal if:
- If a child’s height and/or weight is below the 5th percentile or above the 95th percentile; or
- If weight for height is below the 10th percentile or above the 90th percentile (using the weight for height graph).

Nutritional Services - Providers should assess the nutritional status at each Well Child Screen through the following activities:
- Inquire about dietary practices to identify unusual eating habits.
- Unusual eating habits include pica behavior, extended use of bottle feedings, or diets deficient or excessive in one or more nutrients;
- A complete physical examination including an oral inspection; and
- Accurate measurements of height and weight (all measurements should be plotted on the National Center for Health Statistics Growth Charts).

NOTE: Children with nutritional problems may be referred to a licensed nutritionist or dietician for further assessment, counseling, or education as needed.

Anorexiant products are specifically excluded.

Pharmaceutical Therapy

Medicaid will consider coverage of gastric bypass surgery on adults on a case-by-case basis, with the appropriate documentation, if it is medically appropriate for the individual to have such surgery and if the surgery is to correct an illness that is aggravated by the obesity.

To receive prior authorization (Section 6.12, Prior Authorization) and to qualify for Medicaid reimbursement, the following criteria must be met.

- The client must meet the weight criteria for clinically severe obesity, which is a Body Mass Index (BMI) equal to or greater than 40, or 35-40 with co-morbid conditions. Documentation of the client’s BMI and obesity related co-morbid medical conditions exacerbated by the obesity are required.
- The primary physician must submit a complete client history and physical examination notes, including a three-year record of the client’s weight and documented efforts to lose weight by conventional means. Conventional means must describe at least two different non-surgical programs of dietary regimens that include appropriate exercise and a supported behavioral modification program utilizing licensed mental health therapists.
- Documentation of pre-operative psychological evaluation by a psychiatrist or licensed clinical psychologist affiliated with a clinic (not associated with the physician’s group recommending the procedure); within the last 90 days to determine if the client has the emotional stability to follow through with the medical regimen that must accompany the surgery.
- Physician documentation:
  - Weight control medications currently taken, or taken in the past, and the duration of time on these medications
  - Proposed treatment plan
  - Client’s goal weight
  - Documentation of lab work up to include:
    - Liver function
    - Lipid level for all
    - Renal panel
    - CBC
    - Thyroid panel
    - Two fasting blood sugars or a two-hour Glucose Tolerance Test

Procedure Code Range: 43644, 43770, 43842-43843, 43846-43848

Additional criteria apply (refer to source for full restrictions).
Appendix: Mandated EPSDT Services\textsuperscript{257}

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of the following screening, diagnostic, and treatment services:

**Screening Services**

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

**Other Necessary Health Care Services**

States are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in a state’s Medicaid plan. It is the responsibility of states to determine medical necessity on a case-by-case basis.

**Diagnostic Services**

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation. States should develop quality assurance procedures to assure that comprehensive care is provided.
**Treatment**

Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

**Periodicity Schedule**

Periodicity schedules for periodic screening, vision, and hearing services must be provided at intervals that meet reasonable standards of medical practice. States must consult with recognized medical organizations involved in child health care in developing their schedules. Alternatively, states may elect to use a nationally recognized pediatric periodicity schedule (i.e., Bright Futures). A separate dental periodicity schedule is also required.

Some studies have shown that EPSDT ostensibly already covers obesity-related services but provider confusion due to lack of guidance and prior authorization requirements or other administrative hurdles may discourage benefit uptake.
Note: All electronic sources were visited between August-September 2012.