

# MEDICAID FEE-FOR-SERVICE TREATMENT OF OBESITY INTERVENTIONS

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*50 State &  
District of  
Columbia  
Survey*

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THE GEORGE WASHINGTON UNIVERSITY

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WASHINGTON, DC

**STOP**  
STRATEGIES TO  
OVERCOME & PREVENT **OBESITY**  
ALLIANCE

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## Methodology and Findings

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### **Methodology:**

Research findings are based on an online document review of Medicaid provider manuals, drug formularies, and fee schedules conducted between January and February 2016. 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, morbid obesity, weight, weight-loss, diet, nutrition, bariatric surgery, gastric bypass, roux-en-y, anorexiant, appetite suppressant, Phentermine, Adipex, Suprenza, Lonamin, Orlistat, Xenical, Qsymia, Belviq, Lorcaserin Liraglutide, and Saxenda

### **Findings:**

#### ***Prevention-***

Eight states cover all obesity-related preventive care CPT codes. 21 states and the District of Columbia cover one or more obesity-related preventive care CPT code. 19 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 one state (IA) was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

#### ***Nutrition-***

18 states and the District of Columbia cover all obesity-related nutritional consult CPT codes. 12 states cover one or more obesity-related nutritional consult CPT code. 18 states cover no obesity-related nutritional consult CPT codes. Coverage for one state – IA – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care. Provider manuals indicated that while six states – CT, MN, NM, SD, UT, WV – may utilize nutrition CPT codes, they are not reimbursable for treating obesity. Provider manuals also indicated that four states – GA, MI, NE, VT – that do not utilize nutrition CPT codes, do reimburse for nutritional counseling.

#### ***Disease Management-***

Three states covers all obesity-related disease management CPT codes. 11 states and the District of Columbia cover one or more obesity-related disease management CPT codes. 34 states cover no obesity-related disease management CPT codes. Coverage for one state – IA – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

#### ***Behavioral Consultation-***

16 states cover all obesity-related behavioral consult CPT codes. 15 states and the District of Columbia cover one or more obesity-related behavioral consult CPT code. 17 states cover no obesity-related behavioral consult CPT codes. Coverage for one state – IA – was undeterminable. Coverage for TN was not assessed as the state's Medicaid population is entirely managed care.

#### ***Pharmaceuticals-***

13 states cover obesity drugs. Of these states, five – AL, LA, ND, NJ, SC – limit coverage to lipase inhibitors (Orlistat/Xenical). Five states – AL, HI, ND, VA, and WI – require that certain weight-loss benchmarks be met over a specified timeframe in order to continue medication coverage once started. 36 states explicitly exclude all obesity drug coverage, with one state – VT – expressly citing safety concerns as justification for non-coverage. Coverage for 3 state – KS, IA, DC – was undeterminable.

**Xenical:** Seven states – AL, HI, ID, MI, ND, VA, WI - cover Xenical with a prior authorization. Four states – AK, CT, LA, NH- do not have Xenical listed on the preferred drug list (PDL) or prior authorization list, but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – MD – does not cover Xenical.

**Alli:** Five states – AK, CT, HU, LA, NH - did not have Alli on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Four states – AL, MD, MI, ND - do not cover Alli. Three states – ID, VA, WI - had indeterminable coverage.

**Qsymia:** One state – WI - covers Qsymia with a prior authorization. Six states – AK, CT, HI, ID, LA, and NH- did not have Qsymia on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Four states – AL, MD, MI, and ND- do not cover Qsymia. 1 state – VA - had indeterminable coverage.

**Belviq:** Two states – MD and WI – cover Belviq with a prior authorization. Seven states – AK, CT, HW, ID, LA, MI, and NH- did not have Belviq on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Two states – AL and ND – do not cover Belviq. One state – VA – had indeterminable coverage.

**Phentermine:** Forty-one states do not cover phentermine. Of the remaining states, nine – ID, AR, HI, VA, RI, NH, FL, MD – did not have Phentermine on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – KS – had undeterminable coverage. WI is the only state to clearly cover phentermine.

**Saxenda:** Three states- HI, NH—did not have Saxenda on the PDL or prior authorization list, but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. While general obesity coverage for 3 states – KS, IA, DC – was undeterminable, none of these states listed Saxenda on the PDL.

***Bariatric Surgery-***

48 states and the District of Columbia cover bariatric surgery. Of these states, 36 require prior authorization and 37 require criteria other than BMI alone to determine eligibility. Two states (MT and MS) explicitly exclude bariatric surgery.

## 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.

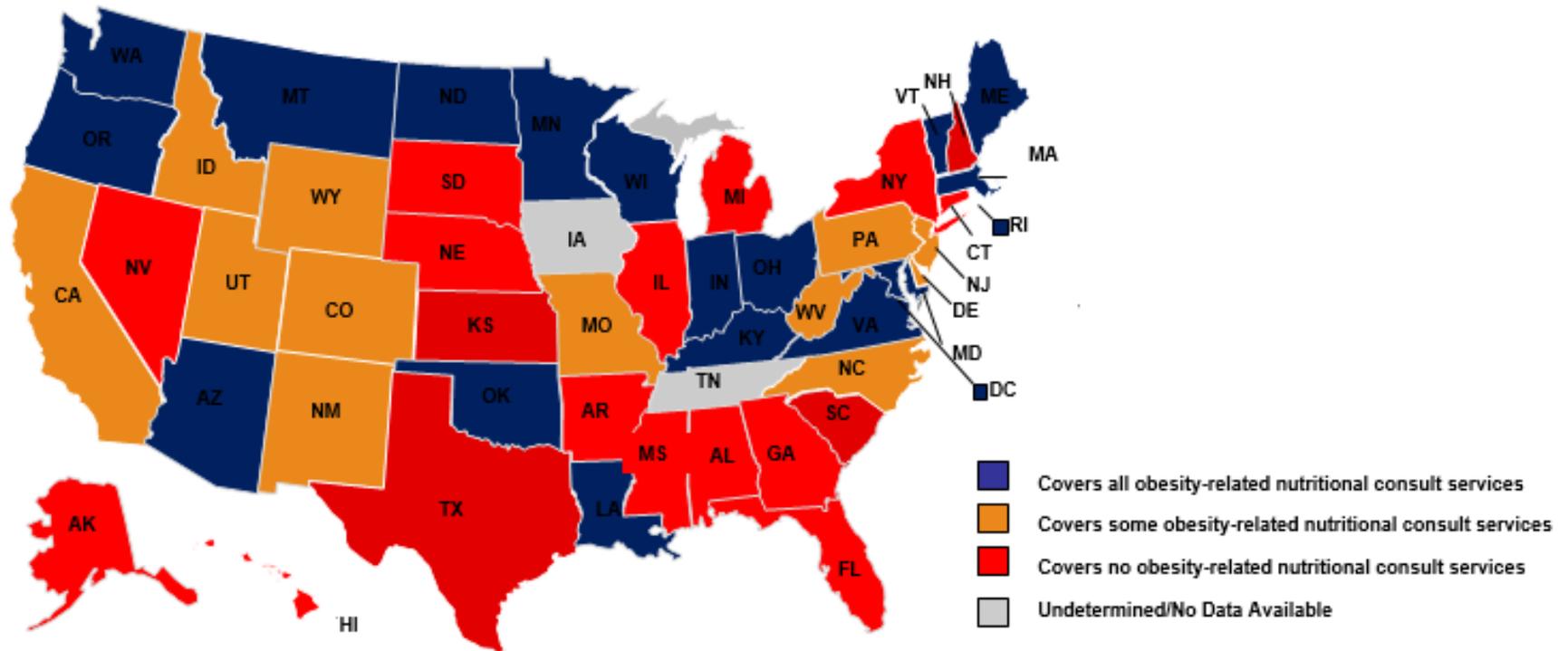
Providers and beneficiaries should **always** check with their respective billing entity **before** assuming services are covered.

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

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



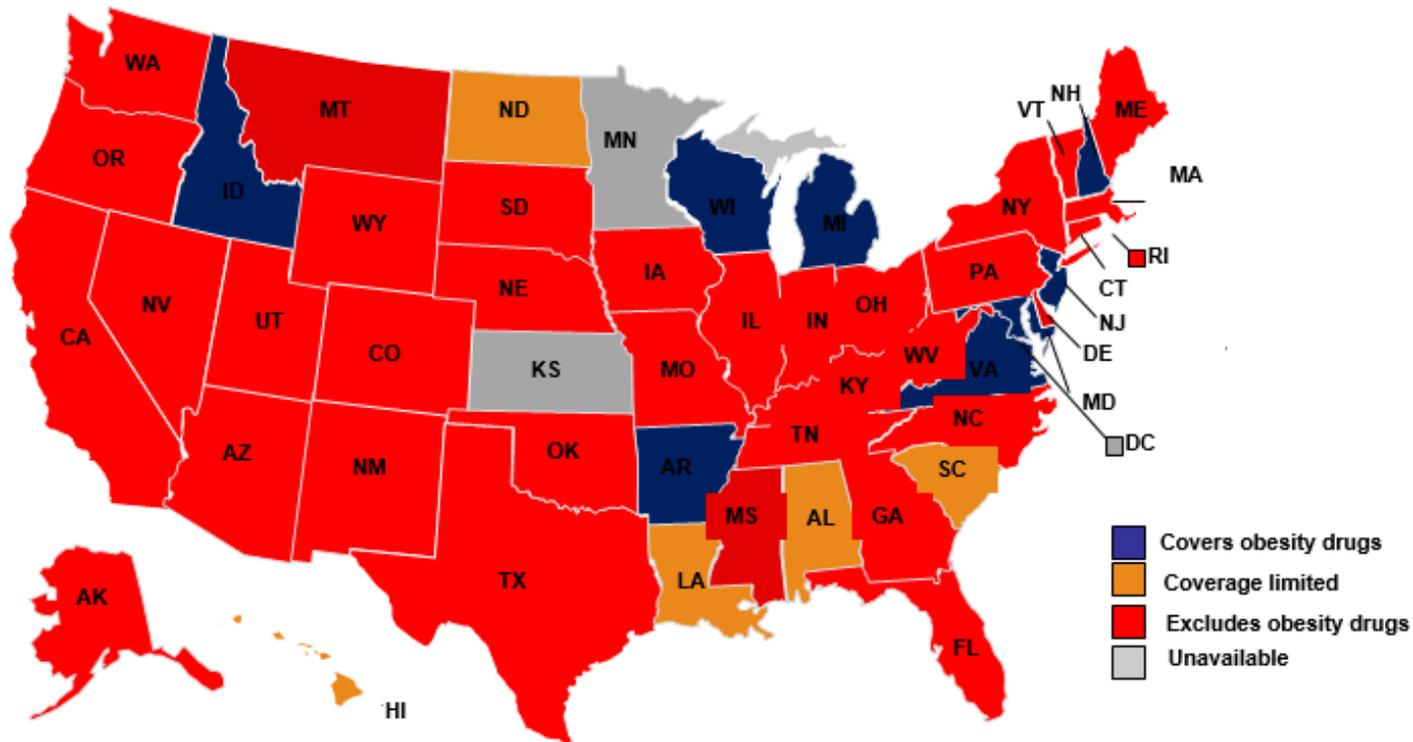
## Map 2: Medicaid Coverage of Obesity-Related Nutritional Consult Services



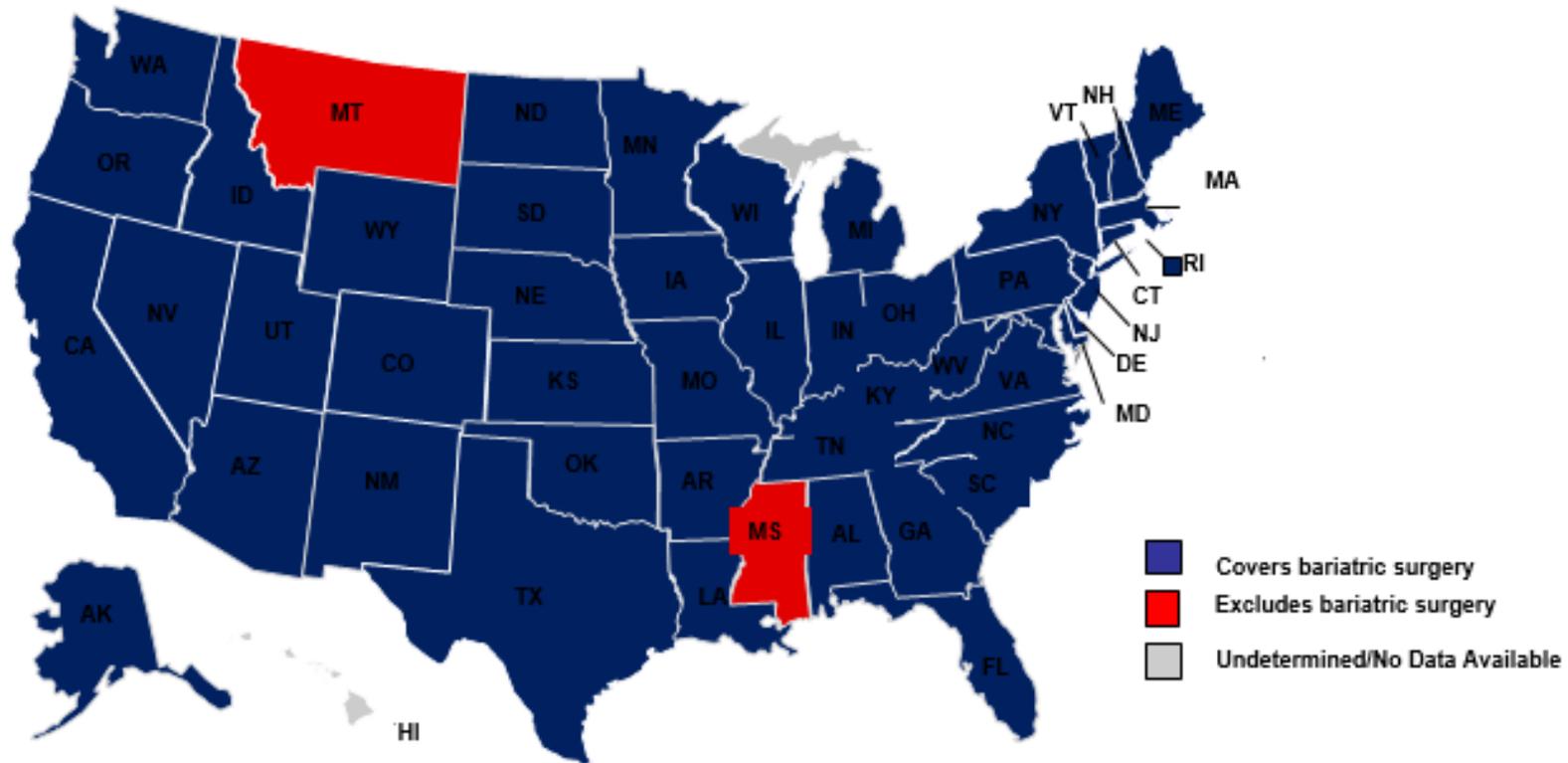




## Map 5: Medicaid Coverage of Obesity Medication



## Map 6: Medicaid Coverage of Bariatric Surgery



**ALABAMA**  
**Alabama Medicaid Agency**

<b>Nutritional Assessment/Counseling<sup>1</sup></b>	<b>Pharmaceutical Therapy<sup>2</sup></b>	<b>Bariatric Surgery<sup>3</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 99401-99402</p> <p><b>EPSDT:</b> Obesity services outside mandated EPSDT coverage are not explicitly mentioned.</p>	<p>Prior authorization required. PA requirements not specified beyond PA form.</p> <p>Xenical is the only agent currently covered.</p>	<p>Prior authorization required.</p> <p>Must be within 18 and 64 years of age. Must meet specific medical criteria and PA or the surgery will be considered cosmetic and will not be covered by Medicaid.</p> <p>Specific prior authorization criteria not found.</p>

**ALASKA**  
**Department of Health and Social Services**

<b>Nutritional Assessment/Counseling<sup>4,5,6</sup></b>	<b>Pharmaceutical Therapy<sup>7</sup></b>	<b>Bariatric Surgery<sup>8</sup></b>
<p><b>Adults:</b> Swimming therapy, weight loss programs, programs to improve overall fitness, and maintenance therapy are not covered services.</p> <p><b>CPT Codes:</b> 99401-99404</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p> <p>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 healthcare practitioner who may order those services within the scope of the practitioner’s license. If additional visits are needed, Provider must obtain service authorization.</p>	<p>Drugs used to treat obesity are not covered.</p>	<p>Prior authorization required.</p> <p>Specific prior authorization criteria not found.</p>

**ARIZONA**  
**Health Care Cost Containment System (AHCCCS)**

<b>Nutritional Assessment/Counseling<sup>9 10</sup></b>	<b>Pharmaceutical Therapy<sup>11</sup></b>	<b>Bariatric Surgery<sup>12</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, S0315-S0316, S9451</p> <p><b>EPSDT:</b> 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 (PA) is not required when the assessment is ordered by the PCP.</p> <p>Includes note in the periodicity schedule that, "If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered."</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Anti obesity agents</li> </ul>	<p>Prior authorization required.</p> <p>Bariatric surgery will continue to be covered under Medicaid, AHCCCS providers must use evidence-based guidelines before authorizing bariatric surgery.</p> <p>Specific prior authorization and evidence-based guideline criteria not found.</p>

**ARKANSAS  
Arkansas Medicaid**

Nutritional Assessment/Counseling <sup>13</sup>	Pharmaceutical Therapy <sup>14</sup>	Bariatric Surgery <sup>15</sup>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 99401-99402</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior authorization required</p> <p>Approval criteria:</p> <p>Diagnosis of hyperlipidemia in the past 365 days, AND One of the following criteria:</p> <ul style="list-style-type: none"> <li>• Criterion 1: Drug claims for concurrent niacin and HMGCoA reductase inhibitor (statin) therapy for 180 days in the last 270 days, AND Maximum doses of both drugs (niacin and HMG-CoA reductase inhibitor) for &gt;60 days in the past 90 days</li> <li>• Criterion 2: Drug claim for orlistat in the past 45 days (Signifying above criteria previously met)</li> </ul> <p>Quantity limits apply</p>	<p>Prior authorization required</p> <ol style="list-style-type: none"> <li>A. The patient must be between 18 and 65 years of age.</li> <li>B. The beneficiary has a documented body-mass index &gt;35 and has at least one co-morbidity related to obesity.</li> <li>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.</li> <li>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.</li> <li>E. Medical and psychiatric contraindications to the surgical procedure have been ruled out (and referrals made as necessary)</li> <li>F. A complete history and physical, documenting             <ol style="list-style-type: none"> <li>1. beneficiary's height, weight, and BMI</li> <li>2. the exclusion or diagnosis of genetic or syndromic obesity, such as Prader-Willi Syndrome,</li> </ol> </li> <li>G. A psychiatric evaluation no more than three months prior to the requesting authorization. The evaluation should address these issues:             <ol style="list-style-type: none"> <li>1. Ability to provide, without coercion, informed consent,</li> <li>2. family and social support,</li> <li>3. patient ability to comply with the postoperative care plan and, identify potential psychiatric contraindications</li> </ol> </li> </ol> <p>Covered Procedures</p> <ul style="list-style-type: none"> <li>• Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)</li> <li>• Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS)</li> <li>• Laparoscopic adjustable gastric banding (LAGB) Vertical banded gastroplasty</li> <li>• Gastric Bypass</li> </ul> <p>Non-covered Procedures</p> <ul style="list-style-type: none"> <li>• The following bariatric surgery procedures are non-covered:</li> <li>• Open adjustable gastric banding</li> <li>• Open and laparoscopic sleeve gastrectomy</li> </ul>

**CALIFORNIA  
Medi-Cal**

<b>Nutritional Assessment/Counseling<sup>16</sup></b>	<b>Pharmaceutical Therapy<sup>17</sup></b>	<b>Bariatric Surgery<sup>18</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96154, 99401, S9470</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded (not included in drug formulary or mentioned in provider manual).</p>	<p>Prior authorization required</p> <p>Morbid obesity can be a health danger because of the associated increased prevalence of cardiovascular risk factors such as hypertension, hypertriglyceridemia, hyperinsulinemia, diabetes mellitus and low levels of high-density lipoprotein (HDL) cholesterol. Conservative and dietary treatments include low (800 – 1200) calorie and very low (400 – 800) calorie diets, behavioral modification, exercise and pharmacologic agents. When these less drastic measures have failed or are not appropriate, providers may use the following surgical treatment options for morbidly obese recipients. TAR approval is required and recipients must meet ALL criteria specified:</p> <p>Refer to source for full criteria</p>

**COLORADO**  
Department of Health Care Policy and Finance

Nutritional Assessment/Counseling <sup>19 20</sup>	Pharmaceutical Therapy <sup>21</sup>	Bariatric Surgery <sup>22</sup>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155, 97802, 97804, 99401-99404, 99411-99412, S9445</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Drugs for anorexia (weight loss)</li> </ul>	<p>Colorado Medicaid covers bariatric surgery for enrolled Medicaid clients over the age of 16 when the client has clinical obesity and it is medically necessary. Clients must have a BMI of 40 or higher. BMI of 35-40 must document one or more of the listed co-morbid conditions. BMI level qualifying the client must be at least two years duration.</p> <p>Covered procedures include: Roux-en-Y Gastric Bypass; Adjustable Gastric Banding; Biliopancreatic Diversion with or without Duodenal Switch; Vertical-Banded Gastroplasty; Vertical Sleeve Gastroplasty</p> <p>The client must have made at least one serious clinically supervised attempt to lose weight (6 months or longer) within the past 18 months. Medical and psychiatric contraindications to the procedure must be ruled out.</p> <p>All bariatric surgical procedures require prior authorization. Refer the source for more information.</p>

**CONNECTICUT**  
**Department of Social Services**

<b>Nutritional Assessment/Counseling<sup>23,24</sup></b>	<b>Pharmaceutical Therapy<sup>25</sup></b>	<b>Bariatric Surgery<sup>26</sup></b>
<p><b>Adults:</b> The Department will not cover services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies which states that the Agency shall pay for surgical services necessary to treat morbid obesity [when] as defined by the ICD that causes or aggravates another medical illness [is caused by, or is aggravated by, the obesity. Such illnesses shall include, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system. For the purposes of this section, “morbid obesity” means “morbid obesity” as defined by the International Classification of Diseases (ICD), as amended from time to time]</p> <p><b>CPT Codes:</b> 96150-96155, 99401-99404, 99411-99412</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>Any drugs used in the treatment of obesity.</li> </ul>	<p>Covered to treat morbid obesity when another medical illness is caused by or aggravated by the obesity. An individual is considered morbidly obese if his/her body weight is at least twice the ideal body weight, he/she is at least 100 pounds over the ideal body weight, or he/she has a BMI greater than 39.</p>

**DELAWARE**  
**Health & Social Services Division of Medicaid & Medical Assistance**

<b>Nutritional Assessment/Counseling<sup>27 28</sup></b>	<b>Pharmaceutical Therapy<sup>29</sup></b>	<b>Bariatric Surgery<sup>30</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96154, S9470,</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs indicated for the treatment of obesity are not routinely covered by the DMAP.</p>	<p>Prior authorization required.</p> <p>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.</p> <p>All requests for bariatric surgery must be prior authorized. This includes the surgeon, assistant surgeon (if medically necessary), anesthesiologist, and facility.</p> <p>Requests for prior authorizations of bariatric surgery must be submitted in writing.</p> <p>Specific prior authorization criteria not found.</p>

**DISTRICT OF COLUMBIA  
Department of Health Care Finance**

<b>Nutritional Assessment/Counseling<sup>31 32 33</sup></b>	<b>Pharmaceutical Therapy</b>	<b>Bariatric Surgery<sup>34</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96151-96155, 99401 - 99404, 99411, S9470, S9445, 97802-97804</p> <p><b>EPSDT:</b> If information suggests a dietary inadequacy, obesity or other nutritional problems, further assessment is indicated, including:</p> <ul style="list-style-type: none"> <li>• Family, socioeconomic or any community factors</li> <li>• 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)</li> <li>• Further physical and laboratory examinations</li> <li>• Preventive, treatment and follow-up services, including dietary counseling and nutrition education</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to find information.</li> </ul>	<p>Prior authorization required.</p> <p>Gastric bypass requires written justification and prior authorization.</p> <p>Specific prior authorization criteria not defined.</p>

**FLORIDA**  
Agency for Health Care Administration

Nutritional Assessment/Counseling <sup>35 36</sup>	Pharmaceutical Therapy <sup>37</sup>	Bariatric Surgery <sup>38</sup>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 99401-99403</p> <p><b>EPSDT:</b> Based on the provider’s medical discretion, the following elements, as appropriate for the child’s age and health history, should be documented:</p> <ul style="list-style-type: none"> <li>• Height and weight (measure and plot on a standard chart)</li> </ul> <p>Includes note to: See the CDC website at <a href="http://www.cdc.gov/growthcharts/">www.cdc.gov/growthcharts/</a>; AAP website at <a href="http://www.aap.org">www.aap.org</a>; and Bright Futures website at <a href="http://www.brightfutures.org">www.brightfutures.org</a> for information on new growth charts to calculate and plot weight, height, and Body Mass Index (BMI) using age and gender-appropriate graphs; as well as, information on weight problems, such as obesity.</p> <p>Anticipatory guidance follows AAP BrightFutures Anticipatory Guidelines</p>	<p>Medicaid does not reimburse for appetite suppressants (unless prescribed for an indication other than obesity)</p>	<p>Prior authorization required.</p> <p>All bariatric surgical procedures require prior authorization by the inpatient hospital Medicaid QIO peer review organization.</p> <p>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).</p> <p>Note: See Authorization for Inpatient Hospital Admission in Chapter 2 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for the inpatient hospitalization authorization procedures. The Florida Medicaid Handbooks are located on the fiscal agent’s website at <a href="http://www.my-medicaid-florida.com">www.my-medicaid-florida.com</a></p> <p>Specific prior authorization criteria not found.</p>

**GEORGIA**  
**Department of Community Health**

<b>Nutritional Assessment/Counseling<sup>39 40</sup></b>	<b>Pharmaceutical Therapy<sup>41</sup></b>	<b>Bariatric Surgery<sup>42</sup></b>
<p><b>Adults:</b> 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Nutritional Counseling (individual or group) can be billed as a single service if it was the only service provided that day.</li> <li>• Nutritional Counseling (individual or group) rendered in combination with other clinic services on a particular day should not be billed separately.</li> <li>• Nutritional Counseling for WIC-eligible members must be beyond the first two (2) nutrition education contacts.</li> <li>• Nutritional Group Counseling classes must be specific to client's nutrition-related medical condition and diagnosis.</li> </ul> <p><b>CPT Codes:</b> None</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Agents used for anorexia, weight gain or weight loss.</li> </ul>	<p>Bariatric Surgery for the treatment of morbid obesity is considered medically necessary when the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Presence of morbid obesity; and</li> <li>2. Member has completed growth (18 years of age or documentation of completion of bone growth); and</li> <li>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</li> <li>4. Member has participated in a physician-supervised nutrition and exercise program (including a low calorie diet, increased physical activity, and behavioral modification); and</li> <li>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.</li> </ol> <p><b>Procedures Covered</b> Only the following surgical procedures are covered:</p> <ol style="list-style-type: none"> <li>a. Gastric segmentation along its vertical axis with a Roux-en Y bypass with distal anastomosis placed in the jejunum (Open - CPT 43846 or 43847 and Laparoscopic -CPT 43644)</li> <li>b. Laparoscopic adjustable silicone gastric banding (LASGB) (CPT 43770)</li> <li>c. Biliopancreatic Diversion with Duodenal Switch (Open -CPT 43847)</li> </ol> <p><b>Non-Covered Procedures</b> The following procedures are not covered due to being unsafe or not adequately studied:</p> <ol style="list-style-type: none"> <li>a. Open adjustable gastric banding (CPT 43843)</li> <li>b. Open and laparoscopic vertical banded gastroplasty (CPT 43842)</li> <li>c. Gastric balloon (CPT 43843)</li> <li>d. Intestinal bypass (CPT43659 )</li> </ol> <p>Additional criteria apply – refer to source for full criteria</p>

**HAWAII  
Med-QUEST**

<b>Nutritional Assessment/Counseling<sup>43 44 45</sup></b>	<b>Pharmaceutical Therapy<sup>46</sup></b>	<b>Bariatric Surgery<sup>47</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155</p> <p><b>EPSDT:</b> The screenings, assessments, surveillance, and anticipatory guidance under EPSDT are based upon the recommendations of CMS and the most current American Academy of Pediatrics (AAP) and Bright Futures guidelines.</p> <p>Other services are covered under EPSDT for clients up to the age of 21 years when the client’s physician has completed and submitted a prior authorization and DHS has determined that the services are medically necessary.</p>	<p>Appetite Suppressants (Anorexiant) Prior Authorization Requirements:</p> <ol style="list-style-type: none"> <li>1. Patient’s height and weight or BMI;</li> <li>2. Patient’s program for weight loss.</li> <li>3. For additional and/or specific criteria for Meridia and Xenical, see source</li> </ol>	<p>Prior authorization required.</p> <p>Prior authorizations required for gastroplasty for morbid obesity.</p> <p>Prior authorization criteria not detailed.</p> <p>Jejuno-ileal bypass procedures for morbid obesity is specifically excluded.</p>



**IDAHO**  
**Department of Health and Welfare**

<b>Nutritional Assessment/Counseling<sup>48 49</sup></b>	<b>Pharmaceutical Therapy<sup>50</sup></b>	<b>Bariatric Surgery<sup>51</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96154, 99401-99404, S9470</p> <p><b>EPSDT:</b> Following criteria must be met for dietary counseling</p> <ul style="list-style-type: none"> <li>• Ordered by a physician</li> <li>• Determined to be medically necessary</li> <li>• Payment for two visits during the calendar year is available at a rate established by DHW</li> </ul> <p>Children may receive two additional visits when prior authorized.</p>	<p>Prior authorization required</p> <p>Must meet all criteria before coverage will be considered</p> <ul style="list-style-type: none"> <li>• BMI <math>\geq</math> 40 with no co-morbidity or BMI <math>\geq</math> 35 with co-morbidity</li> <li>• Waist-to-Hip ratio 0.8-0.85 in females or 0.95-1.0 in males</li> <li>• Failed diet and exercise alone (include chart notes showing trials and failures)</li> <li>• Age over 18 years</li> </ul>	<p>Medicaid will cover bariatric surgeries, including abdominoplasty and panniculectomy, when all conditions listed below are met:</p> <ul style="list-style-type: none"> <li>• The participant meets the criteria for clinically severe obesity with a Body Mass Index (BMI) equal to or greater than 40, or a BMI equal to or greater than 35 with comorbid conditions such as type 2 diabetes, hypothyroidism, atherosclerotic cardiovascular disease, or osteoarthritis of the lower extremities.</li> <li>• The serious comorbid medical condition must be documented by the primary physician who refers the patient for the procedure, or a physician specializing in the participant’s comorbid condition who is not associated by clinic or other affiliation with the surgeons who will perform the surgery.</li> <li>• The obesity is caused by the serious comorbid condition, or the obesity could aggravate the participant’s cardiac, respiratory, or other systemic disease.</li> <li>• The participant must have a psychiatric evaluation to determine the stability of personality at least 90 days prior to the date a request for prior authorization is submitted to Medicaid.</li> <li>• The procedure is prior authorized by Qualis Health. If approval is granted, Qualis Health will issue the authorization number and conduct any necessary length-of-stay reviews.</li> <li>• The procedure(s) must be performed in an Idaho Medicaid-enrolled hospital that is also Medicare certified. • Hospital practices should be in keeping with national medical standards for weight loss surgery to promote positive outcomes.</li> </ul>



**ILLINOIS**  
Department of Healthcare and Family Services

Nutritional Assessment/Counseling <sup>52 53</sup>	Pharmaceutical Therapy <sup>54</sup>	Bariatric Surgery <sup>55</sup>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 99401</p> <p><b>EPSDT:</b> Providers are encouraged to follow recommended clinical guidelines for evaluation and management of overweight and obesity, including the AMA’s Expert Committee Recommendations regarding Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report and the USPSTF recommendations on Screening for Obesity in Children and Adolescents.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Weight loss drugs</li> </ul>	<p>Prior authorization required.</p> <p>Effective with dates of service October 1, 2012, and after, providers will be required to request prior approval for surgeries for morbid obesity.</p> <p>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.</p> <p>The medical record must contains the following documentation of medical necessity:</p> <ul style="list-style-type: none"> <li>• Documentation of review systems</li> <li>• Client height, weight, BMI</li> <li>• Listing of comorbidities</li> <li>• Patient weight loss attempts</li> <li>• Current and complete psychiatric evaluation indicating the patient is an appropriate candidate for weight loss surgery</li> <li>• Documentation of nutritional counseling</li> </ul>

**INDIANA**  
**Office of Medicaid Policy and Planning**

<b>Nutritional Assessment/Counseling<sup>56</sup></b>	<b>Pharmaceutical Therapy<sup>57</sup></b>	<b>Bariatric Surgery<sup>58</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155, 99401, 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Anorectics or any agent used to promote weight loss</li> </ul>	<p>Prior authorization required.</p> <p>Bariatric surgery is recognized as medically necessary when used for the treatment of morbid obesity. All types of bariatric surgery require PA and are subject to the following conditions:</p> <ul style="list-style-type: none"> <li>• Failed weight-loss therapy: Scope and duration of failed weight-loss therapy must meet the following criteria:                             <ul style="list-style-type: none"> <li>• Morbid obesity has persisted for at least five years and Bariatric Surgery and Revisions 59 Library Reference Number: Revision Date: October 2015 Version 2.2</li> <li>• Physician-supervised nonsurgical medical treatment<sup>2</sup> has been unsuccessful for at least six consecutive months or</li> <li>• Member has successfully achieved weight loss after participating in a physician supervised nonsurgical medical treatment, but has been unsuccessful at maintaining weight loss for two years</li> </ul> </li> <li>• Patient must meet age and maturity requirements, including both of the following:                             <ul style="list-style-type: none"> <li>• Member must be between 18 and 65 years of age and</li> <li>• Member must be physically mature, as shown by sexual maturity and the closure of growth plates.</li> </ul> </li> </ul>

IOWA  
Department of Human Services

Nutritional Assessment/Counseling <sup>59</sup>	Pharmaceutical Therapy <sup>60</sup>	Bariatric Surgery <sup>61</sup>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> Unable to determine: HTTP Error 500 (Internal Server Error) on website</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned however, Licensed dietitians employed by or under contract with physicians may provide nutritional counseling services to recipients age 20 and under.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Drugs used to cause anorexia, weight gain or weight loss</li> </ul>	<p>Prior authorization required.</p> <p>The request must provide the following information from the physician, on which the IME Medical Services Unit will base its decision:</p> <ul style="list-style-type: none"> <li>◆ Procedure planned</li> <li>◆ Proposed admission date</li> <li>◆ Proposed date of procedure</li> <li>◆ Hospital or location of intended procedure</li> <li>◆ Member's name and address</li> <li>◆ Member's age</li> <li>◆ Member's Medicaid identification number</li> <li>◆ Attending physician's name</li> <li>◆ Tentative diagnosis</li> <li>◆ Orders</li> <li>◆ History and chief complaint (include symptoms and duration of problem)</li> <li>◆ Other medical history or problem ◆ Preadmission treatment</li> <li>◆ Outpatient studies performed</li> <li>◆ Medication</li> </ul> <p>Pre-procedure review is conducted using criteria that have been developed by the applicable physician specialties. Questionable cases are referred to a physician reviewer for a determination of the medical necessity of the procedure. Denial letters are issued if the procedure is determined not to be medically necessary.</p>

**KANSAS**  
**Kansas Health Policy Authority**

Nutritional Assessment/Counseling	Pharmaceutical Therapy	Bariatric Surgery <sup>62</sup>
<p><b>Adults:</b> Provider Manual was inaccessible with weblink on state Medicaid agencies website</p> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>MediKan (Traditional FFS Medicaid): None</li> </ul> <p><b>EPSDT:</b> Provider Manual was inaccessible with weblink on state Medicaid agencies website</p>	<p>None found.</p>	<p>Prior authorization required.</p> <p>Open or laparoscopic Roux-en-Y bypass (RYGB), open or laparoscopic biliopancreatic diversion (BPD), with or without duodenal switch (DS), or laparoscopic adjustable silicone gastric banding (LASGB) will be considered medically necessary when selection criteria are met.</p> <p>Must meet either 1 (adults) or 2 (adolescents):</p> <ol style="list-style-type: none"> <li>For adults aged 18 years or older, presence of severe obesity that has persisted for at least the last 2 years (24 months), documented in contemporaneous clinical records, defined as any one of the following: <ul style="list-style-type: none"> <li>Body mass index (BMI) exceeding 40</li> <li>BMI greater than 35 in conjunction with either of the following severe comorbidities: <ul style="list-style-type: none"> <li>Clinically significant obstructive sleep apnea</li> <li>Coronary heart disease</li> <li>Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes)</li> <li>Type 2 diabetes mellitus</li> </ul> </li> </ul> </li> <li>Consumer has attempted weight loss in past without successful long-term weight reduction AND Consumer must meet either physician-supervised nutrition and exercise program or multi-disciplinary surgical preparatory regimen)</li> </ol> <p>Bariatric surgery is only covered when performed at a Center of Excellence.</p> <p>Additional criteria apply – including separate criteria for children and adolescents - refer to source for full criteria</p>

**KENTUCKY**  
**Department for Medicaid Services**  
**Cabinet for Health and Family Services**

<b>Nutritional Assessment/Counseling<sup>63</sup></b>	<b>Pharmaceutical Therapy<sup>64</sup></b>	<b>Bariatric Surgery<sup>65</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96153, 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Drugs used for anorexia, weight loss, or weight gain</li> </ul>	<p>Prior authorization required. Bariatric Surgery will be covered only if it is medically necessary and prior authorized.</p>

**LOUISIANA**  
**Medicaid (Health Services Financing)**  
**Office of Management and Finance, Department of Health and Hospitals**

<b>Nutritional Assessment/Counseling<sup>66,67</sup></b>	<b>Pharmaceutical Therapy<sup>68</sup></b>	<b>Bariatric Surgery<sup>69</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155, 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Anorexics – Medicaid does not reimburse for anorexics with the exception of orlistat;</li> </ul> <p>Medicaid will provide reimbursement to outpatient pharmacies for orlistat prescriptions based on the following criteria:</p> <ul style="list-style-type: none"> <li>• An authorized prescriber has hand written the prescription - no facsimiles allowed;</li> <li>• Patient is twelve years of age or older;</li> <li>• Only original prescriptions—no refills are allowed;</li> <li>• Maximums of ninety (90) capsules and thirty (30) days supply;</li> <li>• Patient has a documented current body mass index (BMI) of twenty-seven (27) or greater and the prescriber had identified the BMI, in his/her handwriting, on the dated prescription or a dated and signed attachment to the prescription;</li> <li>• Patient has other risk factors warranting the use of Orlistat and the prescriber has identified an approved ICD-9-CM diagnosis code in his/her handwriting, on the dated prescription or a dated and signed attachment to the prescription; and</li> <li>• No provisions for override of the prospective drug utilization edits, i.e., early refill (ER) and duplicate drug (ID) editing.</li> </ul> <p>Refer to source for full criteria</p>	<p>Requires prior authorization.</p> <p>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.</p> <p>Prior Authorization: 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.</p> <p>NOTE: A physician letter documenting recipient qualifications and medical necessity must accompany the PA request and must include confirmatory evidence of co-morbid condition(s). <b>Photographs must be submitted with the request for consideration of bariatric surgery.</b></p> <p>Refer to source for full criteria.</p>

**MAINE**  
**Office of MaineCare Services**  
**Department of Health and Human Services**

<b>Nutritional Assessment/Counseling<sup>70,71</sup></b>	<b>Pharmaceutical Therapy<sup>72</sup></b>	<b>Bariatric Surgery<sup>73</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 99401-99403, 99411-99412, 97802-97803, 96150- 96154</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded drugs include:</p> <ul style="list-style-type: none"> <li>• Anorexic, or certain weight loss drugs.</li> </ul>	<p>Requires prior authorization.</p> <p>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.</p> <p>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. Please see source for full criteria.</p>

**MARYLAND**  
**Medical Programs, Department of Health and Mental Hygiene**

<b>Nutritional Assessment/Counseling<sup>74</sup></b>	<b>Pharmaceutical Therapy<sup>75</sup></b>	<b>Bariatric Surgery<sup>76</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96155; 97802-98704</p> <p><b>EPSDT:</b> Initial screening services include the full scope of comprehensive services outlined in the Maryland EPSDT Preventive Health Schedule. See source for more details. Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior authorization required:</p> <ul style="list-style-type: none"> <li>• Belviq (Lorcaserin)</li> </ul> <p>Not covered:</p> <ul style="list-style-type: none"> <li>• Xenical/Alli (Orlistat)</li> </ul>	<p>Prior authorization required.</p> <p>PA criteria not found.</p>

**MASSACHUSETTS**  
**MassHealth, Office of Health and Human Services**

<b>Nutritional Assessment/Counseling<sup>77</sup></b>	<b>Pharmaceutical Therapy<sup>78</sup></b>	<b>Bariatric Surgery<sup>79</sup></b>
<p><b>Adults:</b> Does not explicitly mention.</p> <p><b>CPT Codes:</b> 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The MassHealth agency does not pay for any drug used for the treatment of obesity.</p>	<p>Prior authorization required.</p> <p>MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.</p> <p>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 (if appropriate, including post-operative recovery).</p> <p>Specific prior authorization criteria not found</p>

**MICHIGAN**  
**Department of Community Health**

<b>Nutritional Assessment/Counseling<sup>80</sup></b>	<b>Pharmaceutical Therapy<sup>81</sup></b>	<b>Bariatric Surgery<sup>82</sup></b>
<p><b>Adults:</b> 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 PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> <li>• The medical history;</li> <li>• Past and current treatment and results;</li> <li>• Complications encountered;</li> <li>• All weight control methods that have been tried and failed; and</li> <li>• Expected benefits or prognosis for the method being requested.</li> </ul> <p><b>CPT Codes:</b> None</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly stated.</p>	<p>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 PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> <li>• The medical history;</li> <li>• Past and current treatment and results;</li> <li>• Complications encountered;</li> <li>• All weight control methods that have been tried and failed; and</li> <li>• Expected benefits or prognosis for the method being requested.</li> </ul> <p>Prior Authorization form only available for Xenical/Orlistat</p>	<p>Prior authorization required.</p> <p>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 PA and document that other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage the complications have failed.</p> <p>The request for PA must include:</p> <ul style="list-style-type: none"> <li>• The medical history;</li> <li>• Past and current treatment and results;</li> <li>• Complications encountered;</li> <li>• All weight control methods that have been tried and failed; and</li> <li>• Expected benefits or prognosis for the method being requested.</li> </ul> <p>If surgical intervention is desired, a psychiatric evaluation of the beneficiary’s willingness/ability to alter their lifestyle following surgical intervention must be included.</p> <p>If the request is approved, the provider receives an authorization letter for the service, including billing instructions. A copy of the authorization letter must be attached to all claims submitted to MDCH for weight reduction services</p>

**MINNESOTA**  
**Department of Human Services**

<b>Nutritional Assessment/Counseling<sup>83 84</sup></b>	<b>Pharmaceutical Therapy</b>	<b>Bariatric Surgery<sup>85</sup></b>
<p><b>Adults:</b></p> <p>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. If an MHCP recipient elects to participate in a weight loss program, the recipient may be billed for components of the program that are not covered, as long as the recipient is informed of charges in advance.</p> <p>MHCP does not cover the following weight loss services:</p> <ul style="list-style-type: none"> <li>• Weight loss services on a program basis</li> <li>• Nutritional supplements or foods for the purpose of weight reduction</li> <li>• Exercise classes</li> <li>• Health club memberships</li> <li>• Instructional materials and books</li> <li>• Motivational classes</li> <li>• Counseling or weight loss services provided by persons who are not MHCP providers</li> <li>• Counseling that is part of the physician's covered services and for which payment has already been made</li> <li>• Nutritional counseling for diabetic education when it is part of a diabetic education program (see <a href="#">Diabetic Education section</a>)</li> </ul> <p><b>CPT Codes:</b> 96150-96155, 99401-99404, 99411-99412, 97802-97804, S9470, 98960-98962, 99078, S0315-S0316</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Not explicitly stated in either the Physician or Pharmacy Services Manuals.</p>	<p>Prior authorization required.</p> <p>All 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:</p> <ol style="list-style-type: none"> <li>1. The recipient is clinically obese with one of the follow: <ul style="list-style-type: none"> <li>• BMI of 40 or higher</li> <li>• BMI of 35-40 with one or more comorbid conditions.</li> </ul> </li> <li>2. The BMI level qualifying the patient for surgery (&gt; 40 or &gt; 35 with one of the above comorbidities) must be of at least two years duration. <ul style="list-style-type: none"> <li>• 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.</li> <li>• The recipient has made at least one serious medically supervised attempt to lose weight in the past, under the supervision of a physician, physician's assistant, nurse practitioner, or registered dietician. The medically supervised weight loss attempt(s) must have been at least six months in duration</li> </ul> </li> <li>3. Medical and psychiatric contraindications to the surgical procedure have been ruled out</li> </ol> <p>Additional criteria apply – refer to source for full criteria</p>

**MISSISSIPPI**  
**Division of Medicaid**

<b>Nutritional Assessment/Counseling<sup>86,87</sup></b>	<b>Pharmaceutical Therapy<sup>88</sup></b>	<b>Bariatric Surgery<sup>89</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 99401-99402</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Pharmacy program exclusions include:</p> <ul style="list-style-type: none"> <li>• Drugs when used for anorexia, weight loss, or weight gain.</li> </ul>	<p>Non-covered services include:</p> <ul style="list-style-type: none"> <li>• Gastric surgery including any technique or procedure for the treatment of obesity or weight control, regardless of medical necessity.</li> </ul>

**MISSOURI**  
**MO HealthNet Division, Department of Social Services**

<b>Nutritional Assessment/Counseling<sup>90,91</sup></b>	<b>Pharmaceutical Therapy<sup>92</sup></b>	<b>Bariatric Surgery<sup>93</sup></b>
<p><b>Adults:</b> The treatment of obesity is noncovered unless the treatment is an integral and necessary part of a course of treatment for a concurrent or complicating medical condition.</p> <p><b>CPT Codes:</b> S9470</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs used to promote weight loss are excluded under MO HealthNet.</p>	<p><b>Morbid obesity treatment:</b> Morbid obesity, as defined by the American Medical Association (AMA) is a Body Mass Index (BMI) greater than 40. The treatment of obesity is covered by MO HealthNet (MHD) when the treatment is an integral and necessary course of treatment for a concurrent or complicating medical 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). These services must be prior authorized. Refer to section 8 of the physician's manual to review MHD's prior authorization policy. 43644 43645 43659 43770 43845 43846 43847 43848</p> <p>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</p>

**MONTANA**  
**Department of Public Health and Human Services**

<b>Nutritional Assessment/Counseling<sup>94 95</sup></b>	<b>Pharmaceutical Therapy<sup>96</sup></b>	<b>Bariatric Surgery<sup>97</sup></b>
<p><b>Adults:</b> 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.</p> <ul style="list-style-type: none"> <li>• Medicaid does not cover the following weight reduction services:</li> <li>• Weight reduction plans/programs (e.g., Jenny Craig, Weight Watchers)</li> <li>• Nutritional supplements</li> <li>• Dietary supplements</li> <li>• Health club memberships</li> <li>• Educational services of nutritionists</li> </ul> <p><b>CPT Codes:</b> 96150-96155, 99401-99404, 99411-99412, 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Medicaid prescription drug program does not reimburse for the following items or services:</p> <ul style="list-style-type: none"> <li>• drugs prescribed for weight reduction</li> </ul>	<p>Gastric Bypass Surgery and weight loss surgery for adults are not covered under basic Montana Medicaid.</p> <p>Covered by Full Medicaid for individuals under 21 years old. <a href="http://medicaidprovider.hhs.mt.gov/pdf/medicaidinfohandbook.pdf">http://medicaidprovider.hhs.mt.gov/pdf/medicaidinfohandbook.pdf</a></p>

**NEBRASKA**  
**Department of Health & Human Services**

<b>Nutritional Assessment/Counseling<sup>98,99</sup></b>	<b>Pharmaceutical Therapy<sup>100</sup></b>	<b>Bariatric Surgery<sup>101</sup></b>
<p><b>Adults:</b> Treatment for obesity: NMAP will not make payment for services provided when the sole diagnosis is "obesity". Obesity itself cannot be considered an illness. The immediate cause is a caloric intake which is persistently higher than caloric output. When obesity is the only diagnosis, treatment cannot be considered reasonable and necessary for the diagnosis or treatment of an illness or injury.</p> <p>While obesity is not itself considered an illness, there are conditions which can be caused by or aggravated by obesity. This may include, but is not limited to the following: hypothyroidism, Cushing's disease, hypothalamic lesions, cardiac diseases, respiratory diseases, diabetes, hypertension, and diseases of the skeletal system. Treatment for obesity may be covered when the services are an integral and necessary part of a course of treatment for another serious medical condition.</p> <p><b>CPT Codes:</b> None</p> <p><b>EPSDT:</b> Obesity is considered appropriate for nutritional counseling.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Payment by NMAP will not be approved for:</p> <ul style="list-style-type: none"> <li>• Drugs or items prescribed or recommended for weight control and/or appetite suppression</li> </ul>	<p>Prior authorization required for: Gastric bypass surgery for obesity which includes the following procedures: a. Gastric bypass; b. Gastric stapling; and c. Vertical banded gastroplasty</p> <p>Non-covered services include:</p> <ul style="list-style-type: none"> <li>• Ileal bypass or any other intestinal surgery for the treatment of obesity</li> </ul> <p>NMAP will not make payment for services provided when the sole diagnosis is "obesity". Obesity itself cannot be considered an illness. The immediate cause is a caloric intake which is persistently higher than caloric output. When obesity is the only diagnosis, treatment cannot be considered reasonable and necessary for the diagnosis or treatment of an illness or injury.</p> <p>While obesity is not itself considered an illness, there are conditions which can be caused by or aggravated by obesity. This may include, but is not limited to the following: hypothyroidism, Cushing's disease, hypothalamic lesions, cardiac diseases, respiratory diseases, diabetes, hypertension, and diseases of the skeletal system. Treatment for obesity may be covered when the services are an integral and necessary part of a course of treatment for another serious medical condition.</p> <p>Additional criteria apply – refer to source for full criteria</p>

**NEVADA**

**Department of Health and Human Services, Division of Health Care Financing & Policy**

<b>Nutritional Assessment/Counseling<sup>102</sup></b>	<b>Pharmaceutical Therapy<sup>103</sup></b>	<b>Bariatric Surgery<sup>104</sup></b>
<p><b>Adults:</b> Not explicitly mentioned.</p> <p><b>CPT Codes:</b> 96150-96154, 98960-98962, 99401</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Nevada Medicaid Drug Rebate program will not reimburse for the following pharmaceuticals:</p> <ul style="list-style-type: none"> <li>• Agents used for weight loss.</li> </ul>	<p>Prior authorization required.</p> <p>Bariatric Surgery is a covered Nevada Medicaid benefit reserved 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. Morbid obesity is defined by Nevada Medicaid as those recipients whose Body Mass Index (BMI) is 35 or greater, and who have significant disabling comorbidity conditions which are the result of the obesity or are aggravated by the obesity.</p> <p>This benefit includes the initial work-up, the surgical procedure and routine post surgical follow-up care. The 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.)</p> <p>Documentation supporting the reasonableness and necessity of bariatric surgery must be in the recipient's record and submitted with the PA.</p> <p>Coverage is restricted to recipients with the following indicators:</p> <ul style="list-style-type: none"> <li>• BMI of 35 or greater;</li> <li>• Waist circumference of more than 40 inches in men, and more than 35 inches in women;</li> <li>• Obesity related comorbidities that are disabling;</li> <li>• Strong desire for substantial weight loss;</li> <li>• Be well informed and motivated;</li> <li>• Commitment to a lifestyle change;</li> <li>• Negative history of significant psychopathology that contraindicates this surgical procedure.</li> </ul>

**NEW HAMPSHIRE**  
**Department of Health and Human Services**

<b>Nutritional Assessment/Counseling<sup>105</sup></b>	<b>Pharmaceutical Therapy<sup>106</sup></b>	<b>Bariatric Surgery<sup>107</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96150-96155, 99401-99404, 99411-99412</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Requires clinical prior authorization for anti-obesity medication.</p>	<p>Prior authorization required.</p> <p>Prior authorization criteria not found.</p>

**NEW JERSEY  
NJ FamilyCare**

<b>Nutritional Assessment/Counseling<sup>108</sup></b>	<b>Pharmaceutical Therapy<sup>109</sup></b>	<b>Bariatric Surgery<sup>110</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96150-96155, 97802-97803</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following classes of prescription drugs or conditions are not covered under the New Jersey Medicaid or NJ FamilyCare fee-for-service programs:</p> <ul style="list-style-type: none"> <li>• Antiobesics and anorexiant, with the exception of lipase inhibitors, when used in treatment of obesity (see N.J.A.C. 10:51-1.14, Prior authorization); coverage of lipase inhibitors shall be limited to obese individuals with a Body Mass Index (BMI) equal to or greater than 27 kg/m<sup>2</sup> and less than 30 kg/m<sup>2</sup> with co-morbidities of hypertension, diabetes or dyslipidemia; and obese individuals with a BMI equal to or greater than 30 kg/m<sup>2</sup> without comorbidities</li> </ul>	<p>Surgical operations, procedures, or treatment of obesity shall not be covered except when specifically approved by the HMO</p>

**NEW MEXICO  
Human Services Department**

<b>Nutritional Assessment/Counseling<sup>111,112</sup></b>	<b>Pharmaceutical Therapy<sup>113</sup></b>	<b>Bariatric Surgery<sup>114</sup></b>
<p><b>Adults:</b> New Mexico Medicaid does not provide coverage for the following:</p> <ol style="list-style-type: none"> <li>1. Services not considered medically necessary for the condition of the recipient;</li> <li>2. Dietary counseling for the sole purpose of weight loss;</li> <li>3. Weight control and weight management programs; and</li> <li>4. Commercial dietary supplements or replacement products marketed for the primary purpose of weight loss and weight management.</li> </ol> <p><b>CPT Codes:</b> 97802-97804, 96153-96154, 99401-99404</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>General excluded services include:</p> <ul style="list-style-type: none"> <li>• weight loss/weight control drugs</li> </ul>	<p>Bariatric surgery services are only covered when medically indicated and alternatives are not successful.</p>

**NEW YORK**  
**Department of Health**

<b>Nutritional Assessment/Counseling<sup>115,116</sup></b>	<b>Pharmaceutical Therapy<sup>117</sup></b>	<b>Bariatric Surgery<sup>118</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 98960-98962, S9445-S9446</p> <p><b>EPSDT:</b> Along with attention to family, socioeconomic, and community factors, and attention to quality of individual diets, screen your adolescent patients annually for eating disorders and obesity by determining weight, stature, and BMI and asking about body image and dietary patterns.</p> <p>Children and adolescents with asthma, diabetes, or other chronic health conditions who are also obese or overweight should be counseled about healthy dietary regimens, or referred to a physician who specializes in nutritional issues. These children may benefit from intense nutritional counseling in combination with mental health and family counseling support.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following are examples of drugs/drug uses which are not reimbursable by Medicaid:</p> <ul style="list-style-type: none"> <li>• Drugs whose sole clinical use is the reduction of weight</li> </ul>	<p>Bariatric surgery procedures may involve the stomach, duodenum, jejunum, and/or the ileum.</p> <p>No prior authorization criteria mentioned.</p>

**NORTH CAROLINA**  
**Department of Health and Social Services**

<b>Nutritional Assessment/Counseling<sup>119</sup></b>	<b>Pharmaceutical Therapy<sup>120</sup></b>	<b>Bariatric Surgery<sup>121</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96150-96151, 99404, 99412, 97802-97803</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following is a list of services not covered by Medicaid or NCHC when billed under the Outpatient Pharmacy Program:</p> <ul style="list-style-type: none"> <li>• Weight loss and weight gain drugs</li> </ul>	<p>Prior authorization required.</p> <p>NC Medicaid (Medicaid) recipients shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.</p> <p>NC Health Choice (NCHC) recipients, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and shall meet policy coverage criteria, unless otherwise specified.</p> <p>Procedures, products, and services related to this policy are covered when they are medically necessary</p> <p>Additional criteria apply. Refer to source.</p>

**NORTH DAKOTA**  
**Department of Human Services**

<b>Nutritional Assessment/Counseling<sup>122, 123</sup></b>	<b>Pharmaceutical Therapy<sup>124</sup></b>	<b>Bariatric Surgery</b>
<p><b>Adults:</b> Nutritional services are allowed up to four (4) visits per calendar year without prior authorization</p> <p>Medicaid does not pay for:</p> <ul style="list-style-type: none"> <li>• Exercise classes</li> <li>• Nutritional supplements for the purpose of weight reduction</li> <li>• Instructional materials and books</li> </ul> <p><b>CPT Codes:</b> 96150-96152, 96154, 97802-97804, 99078</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs which are limited or excluded by the state or federal law. These include:</p> <ul style="list-style-type: none"> <li>• Agents when used for anorexia or weight gain</li> </ul> <p>Orlistat is covered, by prior authorization, with dietitian evaluation, for recipients with a body mass index of 40 or greater (height and weight must be supplied). Updates on progress are required semi-annually with coverage terminated if no progress is shown (specifically 5% weight loss in 6 months) or coverage continuing as long as progress is made until the BMI falls below 30.</p>	<p>Prior authorization required.</p> <p>No prior authorization criteria found.</p>

**OHIO**  
**Department of Job & Family Services**

<b>Nutritional Assessment/Counseling<sup>125, 126</sup></b>	<b>Pharmaceutical Therapy<sup>127</sup></b>	<b>Bariatric Surgery<sup>128</sup></b>
<p><b>Adults:</b> Medicaid-covered preventive medicine services may include, but are not necessarily limited to:</p> <ul style="list-style-type: none"> <li>• Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit; and</li> <li>• Medical nutritional therapy</li> </ul> <p><b>CPT Codes:</b> 99402-99404, 97802-97804, S9470, S9452</p> <p><b>EPSDT:</b> Screening components of the healthcheck (EPSDT) visit shall be provided to individuals at ages and at frequencies in accordance with American academy of pediatrics recommendations for preventative pediatric health care (March, 2000), <a href="http://www.aap.org">www.aap.org</a>.</p> <p>Other obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs that fall into one of the following categories are non-covered by the Ohio medicaid pharmacy program:</p> <ul style="list-style-type: none"> <li>• Drugs for the treatment of obesity.</li> </ul>	<p>Non-covered procedures include:</p> <ul style="list-style-type: none"> <li>• Treatment of obesity, including but not limited to gastroplasty, gastric stapling, ileo-jejunal shunt, or other gastric restrictive procedures.</li> </ul>

**OKLAHOMA**  
**SoonerCare**

<b>Nutritional Assessment/Counseling<sup>129,130</sup></b>	<b>Pharmaceutical Therapy<sup>131</sup></b>	<b>Bariatric Surgery<sup>132</sup></b>
<p><b>Adults:</b> Payment is made for six hours of medically necessary nutritional counseling per year by a licensed registered dietician. All services must be prescribed by a physician, physician assistant, advanced practice nurse, or nurse midwife and be face to face encounters between a licensed registered dietitian 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 is not covered unless there is documentation that the obesity is a contributing factor in another illness.</p> <p><b>CPT Codes:</b> 96150-96155, 97802-97804, 98960-98962, S9445</p> <p><b>EPSDT:</b> Payment is made for medically necessary nutritional counseling as described above for adults. Nutritional services for the treatment of obesity may be covered for children as part of the EPSDT benefit.</p>	<p>The following drugs, classes of drugs, or their medical uses are excluded from coverage:</p> <ul style="list-style-type: none"> <li>Agents used primarily for the treatment of anorexia or weight gain. Drugs used primarily for the treatment of obesity, such as appetite suppressants are not covered. Drugs used primarily to increase weight are not covered unless otherwise specified.</li> </ul>	<p>Prior authorization required.</p> <p>The approval for a SoonerCare Member to have bariatric surgery requires two Prior Authorizations.</p> <ol style="list-style-type: none"> <li>Potential Candidacy Prior Authorization</li> <li>Bariatric Surgery Prior Authorization</li> </ol> <p>The covered procedure for bariatric surgery is the Laparoscopic Banded Gastroplasty and the Roux-en-Y procedure.</p> <p>Specific prior authorization criteria not found.</p>

**OREGON**  
**Oregon Health Plan**

<b>Nutritional Assessment/Counseling<sup>133, 134</sup></b>	<b>Pharmaceutical Therapy<sup>135</sup></b>	<b>Bariatric Surgery<sup>136</sup></b>
<p><b>Adults:</b> Non-covered services include 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</p> <p>Medical treatment of obesity is limited to accepted 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 visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 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.</p> <p><b>CPT Codes:</b> 96150-96154, 99401-99404, 99411-99412, 97802-97804, S9470, 99078</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Agents used for weight loss are not covered by the Oregon Health Plan</p>	<p>Prior authorization required.</p> <p>Bariatric surgery for obesity is covered for:</p> <ul style="list-style-type: none"> <li>• individuals 18years and older</li> <li>• with a BMI &gt;35 with type II diabetes or another significant comorbidity or</li> <li>• BMI &gt;40 without a significant comorbidity.</li> <li>• 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.</li> <li>• The individual must also participate in psychological, medical, surgical, and dietician evaluations.</li> <li>• The individual must also participate in post-surgical evaluations.</li> </ul> <p>Additional criteria apply – refer to source for full criteria</p>

**PENNSYLVANIA**  
**Department of Public Welfare**

<b>Nutritional Assessment/Counseling<sup>137</sup></b>	<b>Pharmaceutical Therapy<sup>138</sup></b>	<b>Bariatric Surgery<sup>139</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96150-96154, S9451, S9470</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Non-compensable services and items include drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.</p>	<p>Non-covered services include:</p> <ul style="list-style-type: none"> <li>gastroplasty for morbid obesity, gastric stapling or ileojejunal shunt, except when all other types of treatment of morbid obesity have failed</li> </ul>

**RHODE ISLAND**  
**Department of Human Services**

<b>Nutritional Assessment/Counseling<sup>140</sup></b>	<b>Pharmaceutical Therapy<sup>141</sup></b>	<b>Bariatric Surgery<sup>142</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 97802-97804</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior Authorization is required for all drugs not included within the scope of the Medical Assistance Program. A prior authorization form must be signed by the prescribing provider and forwarded to the pharmacy where the prescription is to be filled. The pharmacist will then submit to the Medical Assistance Program this form for approval. Approval will be granted on the basis of the required information that was supplied. This prior approval will last for the duration of the prescription.</p> <p>In general, the types of drugs not included are the following:</p> <ul style="list-style-type: none"> <li>• Anorexiant (all types, limited to a three-month approval only)</li> </ul>	<p>Prior authorization required</p> <p>Bariatric surgery is performed for long term weight management in individuals diagnosed with severe or morbid obesity. Two categories of procedures are applicable:</p> <ol style="list-style-type: none"> <li>1) Gastric-restrictive procedures designed to create a small gastric pouch resulting in weight loss produced by early satiety and decreased caloric intake.</li> <li>2) Malabsorptive procedures designed to result in weight loss by altering the normal transit of food through the intestine and subsequent malabsorption.</li> <li>3) Combination procedures may incorporate elements of both therapeutic processes.</li> </ol> <p>Refer to source for full criteria</p>

**SOUTH CAROLINA**  
**Department of Health and Human Services**

<b>Nutritional Assessment/Counseling<sup>143,144</sup></b>	<b>Pharmaceutical Therapy<sup>145</sup></b>	<b>Bariatric Surgery<sup>146</sup></b>
<p><b>Adults:</b> Effective August 1, 2015, SCDHHS will implement the Obesity initiative. This policy currently targets those obese individuals who do not meet the criteria for gastric bypass surgery or related services.</p> <p>All obesity visits must include the following:</p> <ul style="list-style-type: none"> <li>• Assess: Ask about and assess behavioral health risk and factors affecting behavioral change goals/methods</li> <li>• Advise: Give clear, specific and personalized behavioral advice, including information about personal health, harms, and benefits</li> <li>• Agree: Collaborate with the patient to select appropriate treatment goals and methods based on the patient’s interest and willingness to change behavioral patterns and habits</li> <li>• Assist: Use behavioral change techniques (self-help and/or counseling) to aid the patient in achieving agreed upon goals by acquiring the skills, confidence, and social, environmental supports for behavioral change, supplemented with adjunctive medical treatments when appropriate</li> <li>• Arrange: Schedule follow-up contacts to provide ongoing assistance and/or support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment</li> </ul> <p>The provider must also emphasize the importance of exercise, developing a realistic exercise plan with goals. The provider will arrange for an individual nutritional assessment to be provided by a licensed and Medicaid-enrolled dietitian.</p> <p><b>CPT Codes:</b> 96150-96154, 99401-99404, S9445, S9446, S0316</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded products:</p> <ul style="list-style-type: none"> <li>• Weight control products (except for lipase inhibitors)</li> </ul> <p>Lipase inhibitors require prior authorization.</p> <p>Xenical<sup>®</sup>(orlistat) for diagnosis of morbid obesity:</p> <ul style="list-style-type: none"> <li>•Patient must have a diagnosis of obesity in the presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia).</li> <li>•Patient must have an initial body mass index (BMI) &gt;30kg/m<sup>2</sup>.</li> <li>•Patient must be on a reduced fat and calorie diet with nutritional counseling regarding adherence to dietary guidelines.</li> </ul>	<p>Prior authorization required.</p> <p>Gastric bypass surgery and vertical-banded gastroplasty are performed for patients with extreme obesity. Gastric bypass surgery or vertical-banded gastroplasty for morbid obesity may be covered by Medicaid if both of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• It is medically necessary for the individual to have such surgery.</li> <li>• The surgery is to correct an illness that caused the obesity or was aggravated by the obesity.</li> </ul> <p>Prior authorization is required from the QIO, KePRO. InterQual screening criteria applies. An annual evaluation will be required for all individuals who receive gastric bypass surgery or vertical-banded gastroplasty. This evaluation will be used by Medicaid to assess the long-term effectiveness of these procedures in the treatment of obesity.</p>

**SOUTH DAKOTA**  
**Department of Social Services**

<b>Nutritional Assessment/Counseling<sup>147,148</sup></b>	<b>Pharmaceutical Therapy<sup>149</sup></b>	<b>Bariatric Surgery<sup>150</sup></b>
<p><b>Adults:</b> Non-covered services include gastric bypass, gastric stapling, gastroplasty, any similar surgical procedure, or any weight loss program or activity</p> <p><b>CPT Codes:</b> 96150-96154, 99401-99402</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Non-covered services include:</p> <ul style="list-style-type: none"> <li>Agents used for anorexia, weight loss or weight gain.</li> </ul>	<p>Prior authorization required.</p> <p>Gastric surgery for weight loss is covered when it is an integral and necessary part of a course of treatment for another illness such as cardiac disease, respiratory disease, diabetes, or hypertension and the individual meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>The individual is severely obese with Body Mass Index (BMI) over 40 and is at least 21 years of age.</li> <li>There is a significant interference with activities of daily living.</li> <li>There is documented conservative (non-surgical) promotion of weight loss by a physician supervised weight loss program. Dietician consult is recommended, if available, and the individual must have documentation of 4 consecutive monthly visits with their primary care physician to monitor compliance with, and results of, a conservative weight loss program.</li> <li>The recipient is motivated and well-informed. The recipient is free of significant systemic illness unrelated to obesity, is not actively abusing drugs or alcohol, and does not use tobacco or if a tobacco user has discontinued use for 4 months documented in the medical record.</li> <li>It is medically and psychologically appropriate for the individual to have such surgery.</li> <li>The procedure will be performed at a Medicare approved Center of Excellence in South Dakota and if lap band/gastric banding procedure has been approved by the South Dakota Medical Assistance Program the follow-up adjustments must be performed by the surgeon who did the original surgery or a surgical partner in that practice.</li> </ul> <p>Additional criteria apply – refer to source for full criteria</p>

**TENNESSEE  
TENNCare**

<b>Nutritional Assessment/Counseling</b>	<b>Pharmaceutical Therapy<sup>151</sup></b>	<b>Bariatric Surgery<sup>152</sup></b>
<p><b>Adults:</b> 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:</p> <ul style="list-style-type: none"> <li>• Dietary programs of weight loss programs, including, but not limited to, Optifast, Nutrisystem, and other similar programs or exercise programs</li> <li>• Food supplements will not be authorized for use in weight loss programs or for weight gain</li> <li>• Health clubs, membership fees (e.g., YMCA)</li> <li>• Marathons, activity and entry fees</li> <li>• Swimming pools</li> </ul> <p><b>CPT Codes:</b> TennCare is a series of managed care plans with individual fee schedules (individuals should contact their respective MCO provider as coverage may vary).</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded products include:</p> <ul style="list-style-type: none"> <li>• Agents when used for anorexia, weight loss, or weight gain</li> </ul>	<p>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.</p> <p>Acceptable bariatric surgical procedures include Roux-en-Y Gastric and Biliopancreatic Diversion with Duodenal Switch. Gastric stapling is not an acceptable bariatric procedure.</p>

**TEXAS**  
**Health and Human Services Commission**

<b>Nutritional Assessment/Counseling<sup>153,154</sup></b>	<b>Pharmaceutical Therapy<sup>155</sup></b>	<b>Bariatric Surgery<sup>156</sup></b>
<p><b>Adults:</b> Medical nutrition counseling services for the diagnosis of obesity without a comorbid condition is not a benefit.</p> <p>A wide variety of medical nutrition services are available, from individual to group therapy, and are detailed in-depth within the full source.</p> <p><u>Texas Medicaid Wellness Program</u> The Texas Medicaid Wellness Program is a special health program for people who get Medicaid and have long-lasting or serious health conditions. People who get traditional fee-for-service Medicaid can join the wellness program. Weight control: Clients who have a BMI above 25 will receive vouchers for a weight loss program.</p> <p><b>CPT Codes:</b> 99078, 96150-96155, 98960</p> <p><b>EPSDT</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>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.</p>	<p>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 these morbid conditions cannot adequately be treated by standard measures unless significant weight reduction takes place.</p> <p>Non-covered services include: Intra-gastric balloon for obesity</p>

**UTAH**  
**Department of Health**

<b>Nutritional Assessment/Counseling<sup>157,158</sup></b>	<b>Pharmaceutical Therapy<sup>159</sup></b>	<b>Bariatric Surgery<sup>160</sup></b>
<p><b>Adults:</b> Nutritional counseling and an evaluation and management are not covered for the same provider on the same date of services. Medicaid does not pay two evaluation and management codes on the same date of service. The evaluation and management service may be billed with a prolonged service code to include the time for nutritional counseling with supportive documentation. Coverage of nutritional counseling for malnutrition or obesity is covered under code S9470 for pregnant adults (14 visits).</p> <p><b>CPT Codes:</b> 96150-96155, 99411, 97802-97803, S9470, 99078, S0315, S9446, S9449, S9452</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The Social Security Act, Section 1927(d) (2) states: “The following drugs or classes of drugs, or their medical uses, may be excluded from coverage or otherwise restricted by a state participating in the master rebate agreement.”</p> <ol style="list-style-type: none"> <li>1. Agents when used for anorexia, weight loss or weight gain</li> </ol>	<p>Prior authorization required.</p> <p>Surgery for obesity (i.e. gastric bypass, gastroplasty) will be considered when the patient meets each of the seven items below including BMI threshold, age, comorbidities, informed consent, etc.</p> <p>See source for full criteria.</p>

**VERMONT**  
**Office of Vermont Health Access (OVHA)**

<b>Nutritional Assessment/Counseling<sup>161,162</sup></b>	<b>Pharmaceutical Therapy<sup>163</sup></b>	<b>Bariatric Surgery<sup>164</sup></b>
<p><b>Adults:</b> Medical nutrition therapy services are paid through the enrolled primary care physician, inpatient hospital, outpatient hospital, registered dietitians (RD) and school health services. Registered Dietitian billing is restricted to three codes specific to RD services. These services are not reimbursable when billed by a physician</p> <p><b>CPT Codes:</b> 99401-99404, 97802-97804, 96150-96154</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>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 (DUR) Board concerns regarding safety and efficacy of these agents.</p>	<p>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:</p> <ol style="list-style-type: none"> <li>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);</li> <li>2. There are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and</li> <li>3. The DVHA approves the treatment in advance.</li> </ol>

**VIRGINIA**  
**Department of Medical Assistance Services**

<b>Nutritional Assessment/Counseling<sup>165</sup></b>	<b>Pharmaceutical Therapy<sup>166</sup></b>	<b>Bariatric Surgery<sup>167</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 96150-96155, 97802-97803</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Follows disability criteria under Social Security (SSA Publication 64-039) Part III, § 9.09</p> <p>9.09 Obesity. Weight equal to or greater than the values specified (100 percent above desired level), and one of the following:</p> <ul style="list-style-type: none"> <li>A. History of pain and limitation of motion in any weight-bearing joint or lumbosacral spine (on physical examination) associated with findings on medically acceptable techniques of arthritis in the affected joint of lumbosacral spine; or</li> <li>B. Hypertension with diastolic blood pressure persistently in excess of 100 mm. Hg measured with appropriate size cuff; or</li> <li>C. History of congestive heart failure manifested by past evidence of vascular congestion such as hepatomegaly, peripheral or pulmonary edema; or</li> <li>D. Chronic venous insufficiency with superficial varicosities in a lower extremity with pain on weight bearing and persistent edema; or</li> <li>E. Respiratory disease with total force vital capacity equal to or less than 2.0 L. or a level of hypoxemia at rest equal to or less than the values specified in Table-III A or III-B or III-C</li> </ul>	<p>Prior authorization required.</p> <p>Effective April 1, 2012 regardless of the dates of service, the provider must submit service authorization requests to KEPRO, BMAS' Service Authorization contractor. Specific information regarding the service authorization requirements can be found on the contractor's website.</p>

**WASHINGTON**  
**Department of Social and Health Services**

<b>Nutritional Assessment/Counseling<sup>168,169</sup></b>	<b>Pharmaceutical Therapy<sup>170</sup></b>	<b>Bariatric Surgery<sup>171</sup></b>
<p><b>Adults:</b> Excluded services include weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services</p> <p><b>CPT Codes:</b> 96150-96154, 99401, 97802-97804, 99078</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Drugs and indications excluded from coverage by Washington Administrative Code (WAC) such as drugs prescribed for:</p> <ul style="list-style-type: none"> <li>• Weight loss or gain</li> </ul>	<p>The agency covers medically necessary bariatric surgery for eligible clients. Bariatric surgery must be performed in a hospital with a bariatric surgery program and the hospital must be:</p> <ul style="list-style-type: none"> <li>a) Located in the state of Washington or approved border cities</li> <li>b) Meet requirements of WAC 182-55-2301</li> </ul> <p>If bariatric surgery is requested or prescribed under the EPSDT program, the agency evaluates it as a covered service under EPSDT’s standard of coverage that requires the service to be:</p> <ul style="list-style-type: none"> <li>a) Medically necessary</li> <li>b) Safe and effective</li> <li>c) Non-experimental</li> </ul> <p>The agency authorized payment for bariatric surgery and bariatric surgery-related services in three steps:</p> <ul style="list-style-type: none"> <li>a) Stage One: Initial assessment of client</li> <li>b) Stage Two: Evaluations for bariatric surgery and successful completion of a weight loss regimen</li> <li>c) Stage Three: Bariatric surgery</li> </ul> <p>Additional criteria (including physician restrictions) apply – refer to source for full criteria</p>

**WEST VIRGINIA  
Mountain Health Choices**

<b>Nutritional Assessment/Counseling<sup>172</sup></b>	<b>Pharmaceutical Therapy<sup>173</sup></b>	<b>Bariatric Surgery<sup>174</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 99401-99402, 97802-97803, 99078</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>The following list of drugs, drug products, and related services are not reimbursable. Non-covered services are not eligible for a West Virginia Department of Health and Human Resources (WVDHHR) fair hearing. Non-covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Agents used for weight loss or weight gain</li> </ul>	<p>Prior authorization required</p> <p>The patient’s primary care physician or the bariatric surgeon may initiate the medical necessity review and prior authorization by submitting a request, along with all the required information, to the West Virginia Medical Institute (WVMI), 3001 Chesterfield Place, Charleston, West Virginia 25304. The West Virginia Medical Institute (WVMI) will perform medical necessity review and prior authorization</p> <p>Refer to source for full criteria</p>

**WISCONSIN**  
**ForwardHealth**

Nutritional Assessment/Counseling <sup>175,176</sup>	Pharmaceutical Therapy <sup>177</sup>	Bariatric Surgery <sup>178</sup>
<p><b>Adults:</b> 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.</p> <p>For weight management services, food supplements, and dietary supplies (e.g., liquid or powdered diet foods or supplements, OTC diet pills, and vitamins) that are dispensed during an office visit are not separately reimbursable by Wisconsin Medicaid.</p> <p><b>CPT Codes:</b> 99401-99404, S9445, 98960-98962, 99078, 97802-97804, 99411-99412, S0315-S0316, S9449, S9452-S9452</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Prior authorization required</p> <p>Covered Drugs: Benzphetamine, Diethylpropion, Phentermine, Phendimetrazine, Qysmia, Xenical®, Belviq</p> <p>Clinical criteria for approval of a PA request for anti-obesity drugs require <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• The member has a BMI greater than or equal to 30.</li> <li>• The member has a BMI greater than or equal to 27 but less than 30 <b>and</b> two or more of the following risk factors: <ul style="list-style-type: none"> <li>○ Coronary heart disease.</li> <li>○ Dyslipidemia.</li> <li>○ Hypertension.</li> <li>○ Sleep apnea.</li> <li>○ Type II diabetes mellitus.</li> </ul> </li> </ul> <p>In addition, <b>all</b> of the following must be true:</p> <ul style="list-style-type: none"> <li>• The member is 16 years of age or older. (<i>Note:</i> Members need only to be 12 years of age or older to take Xenical®.)</li> <li>• The member is not pregnant or nursing.</li> <li>• The member does not have a history of an eating disorder (e.g., anorexia, bulimia).</li> <li>• The prescriber has evaluated and determined that the member does not have any medical or medication contraindications to treatment with the anti-obesity drug being requested.</li> <li>• For controlled substance anti-obesity drugs, the member does not have a medical history of substance abuse or misuse.</li> <li>• 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.</li> </ul> <p><i>Note:</i> ForwardHealth does not cover the brand name (i.e., innovator) anti-obesity drugs if an FDA-approved generic equivalent is available. ForwardHealth does not cover any brand name innovator phentermine products. In addition, ForwardHealth does not cover OTC anti-obesity drugs.</p> <p>Weight loss targets must be met in specified timeframe or coverage will be terminated. Lifetime caps apply.</p> <p>Additional criteria apply - refer to source for full criteria</p>	<p>Prior authorization required</p> <p>All covered bariatric surgery procedures (CPT procedure codes 43644, 43645, 43770-43775, 43843, 43846-43848) require PA. A bariatric procedure that does not meet the PA approval criteria is considered a noncovered service</p> <p>The approval criteria for PA requests for covered bariatric surgery procedures include all of the following:</p> <ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>○ Sleep apnea.</li> <li>○ Poorly controlled Diabetes Mellitus while compliant with appropriate medication regimen.</li> <li>○ Poorly controlled hypertension while compliant with appropriate medication regimen.</li> <li>○ Obesity related cardiomyopathy.</li> </ul> </li> <li>• 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.</li> <li>• The member has been obese for at least 5 years.</li> </ul> <p>Additional criteria apply – refer to source for full criteria</p>

**WYOMING**  
**Office of Healthcare Financing**

<b>Nutritional Assessment/Counseling<sup>179</sup></b>	<b>Pharmaceutical Therapy<sup>180</sup></b>	<b>Bariatric Surgery<sup>181</sup></b>
<p><b>Adults:</b> Not explicitly mentioned</p> <p><b>CPT Codes:</b> 99401-99404, S9470, 99078, S0315-S0316, S9445-S9446, 96150-96154</p> <p><b>EPSDT:</b> Obesity services outside of mandated EPSDT services are not explicitly mentioned.</p>	<p>Excluded in legend drug exclusions:</p> <ul style="list-style-type: none"> <li>• Anorexiants products</li> </ul>	<p>Morbid obesity is defined as a body mass index (BMI) of 40 or above. It is a condition of persistent and uncontrollable weight gain that is a potential threat to life. BMI=weight (kilograms)/height(meters) squared.</p> <p>Wyoming Medicaid will consider coverage of weight loss surgery on a case-by-case basis with the appropriate documentation if it is medically necessary for the individual to have such surgery and if the surgery is to correct a serious or potentially life-threatening condition that has not responded to medical management.</p> <p>Indications for weight loss surgery include:</p> <ul style="list-style-type: none"> <li>• BMI &gt; 40</li> <li>• BMI &gt; 35 with at least one significant co-morbidity, i.e., type 2 diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy, refractory hyperlipidemia, or degenerative joint disease</li> <li>• Patients must be at least 18 years of age and/or have reached full expected skeletal growth. Adolescent patients under the age of 18 years will be considered on a case-by-case basis.</li> <li>• Patients who are well-informed and motivated to make permanent lifestyle changes.</li> <li>• Acceptable risk for surgery</li> <li>• Patients who have failed previous non-surgical weight loss attempts</li> </ul> <p>Additional criteria apply - refer to source for full criteria</p>

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.<sup>183</sup>

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**Note: All electronic sources were visited between September 2014 and November 2014. Not all hyperlinks may be accessed as weblinks and some may have changed since this data was compiled.**

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