### COVERAGE may include:

**Xenical (Orlistat)**
- Prior authorization requires documentation of MD supervised exercise/diet regimen for ≥ 6 months.
- Documented weight loss required for prescription renewal.

**Note:** *AL Medicaid excludes coverage of drugs used for anorexia, weight loss or weight gain, other than those specified by the Alabama Medicaid Agency (as above).*

### Bariatric Surgery

**COVERAGE may include:**

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
- Prior authorization is required.
- Must be within 18 and 64 years of age.
- Recipients under 18 who have one or more life-threatening comorbidities may be considered for authorization.

Recipient must meet additional medical criteria (not provided) or the surgery will be considered cosmetic and excluded from coverage.

### Resources & Contacts:

**AL Medicaid Agency**
Phone: 334-242-5000

**AL Department of Public Health**
Phone: 334-206-5300

**AL Department of Rehabilitative Services (ADRS) State Office**
Phone: 334-293-7500
ALASKA
Alaska Department of Health & Social Services (ADHHS) 4, 5, 6, 7, 8

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obesity is not explicitly mentioned</strong></td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td>- AK Medicaid explicitly excludes medications used to treat obesity from coverage.</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>- Specifically mentioned as non-covered in accordance with statutes 7 AAC 120.112 and 7 AAC 105.110:</td>
</tr>
<tr>
<td>99401 – 99404, 99385-99387, 99395-99397</td>
<td>- Belviq XR (Lorcaserin HCl)</td>
</tr>
<tr>
<td>- AK Medicaid explicitly excludes coverage for nonsurgical weight reduction or maintenance treatment programs and products, nonmedical fitness maintenance centers and services, and educational services or supplies that are separately identifiable.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96154</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td><strong>Coverage may include:</strong></td>
</tr>
<tr>
<td>None</td>
<td>- Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- AK Medicaid covers nutrition services provided by a registered dietician or nutritionist for adults who are pregnant and recipients under age 21 with high nutritional risk:</td>
<td>- Prior authorization is required; guidelines for coverage determination/approval were not found.</td>
</tr>
<tr>
<td>- High-risk indicators might include atypical weight-to-height ratio, sudden weight change, and/or chronic disease.</td>
<td></td>
</tr>
<tr>
<td>- Nutrition coverage includes one initial assessment in a calendar year and up to 12 hours per calendar year for counseling and follow up care.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
</tbody>
</table>

Adults with obesity: 30% 3
Adults with diabetes: 8% 3
18% of residents covered by Medicaid/CHIP
$1.4 billion in total Medicaid spending (2015)
100% enrolled in fee-for-service 4

**Resources & Contacts:**

- **Alaska Medicaid Agency**
  Phone: 907-465-3030

- **Obesity Prevention and Control Program**
  Phone: 907-269-8181

- **Division of Vocational Rehabilitation**
  Phone: 907-465-2814
## ARIZONA
Arizona Health Care Cost Containment System (AHCCCS) 9, 10, 11, 12

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obesity is not explicitly mentioned</strong></td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td>- AZ Medicaid explicitly excludes anti-obesity agents from coverage under the outpatient pharmacy benefit and the FFS Drug List.</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>99401-99404, 99411-99412, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- AHCCCS covers adult physical examinations and well visits to determine disease risk, provide early detection, and establish a prevention or treatment plan.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96150-96155, S0315-S0316, S9451</td>
<td></td>
</tr>
<tr>
<td>- <strong>Health and behavioral assessment/intervention services</strong> [96150-96155] must: (1) utilize cognitive, behavioral, social, and/or psychosocial procedures to address specific physical health problems/treatment; and (2) be delivered by a licensed psychologist, psychiatric nurse practitioner, clinical social worker, marriage/family therapist, or professional counselor.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804, G0270-G0271</td>
<td></td>
</tr>
<tr>
<td>- <strong>Nutritional assessments</strong> are covered for members whose health status may be maintained/improved with nutritional intervention (provided by PCP or RD with referral).</td>
<td></td>
</tr>
</tbody>
</table>

### Bariatric Surgery

**COVERAGE may include:**

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Prior authorization is required.
  - Determine eligibility and benefits by calling 1-888-788-4408.
  - Initiate a prior authorization request from the Health Net Access provider website or by calling 1-888-926-1736.
  - Plan documents indicate that BMI ≥ 35 w/ comorbidity may be required

### Resources & Contacts:

**AZ Department of Insurance**
Phone: 800-325-2548

**AHCCCS**
Phone: 602-417-4000

**AZ Department of Health Services**
Phone: 602-542-1886

---

Adults with obesity: 29% 3
Adults with diabetes: 9% 3

25% of residents covered by Medicaid/CHIP
$10.6 billion in total Medicaid spending (2015)

93% enrolled in managed care
7% enrolled in fee-for-service 4
### ARIZONA MEDICAID: MANAGED CARE PLANS

13 plans total | 1,534,014 enrollees

| UnitedHealthcare Community Plan  
(428,218 enrollees) | Mercy Care Plan  
(355,215 enrollees) | Health Choice Arizona  
(245,014 enrollees) |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><img src="image" alt="UnitedHealthcare Community Plan" /></td>
<td><img src="image" alt="Mercy Care Plan" /></td>
<td><img src="image" alt="Health Choice Arizona" /></td>
</tr>
</tbody>
</table>

In addition to standard AHCCCS services, the UnitedHealthcare Community Plan covers:

**Assessment & Counseling**

98960-98962 + GT: Patient self-management education/training provided by a non-physician healthcare professional using Telehealth technology.

**Pharmacotherapy**

Possible coverage for the following medications with prior authorization:

- **Non-formulary**: Qsymia, Desoxyn

**Bariatric Surgery**

Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage.

**Resources**

Provider Call Center: 800-445-1638

Care Provider Manual

Reimbursement Policy

In addition to standard AHCCCS services, the Mercy Care Plan covers:

**Pharmacotherapy**

When prior authorization criteria are met, plan will authorize the coverage of select Weight Reduction Medications.

- **Preferred**: Benzphetamine, Adipex-P, Phendimetrazine XR, Diethylpropion ER, Alli, Belviq, Qsymia, Contrave

- **Non-preferred**: Saxenda, Xenical

**Bariatric Surgery**

Ordering physician must complete Bariatric Surgery Monthly Summary Worksheet.

**Resources**

Phone: 602-263-3000

Provider Manual

Prior Authorization Guidelines

In addition to standard AHCCCS services, Health Choice Arizona covers:

**Pharmacotherapy**

Anti-obesity drugs are excluded from coverage. Providers can petition the Pharmacy and Therapeutics Committee to extend coverage with the Formulary Addition Request Form.

**Bariatric Surgery**

Providers must complete Medical Service Prior Authorization Form and provide documentation that patient meets coverage criteria.

**Resources**

Phone: 480-968-6866

Physician Provider Manual

Healthy Start Bright Futures Program
### ARKANSAS
Arkansas Medicaid 13, 14, 15, 16

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obesity is not explicitly mentioned</strong></td>
<td><strong>UNDETERMINED</strong></td>
</tr>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td>AR Medicaid does not explicitly include or exclude medications used to treat obesity.</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>Prescribers may request prior authorization or an override for non-preferred drugs by calling the Magellan Medicaid Administration (MMA) Help Desk at 1-800-424-7895.</td>
</tr>
<tr>
<td>99401-99402, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No evidence of nutritional consultation coverage, but not explicitly excluded</td>
</tr>
</tbody>
</table>

#### Bariatric Surgery

**COVERAGE may include:**

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Prior authorization is required.
- Beneficiary must be within 18 and 65 years of age, have a BMI > 35 with at least one related comorbidity, be free of endocrine disease, and have documentation of at least one previous medically-supervised weight loss attempt (duration of 6+ months).
- Medical and psychiatric contraindications to the surgical procedure must be ruled out.

---

Adults with obesity: 36% 3
Adults with diabetes: 12% 3

22% of residents covered by Medicaid/CHIP

$5.5 billion in total Medicaid spending (2015)

Primary-care case management (% NR)
Fee-for-service (% NR) 4

**Resources & Contacts:**

**AR Insurance Department**
Phone: 501-371-2600

**AR Medicaid:** Division of Medical Services
Phone: 501-682-8292

**Healthy Arkansas:** AR Department of Health
Phone: 501-661-2000
| **CALIFORNIA**  
Medi-Cal 17, 18, 19, 20, 21, 22, 23 |

### Assessment & Counseling

**COVERAGE** may include:

- **Preventive Counseling**  
  99401
  
  - Preventive counseling is covered for students as a Local Educational Agency Service; see LEA guide for lifetime and annual service limits.

- **Behavioral Assessment/Intervention**  
  G0447, G0473, 96150-96154
  
  
  - Intensive behavioral therapy (G0447, G0473) is a Medi-Cal benefit for recipients with obesity (BMI ≥ 30) in accordance with USPSTF guidelines; TAR required for more than 22 units per 12 months.

- **Nutritional Consultation & Therapy**  
  97802-97804, S9470
  
  - Nutritional therapy is limited to 3 hours for the first calendar year and 2 hours per calendar year in each subsequent year.

- **Chronic care management services** (99490) are covered when establishing, implementing, revising, or monitoring the comprehensive care plan of a patient with 2+ life-threatening chronic conditions.

### Pharmacotherapy

**UNDETERMINED**

Medi-Cal does not explicitly include or exclude medications used to treat obesity.

Providers can contact the Pharmacy Benefits Division through the **Provider Helpline** at 916-636-1980 with questions.

**Note:** Several Medi-Cal MCOs include anti-obesity agents in their formularies and indicate that **pharmacotherapy coverage is available.**

### Bariatric Surgery

**COVERAGE** may include:

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Treatment Authorization Request (**TAR**) is required.

- Recipient must have: a BMI ≥ 40 (or ≥ 35 with comorbidity), documented failure of weight loss on conservative treatment regimens, a comprehensive pre/post-operative treatment plan established, and no medical or psychiatric contraindications to the procedure.

---

Adults with obesity: **25%**

Adults with diabetes: **10%**

26% of residents covered by Medicaid/CHIP

$85.4 billion in total Medicaid spending (2015)

85% enrolled in managed care

15% enrolled in fee-for-service

---

**Resources & Contacts:**

- **CA Department of Insurance**  
  Phone: 800-927-4357

- **Medi-Cal**  
  Phone: 800-541-5555

- **California Project LEAN**  
  Phone: 916-552-9907
## CALIFORNIA MEDICAID: MANAGED CARE PLANS
13 plans total | 10,465,007 enrollees

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.A. Care Health Plan</td>
<td>1,907,545</td>
</tr>
<tr>
<td>Health Net Community Solutions</td>
<td>1,459,988</td>
</tr>
<tr>
<td>Inland Empire Health Plan</td>
<td>1,210,958</td>
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<td>Inland Empire Health Plan</td>
<td>1,210,958</td>
</tr>
</tbody>
</table>

### L.A. Care Health Plan (1,907,545 enrollees)

In addition to standard Medi-Cal services, the L.A. Care Health Plan covers:

#### Assessment & Counseling

#### 24-hour Nurse Advice Line (1-800-249-3619)
- Extensions in Member Handbook

#### Disease Management—Health In Motion™
program offers consultations with RDs or Certified Health Coaches (1-855-856-6943 / in-person)

#### Pharmacotherapy

Requires prior authorization. Covered only as medically necessary for morbid obesity.

- Adipex, Belviq, Contrave, Desoxyn, Qsymia

#### Bariatric Surgery

Prior authorization is required.

#### Resources

Provider Call Center: 1-866-522-2736
L.A. Care Medi-Cal Provider Manual
Adult Obesity Provider Toolkit

### Health Net Community Solutions (1,459,988 enrollees)

In addition to standard Medi-Cal services, Health Net covers:

#### Assessment & Counseling

#### Adult preventive health services—see provider guidelines for men and women.

#### Health education programs: Fit Families for Life—Be in Charge!™ and Healthy Habits for Healthy People

#### Pharmacotherapy

Requires prior authorization. Coverage includes:

- Belviq, Contrave, Phentermine (Adipex-P, Lomaira, Suprenza), Qsymia, Regimex, Saxenda, Xenical

#### Bariatric Surgery

National Medical Policy contains coverage criteria.

#### Resources

Phone: 1-877-527-8409
Health Education Programs & Services
Prior Authorization Requirements

### Inland Empire Health Plan (1,210,958 enrollees)

In addition to standard Medi-Cal services, Inland Empire Health covers:

#### Pharmacotherapy

Requires prior authorization. Coverage includes:

- Belviq, Bontril, Contrave, Didrex, Diethylpropion (Tenuate/Tenuate Dopsan), Orlistat (Alli, Xenical), Phentermine (Adipex-P, Fastin, Suprenza), Qsymia, Saxenda

#### Bariatric Surgery

Providers must complete prior authorization requirements, including Provider Supervised Weight Loss Checklist.

#### Resources

Phone: 909-890-2054
Medi-Cal Provider Manual
Anti-Obesity Drug Class Monograph
## Assessment & Counseling

**COVERAGE** may include:

- Preventive Counseling
  - 99401-99404, 99411-99412
  - 99385-99387, 99395-99397

Specific details regarding coverage criteria for obesity counseling and intervention services were not found.

- Preventive/wellness services **limited** to one adult annual physical per year (includes healthy diet counseling)
- Pregnant women with obesity qualify for nutrition counseling, psychosocial services, and case management through the Prenatal Plus program.

**Behavioral Assessment/Intervention**
- 96150-96155, S9445

**Nutritional Consultation & Therapy**
- 97802-97804
  - Colorado Medical Assistance Program does not include obesity control therapy as a psychiatric service benefit.

**NOTE:** Beginning March 2017, members will be able to apply for WIC program through Colorado PEAK online portal

## Pharmacotherapy

**NOT COVERED**

Colorado Medical Assistance Program explicitly excludes anorectics/drugs for weight loss from benefit coverage.

## Bariatric Surgery

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
  - Prior authorization is required.
  - Adults beneficiaries must have: a BMI ≥ 40 (or a BMI > 35 with at least one related comorbidity) for at least 2 years duration; documentation of at least one previous clinically-supervised weight loss attempt (duration of 6+ months) in the past 18 months; and no medical or psychiatric contraindications to the surgical procedure and/or post-operative care plan.
  - Clients < 18 years of age must have documentation showing: exclusion or diagnosis of genetic/syndromic obesity; Tanner stage IV breast development (females); and 95% attainment of projected adult height.
## CONNECTICUT
Department of Social Services

### Assessment & Counseling

**COVERAGE** may include:
- CT Medicaid excludes coverage for obesity treatment services other than surgical procedures necessary to treat morbid obesity that causes or aggravates another medical illness.

**Preventive Counseling**
- 99401-99404, 99411-99412
- 99385-99387, 99395-99397
  - Preventive medicine codes covered, though benefit limits/guidance are not included in plan documents

**Behavioral Assessment/Intervention**
- 96150-96155

**Nutritional Consultation & Therapy**
- None

### Pharmacotherapy

**NOT COVERED**
- CT Medicaid explicitly excludes drugs used in the treatment of obesity from coverage.

### Bariatric Surgery

**COVERAGE** may include:
- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
  - Prior authorization is required.
  - Covered **only when another medical illness** is caused/aggravated by the obesity.
    - Includes illness of the endocrine or cardio-pulmonary system and/or physical trauma associated with the orthopedic system
  - An individual is considered morbidly obese if (1) his/her body weight is at least twice the ideal body weight, (2) he/she is at least 100 pounds over the ideal body weight, or (3) he/she has a BMI \( \geq 39 \).

---

**Adults with obesity:** 26% ³
**Adults with diabetes:** 8% ³

19% of residents covered by Medicaid/CHIP
$7.9 billion in total Medicaid spending (2015)

100% enrolled in fee-for-service ⁴

### Resources & Contacts:

**State of CT Insurance Department**
Phone: 860-297-3800

**State of CT Department of Social Services**
Phone: 860-297-3800

**Nutrition, Physical Activity & Obesity Prevention Program**
Phone: 860-509-8251
## DELAWARE
Delaware Medical Assistance Program (DMAP) 32, 33, 34

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>No mention of obesity services for adults</td>
<td></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>DMAP does not <em>routinely</em> cover drugs indicated for the treatment of obesity; coverage for FDA-approved drugs may be provided with prior authorization:35</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td>- Patient must have a BMI &gt; 27 kg/m², be diagnosed with diabetes mellitus or hyperlipidemia, and be on placed on a medically-supervised calorie-restricted diet and exercise program.</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td>- See the <strong>approval guidelines</strong> for additional coverage criteria.</td>
</tr>
<tr>
<td>96150-96155</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td></td>
</tr>
<tr>
<td>$9470*</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Preventive, treatment and follow-up services—including dietary counseling*, nutrition education, and laboratory services—are covered for children whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</td>
<td></td>
</tr>
</tbody>
</table>

### Bariatric Surgery

<table>
<thead>
<tr>
<th>COVERAGE may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- <strong>Prior authorization</strong> is required for all requests; must be submitted in writing</td>
</tr>
<tr>
<td>- 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 more conservative treatment options have failed.</td>
</tr>
</tbody>
</table>

### Resources & Contacts:

- **Delaware Medicaid Customer Relations**
  Phone: 302-571-4900

- **Delaware Health & Social Services**
  Phone: 302-255-9500

- **Eating for Better Health**
  Division of Public Health
  Phone: 302-744-4700

### Coverage Statistics:

- Adults with obesity: 31% 3
- Adults with diabetes: 10% 3
- 18% of residents covered by Medicaid/CHIP
- $1.9 billion in total Medicaid spending (2015)
- 94% enrolled in managed care
- 6% enrolled in fee-for-service 4
### District of Columbia
Department of Health Care Finance

<table>
<thead>
<tr>
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<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong> may include:</td>
<td>NOT COVERED</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>DC Medicaid excludes weight loss drugs from outpatient pharmacy benefit.</td>
</tr>
<tr>
<td>99401-99404, 99411, G0438-G0439, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- Both DC Medicaid programs (DC Healthcare Alliance and DC Healthy Families) provide coverage for adult and child wellness services furnished in accordance with USPSTF recommendations (e.g. screening for obesity and lipid disorders; diet and behavioral counseling).</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96151-96155</td>
<td></td>
</tr>
<tr>
<td>- Health and behavior assessment/intervention services are eligible distant site services under telemedicine coverage.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization requirements suggest nutritional consultation only covered for individuals with developmental disabilities</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Coverage</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required; specific coverage criteria not found.</td>
<td></td>
</tr>
<tr>
<td>- Providers must complete 719A Form and send to Qualis Health (800-251-8890) with supporting documentation.</td>
<td></td>
</tr>
</tbody>
</table>

- Adults with obesity: 22% ³
- Adults with diabetes: 9% ³
- 26% of residents covered by Medicaid/CHIP
- $2.4 billion in total Medicaid spending (2015)
- 76% enrolled in managed care
- 24% enrolled in fee-for-service ⁴

**Resources & Contacts:**

- **D.C. Department of Healthcare & Finance**
  Phone: 202-906-8319
- **D.C. Department of Health**
  Phone: 202-442-5955
- **D.C. Health Link**
  Phone: 855-532-5465
<table>
<thead>
<tr>
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<tr>
<td><strong>Coverage</strong> may include:</td>
<td><strong>Not Covered</strong></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>FL Medicaid explicitly excludes coverage for agents used for anorexia, weight loss, or weight gain.</td>
</tr>
<tr>
<td>99401-99403, 99385-99387, 99395-99387</td>
<td>- AHCA will not reimburse for amphetamines prescribed with an indication of obesity.</td>
</tr>
<tr>
<td>- FL Medicaid reimburses for one adult health screening every 365 days.</td>
<td></td>
</tr>
<tr>
<td>- FL Medicaid reimburses for evaluation, diagnosis, and treatment recommendations provided through interactive telecommunications equipment that includes two-way, real time, interactive communication between a recipient and a practitioner.</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong>  For recipients under age 21, preventive medicine services are covered in accordance with the American Academy of Pediatrics periodicity schedule.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bariatric Surgery</th>
</tr>
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<tbody>
<tr>
<td><strong>Coverage</strong> may include:</td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Prior authorization is required for all bariatric surgical procedures.</td>
</tr>
<tr>
<td>- Patient must be at least 18 years old, have a BMI ≥ 40 (or BMI ≥ 35 with a comorbidity), and have a primary care provider referral that includes (1) certification of medical necessity, (2) a post-operative plan of care, (3) evidence of participation in a physician-supervised weight loss program, and (4) documentation that the patient has no contraindications to the procedure.</td>
</tr>
</tbody>
</table>

Adults with obesity: 26% 3
Adults with diabetes: 9% 3
18% of residents covered by Medicaid/CHIP
$21.5 billion in total Medicaid spending (2015)
93% enrolled in managed care
7% enrolled in fee-for-service 4

**Resources & Contacts:**
- **Agency for Health Care Administration**
  Phone: 888-419-3456
- **FL Obesity Prevention Program**
  Phone: 850-245-4321
- **Statewide Medicaid Managed Care (SMMC)**
  Phone: 877-711-3662
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Enrollees</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Benefits &amp; Rewards Handbook</td>
</tr>
<tr>
<td>Sunshine State Health Plan, Inc.</td>
<td>472,157</td>
<td>Phone: 866-796-0530, Provider Manual, BMI Chart Form</td>
</tr>
<tr>
<td>Amerigroup Florida, Inc.</td>
<td>346,542</td>
<td>Phone: 800-454-3730, Physician Provider Manual</td>
</tr>
</tbody>
</table>

In addition to standard AHCA services, Staywell Florida covers:

**Assessment & Counseling**

Members enrolled in the Care or Disease Management Program may qualify for a Health and Wellness Coach to provide personalized guidance on diet, nutrition, and weight loss.

Members receive a Healthy Rewards Card and can earn rewards for completing an initial health-risk assessment (within 90 days of enrollment) and/or participating in a weight-loss management program.

**Bariatric Surgery**

*Prior authorization* is required.

In addition to standard AHCA services, Sunshine Health covers:

**Assessment & Counseling**

Sunshine Health’s Healthy Behaviors incentive program offers enrollees up to $125 cash per year to complete certain wellness exams and engage in various healthy lifestyle/risk-reduction programs:

- $20 to complete six weight-loss health coaching sessions
- $10 for annual well-care visit with a primary care doctor

Contact *CentAccount® Healthy Rewards* program for additional information.

**Bariatric Surgery**

*Prior authorization* is required.

In addition to standard AHCA services, Amerigroup Florida covers:

**Assessment & Counseling**

Nutritional assessment reviewing dietary intake, eating habits, and physical growth must be documented at each well-child visit.

Disease management programs for obesity may be available to qualified beneficiaries. For weight management and nutrition, we offer help and support from a nurse in making healthy exercise and food choices.

**Bariatric Surgery**

*Pre-certification* is required.
### Assessment & Counseling

<table>
<thead>
<tr>
<th>Coverage may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Counseling</strong></td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
</tr>
<tr>
<td>- Preventive services for members over 21 years of age include one preventive health visit (99385-99397) and ten office visits per calendar year.</td>
</tr>
</tbody>
</table>

**Behavioral Assessment/Intervention**

None

**Nutritional Consultation & Therapy**

99203, 99211, 99213

- Nutritional counseling (99203, 99211, 99213) includes reimbursement for up to 12 individual or group sessions provided by a state-licensed dietician each calendar year.
- Group sessions must be specific to the member’s nutrition-related medical condition/diagnosis.
- No reimbursement provided for the first two nutrition education contacts for WIC-eligible members.

\*The GA Division of Medicaid indicates that these E/M codes should be used to bill for nutritional counseling services.

### Pharmacotherapy

**NOT COVERED**

GA Medicaid excludes agents used for anorexia, weight gain, or weight loss from coverage.

### Bariatric Surgery

**Coverage may include:**

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Prior authorization is required for all requests; contact the Hewlett Packard at 800-766-4456 for additional information.

See also: WellCare Guidelines

---

Adults with obesity: 31%  
Adults with diabetes: 11%  

19% of residents covered by Medicaid/CHIP  
$9.8 billion in total Medicaid spending (2015)  

69% enrolled in managed care  
31% enrolled in fee-for-service

Resources & Contacts:

**GA Department of Community Health**

Phone: 404-298-1228

**GA Department of Insurance**

Phone: 404-656-2070

**GA Division of Public Health**

Phone: 404-657-2700
## Assessment & Counseling

**COVERAGE** may **include:**

**Preventive Counseling**
- 99385-99387, 99395-99397
  - Preventive risk assessments and health education services are covered for adults and children.
  - Coverage for routine physical exams is limited to once every two years for adults.
  - These periodic health assessments include screening for comorbidities and counseling on physical activity/nutrition.

**Behavioral Assessment/Intervention**
- G0447, 96150-96155

**Nutritional Consultation & Therapy**
- 97802-97804
  - Indicates reimbursement for nutritional counseling codes, but no mention of coverage/guidance in plan documents.

## Pharmacotherapy

**COVERAGE** may **include:**

- **Xenical (Orlistat)**
  - Prior authorization is required (submit Form 1144B).
  - Initial 3-month approval criteria:
    - Patient BMI ≥ 30 kg/m² or BMI ≥ 27 kg/m² with a comorbidity
    - Prescribed in conjunction with a reduced-calorie diet
  - Subsequent authorization requests may be approved up to six months if patient demonstrates weight loss or maintenance of weight loss from initial period.
  - A daily multivitamin will be approved for use in conjunction with Xenical.

## Bariatric Surgery

**COVERAGE** may **include:**

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
  - Prior authorization is required for all requests; must be submitted in writing using Form 1144.
  - HMSA plan provides coverage criteria

**Note:** HI Medicaid specifically excludes coverage for jejunoileal bypass procedures.

### Resources & Contacts:

- **Med-QUEST Division of Hawaii**
  Phone: 808-587-3521

- **Hawaii Division of Insurance**
  Phone: 808-586-2790

- **Hawaii State Department of Health**
  Nutrition & Physical Activity Section
  Phone: 808-586-4671

---

Adults with obesity: **22%**
Adults with diabetes: **9%**

18% of residents covered by Medicaid/CHIP
$2.0 billion in total Medicaid spending (2015)

99% enrolled in managed care
< 1% enrolled in fee-for-service

---
### COVERAGE may include:

Indicates reimbursement for preventive medicine codes, but not mentioned elsewhere in plan documents (possible coverage through weight management program)

#### Preventive Counseling

- PHA benefits to members with Basic or Enhanced Medicaid coverage, including provider reimbursement of up to $200 per year for services provided in a licensed Weight Management Program that addresses lifestyle change through physical fitness, balanced diet, and personal health education. To enroll, participants must:
  - be over the age of five
  - have a BMI ≥ 30 kg/m² or a BMI ≤ 18.5 kg/m² (adults); BMI in the overweight or underweight category (children) complete the WM Agreement Form with their primary care provider

#### Behavioral Assessment/Intervention

- G0473

#### Nutritional Consultation & Therapy

- G0270, S9470

- Intensive nutritional education/counseling services (G0270, S9470) are available only to children and pregnant women by physician referral.

### COVERAGE may include:

Xenical, Belviq, Contrave

- Prior authorization is required. Coverage criteria for consideration include BMI ≥ 40 kg/m² (BMI ≥ 35 kg/m² with a comorbidity) and documented weight loss failure with diet and exercise alone.

**Note:** DHW generally excludes coverage for weight loss products (except lipase inhibitors) and amphetamines used for weight loss.

### Bariatric Surgery

- Prior authorization is required.

- Patient must have a BMI ≥ 40 kg/m² (≥ 35 with a comorbidity) and a referral from a physician not associated with the selected surgeon/s indicating that the (1) obesity is caused by or could aggravate another serious comorbid condition and (2) patient has no psychological or physiological contraindications to the procedure.

- Procedure must be performed by an Idaho Medicaid-enrolled, Medicare-certified hospital.

---

**Resources & Contacts:**

- **Idaho Department of Health & Welfare**
  Phone: 208-334-5500

- **Idaho Medicaid Program**
  Phone: 302-255-9500

- **Idaho Physical Activity & Nutrition Program**
  Phone: 208-334-5788
### Assessment & Counseling

**COVERAGE** may include:

**Preventive Counseling**
- 99401*, 99385-99387*, 99395-99397*  
- HFS covers preventive services for adult participants. Health education and nutrition services are considered components of the preventive service encounter and cannot be billed separately.
- Maximum of 3 visits payable over a six-month period unless improvement in BMI percentile is evident
- Weight management visit cannot be billed on the same day as a Preventive Medicine visit.

**Behavioral Assessment/Intervention**
- 96150-96154

**Nutritional Consultation & Therapy**
- None

**NOTE:** Preventive, treatment and follow-up services are covered for children (2-20 years) whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.

*Add-on service payable only to PCP or affiliate within the same group.

†Reimbursable only to approved facilities.

### Pharmacotherapy

**NOT COVERED**
IL Medicaid explicitly excludes coverage for weight loss drugs.

### Bariatric Surgery

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
  - Prior authorization is required.
  - Covered only when physician determines that obesity is exogenous in nature, endocrine disorders have been ruled out, and the recipient has BMI $\geq 40$ kg/m$^2$ (or $\geq 35$ kg/m$^2$ with complications) with no success from other therapies.
  - Must provide medical documentation of review systems, comorbidities, patient weight loss attempts, psychiatric evaluation indicating the patient is an appropriate candidate for the procedure, and nutritional counseling

### Coverage & Statistics

- Adults with obesity: **29%**
- Adults with diabetes: **9%**
- 19% of residents covered by Medicaid/CHIP
- $17.0$ billion in total Medicaid spending (2015)
- 63% enrolled in managed care
- 25% enrolled in fee-for-service
- 12% enrolled in primary care case management

### Resources & Contacts:

**IL Dept. of Healthcare & Family Services**  
Phone: 217-782-1200

**IL Public Health Institute**  
Phone: 312-850-4744

**IL Department of Insurance**  
Phone: 312-814-2420
<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Adult preventive and obesity treatment services were not mentioned.</td>
<td>IN Medicaid explicitly excludes coverage for anorectics or any agent used to promote weight loss.</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>99401, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>S9446</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804</td>
<td></td>
</tr>
<tr>
<td>- Coverage for dietary counseling only for ages 0-21 w/ prior authorization</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Additional home-health nursing services—skilled and non-skilled care—may be covered for patients with severe obesity pending prior authorization.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Preventive, treatment and follow-up services—including dietary counseling, nutrition education, and laboratory services—are covered for children whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- <strong>Prior authorization</strong> is required.</td>
<td></td>
</tr>
<tr>
<td>- Adults between 18 and 65 years of age must have a BMI ≥ 40 kg/m² that has persisted for at least five years, documentation of failed weight loss/maintenance through non-surgical therapies, a psychiatric evaluation noting any contraindications to the procedure.</td>
<td></td>
</tr>
<tr>
<td>- Adolescents (&lt; 18 years) must meet additional criteria; see Medical Policy Manual.</td>
<td></td>
</tr>
<tr>
<td>Adults with obesity: 33%</td>
<td>19% of residents covered by Medicaid/CHIP</td>
</tr>
<tr>
<td>Adults with diabetes: 10%</td>
<td>$9.3 billion in total Medicaid spending (2015)</td>
</tr>
<tr>
<td>79% enrolled in managed care</td>
<td>21% enrolled in fee-for-service</td>
</tr>
<tr>
<td>Resources &amp; Contacts:</td>
<td></td>
</tr>
<tr>
<td>Family &amp; Social Services Administration</td>
<td>Phone: 1-800-457-8283</td>
</tr>
<tr>
<td>Indiana Health Weight Initiative</td>
<td>Phone: 317-233-7726</td>
</tr>
<tr>
<td>Indiana Medicaid</td>
<td>Phone: 800-457-4584</td>
</tr>
<tr>
<td>Assessment &amp; Counseling</td>
<td>Pharmacotherapy</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>IA Medicaid explicitly excludes coverage for weight-loss drugs.</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- Routine physical examinations and preventive services are covered for adults (age 21+).</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96150-96155</td>
<td></td>
</tr>
<tr>
<td>- Health home services—including comprehensive care management/coordination, health promotion, and referral to community/social support services—may be covered for patients with obesity and another chronic condition (or serious mental illness).</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>S9470</td>
<td></td>
</tr>
<tr>
<td>- Licensed dietitians employed by or under contract with physicians may provide nutritional screening and counseling services to recipients age 20 and under.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required</td>
<td></td>
</tr>
<tr>
<td>- Must have BMI $\geq$ 35 with a comorbid condition to be considered for coverage</td>
<td></td>
</tr>
<tr>
<td>- The Iowa Medicaid Enterprise (IME) Medical Services unit will determine medical necessity of procedure based on:</td>
<td></td>
</tr>
<tr>
<td>- Procedure type and location</td>
<td></td>
</tr>
<tr>
<td>- Age and diagnosis of recipient</td>
<td></td>
</tr>
<tr>
<td>- History and chief complaint (includes symptoms and duration of presenting problem)</td>
<td></td>
</tr>
<tr>
<td>- Preadmission treatment and outpatient studies performed</td>
<td></td>
</tr>
</tbody>
</table>

Adults with obesity: 31% ³
Adults with diabetes: 8% ³

17% of residents covered by Medicaid/CHIP
$4.6$ billion in total Medicaid spending (2015)

96% enrolled in managed care
4% enrolled in fee-for-service ⁴

**Resources & Contacts:**

**Iowa Department of Human Services**
Phone: 515-281-6899

**Iowa Health Link**
Phone: 515-256-4606

**Iowa Department of Public Health**
Phone: 515-281-7689
**KANSAS**
Kansas Department of Health & Environment (KDHE) 76, 77, 78, 79

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>COVERAGE may include:</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>Saxenda, Xenical, Alli, Belviq, Contrave ER, Adipex-P, Qsymia</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td>- Prior authorization is required; see approval criteria.(^8^0)</td>
</tr>
<tr>
<td>- The Kansas Medical Assistance Program (KMAP) covers preventive health services for adult beneficiaries in accordance with USPSTF recommendations.</td>
<td><strong>Note:</strong> KMAP excludes weight reduction medications other than those requiring PA.</td>
</tr>
<tr>
<td>- Specific coverage criteria for adult obesity treatment services were not found; services may only be reimbursable to local educational agencies.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96150, S0315-S0316(^7)</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>S9470*, 97802-97803</td>
<td></td>
</tr>
<tr>
<td>(^7) Covered only for beneficiaries enrolled in the Diabetes Management Home Health Service Plan</td>
<td></td>
</tr>
<tr>
<td>(^*) Prenatal nutritional counseling provided by a registered dietician (S9470) is covered only when beneficiary is referred by RN or obstetrical care provider.</td>
<td></td>
</tr>
</tbody>
</table>

**Bariatric Surgery**

| **COVERAGE may include:** |  |
| **Gastric Bypass, Gastric Band, Sleeve Gastrectomy** |  |
| - Prior authorization is required. |  |
| - Adults (age 18+) must have a BMI > 40 kg/m\(^2\) (or > 35 with a comorbidity) that has persisted for at least two years and documented previous weight-loss attempts without long-term success. |  |
| - Beneficiary must participate in physician-supervised nutrition and exercise program OR multi-disciplinary surgical preparatory regimen prior to surgery. |  |
| - Sleep studies and polysomnography are covered for bariatric surgery candidates. |  |
| **Note:** Additional coverage criteria apply for children and adolescents. |  |

Adults with obesity: 31%\(^3\)  
Adults with diabetes: 10%\(^3\)  
13% of residents covered by Medicaid/CHIP  
$3.0 billion in total Medicaid spending (2015)  
95% enrolled in managed care  
5% enrolled in fee-for-service \(^4\)  

**Resources & Contacts:**  
**Kansas Medicaid (KanCare)**  
Phone: 1-866-305-5147  
**Department of Health & Environment**  
Phone: 785-296-1500  
**Division of Healthcare Finance**  
Phone: 785-296-3512
# KANSAS MEDICAID: MANAGED CARE PLANS

3 plans total | 363,316 enrollees (2013*

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

In addition to standard KMAP services, Amerigroup Kansas covers:

**Value-Added Benefits**

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

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

**Pharmacotherapy**

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

**Bariatric Surgery**

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

**Resources**

Phone: 877-434-7579

Provider Manual

Provider Quick Reference

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

**Value-Added Benefits**

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

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

**Pharmacotherapy**

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

**Bariatric Surgery**

Complete prior authorization for inpatient or outpatient procedure.

**Resources**

Phone: 877-644-4623

Provider Manual

Quick Reference Guide

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

**Value-Added Benefits**

**Weight Watchers**

Beneficiaries are eligible for a 3-month program membership to attend local meetings.

**Health4Me**

Smartphone application designed to help members manage their health.

**Care Coordination/Management**

Offers obesity management/bariatric surgery programs and lifestyle interventions.

**Pharmacotherapy**

Complete prior authorization according to KMAP coverage guidelines.

**Bariatric Surgery**

Must complete a prior authorization request to obtain coverage.

**Resources**

Phone: 877-542-9235

Provider Guide

Community Rewards Program

*This document was reviewed by The George Washington University STOP Obesity Alliance.
### Assessment & Counseling

**COVERAGE** may include:

- *Preventive Counseling*
  - 99401-99404*, 99411-99412*
  - 99385-99387, 99395-99397
  - CHFS covers annual adult preventive health visits, including weight assessment and follow-up visits/referrals for counseling on nutrition and physical activity.
  - Obesity prevention counseling* is reimbursable when provided by entities in an **Interagency Agreement** with the Department for Public Health.

- *Behavioral Assessment/Intervention*
  - 96150-96153

- *Nutritional Consultation & Therapy*
  - 97802-97804†

  - Medical nutrition therapy† is reimbursable when provided by a registered dietician or certified nutritionist in a clinic setting.86

### Pharmacotherapy

**NOT COVERED**

KY Medicaid explicitly excludes coverage for drugs used for anorexia, weight loss, or weight gain.

### Bariatric Surgery

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy

  - Bariatric Surgery will be covered only if it is medically necessary and **prior authorized**.

**Note:** Services for the treatment of obesity (including gastroplasty and gastric stapling) are generally **not covered** by KY Medicaid.

### Resources & Contacts:

- **Cabinet for Health & Family Services**
  - Phone: 800-372-2973

- **Kentucky Department of Insurance**
  - Phone: 502-564-6088

- **Partnership for a Fit Kentucky**
  - Kentucky Department of Public Health
  - Phone: 502-564-3827

---

**COVERAGE** may include:

- Preventive Counseling
- Behavioral Assessment/Intervention
- Nutritional Consultation & Therapy

**NOT COVERED**

KY Medicaid explicitly excludes coverage for drugs used for anorexia, weight loss, or weight gain.

**Bariatric Surgery**

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy

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**Note:** Services for the treatment of obesity (including gastroplasty and gastric stapling) are generally **not covered** by KY Medicaid.

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- **Kentucky Department of Insurance**
  - Phone: 502-564-6088

- **Partnership for a Fit Kentucky**
  - Kentucky Department of Public Health
  - Phone: 502-564-3827
### Assessment & Counseling

**Coverage** may include:

**Preventive Counseling**  
99401-99404, 99385-99387, 99395-99397

**Behavioral Assessment/Intervention**  
96150-96155

Through Medicaid expansion, DHH covers counseling risk factor reduction and behavioral change intervention services provided separately from the preventive medicine examination.
- Limitations apply to adult preventive counseling provided as an E/M service (99385-97).

**Nutritional Consultation & Therapy**  
S9470, 97802-97804

- Medical nutritional therapy (S9470) is payable only for children (< 21 years) and must be provided by a registered dietician.
- † These services are payable for Medicare/Medicaid (dual-eligible) recipients only.

### Pharmacotherapy

**Coverage** may include:

LA Medicaid does not reimburse for anorexics other than orlistat (*Xenical, Alli*).

**Prior authorization** is required.
- Patient is 12+ years of age and has a BMI ≥ 27 kg/m² with other risk factors.
- Prescription indicates 30-day supply with no refills; maximum of 90 capsules.
- See the [approval guidelines](#) for additional coverage criteria.

### Bariatric Surgery

**Coverage** may include:

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- **Prior authorization** is required.
- Covered only after a comprehensive and sustained program of diet and exercise with or without pharmacologic measures has been unsuccessful over time.
- Physician letter documenting medical necessity and confirmatory evidence of co-morbid condition(s) must accompany the PA request.
- **Photographs must be submitted with the request for consideration of bariatric surgery.**

---

Adults with obesity: 35% 3
Adults with diabetes: 10% 4

20% of residents covered by Medicaid/CHIP

$8.1 billion in total Medicaid spending (2015)

70% enrolled in managed care
30% enrolled in fee-for-service 4

**Resources & Contacts:**

**Department of Health & Hospitals**  
Phone: 225-342-9500

**Council on Physical Fitness & Sports**  
Phone: 225-342-4886

**Louisiana Department of Insurance**  
Phone: 800-259-5300
## MAINE
Office of MaineCare Services (OMS) 90, 91, 92

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
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<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>ME Medicaid explicitly excludes coverage for anorectics and certain weight-loss drugs.</td>
</tr>
<tr>
<td>99401-99404, 99411-99412</td>
<td><strong>Note:</strong> PDL indicates that Phentermine and Xenical are no longer covered.</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- MaineCare covers preventive services for members of all ages, including annual physical exams for adults.</td>
<td></td>
</tr>
<tr>
<td>- Members with obesity or overweight may be eligible for comprehensive services provided through a Health Home.</td>
<td></td>
</tr>
<tr>
<td>- Health club memberships (e.g. YMCA) are not covered by MaineCare.</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td></td>
</tr>
<tr>
<td>96150-96154</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td></td>
</tr>
<tr>
<td>97802-97803, G0270-G0271</td>
<td></td>
</tr>
<tr>
<td>- Medical nutritional therapy listed as reimbursable code, but coverage criteria/limits not found</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
<td></td>
</tr>
<tr>
<td>- Surgery must be needed to correct another related condition, such as diabetes or hypertension</td>
<td></td>
</tr>
<tr>
<td>- Request must be submitted by the surgeon who will be performing the surgery.</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> Additional coverage criteria apply for children and adolescents.</td>
<td></td>
</tr>
</tbody>
</table>

### Resources & Contacts:

- **Office of MaineCare Services**
  Phone: 207-287-2674

- **Maine Bureau of Insurance**
  Phone: 207-624-8475

- **ME Physical Activity & Nutrition Program**
  Phone: 207-287-7108

---

- Adults with obesity: **28%**
- Adults with diabetes: **8%**

- **23%** of residents covered by Medicaid/CHIP
- **$2.6 billion** in total Medicaid spending (2015)

- FFS/PCCM enrollment: **Not Reported**

---

- "STOP OBESITY ALLIANCE"
<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>- Neither state nor MCOs cover prescriptions or injections for central nervous system stimulants and anorectic agents when used for controlling weight</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td>- Coverage for adult preventive and treatment services is not explicitly mentioned beyond the fee schedule.</td>
</tr>
<tr>
<td>- Coverage for adult preventive and treatment services is not explicitly mentioned beyond the fee schedule.</td>
<td>- HealthChoice Provider Manual indicates that diet and exercise programs for weight loss are non-covered, except when medically necessary</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention 96150-96152</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy 97802-97804</td>
<td></td>
</tr>
<tr>
<td>- Nutritional counseling is covered only as an EPSDT or prenatal service.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
<td></td>
</tr>
<tr>
<td>- Providers must submit a Preauthorization Request Form for Physician Services (DHMH-4523) in writing.</td>
<td></td>
</tr>
<tr>
<td>- Providers must also attach supporting documentation that includes:</td>
<td></td>
</tr>
<tr>
<td>- Complete narrative justification of the procedure(s)</td>
<td></td>
</tr>
<tr>
<td>o Complete narrative justification of the procedure(s)</td>
<td></td>
</tr>
<tr>
<td>o Brief history/physical examination</td>
<td></td>
</tr>
<tr>
<td>o Result of pertinent ancillary studies, medical evaluations, and consultations</td>
<td></td>
</tr>
</tbody>
</table>

Adults with obesity: 30%³
Adults with diabetes: 9%³

15% of residents covered by Medicaid/CHIP
$9.6 billion in total Medicaid spending (2015)

80% enrolled in managed care
20% enrolled in fee-for-service⁴

**Resources & Contacts:**

**Department of Health & Mental Hygiene**
Phone: 401-767-6500

**Maryland Insurance Administration**
Phone: 410-468-2000

**Maryland HealthChoice**
Phone: 877-634-6361
<table>
<thead>
<tr>
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<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>MassHealth explicitly excludes coverage of any drug used for the treatment of obesity</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- General preventive counseling services for adults are mentioned only in the context of family planning services.</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td></td>
</tr>
<tr>
<td>G0270-G0271</td>
<td></td>
</tr>
<tr>
<td>- Medical nutrition therapy indicated as reimbursable code on Fee Schedule, but not mentioned elsewhere</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Adult preventive counseling, nutritional therapy, and behavioral intervention services for obesity are not explicitly mentioned.</td>
<td></td>
</tr>
<tr>
<td>- Hospital-licensed outpatient and community-health centers must be able to provide health education and nutrition services to MassHealth members.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Regardless of non-payable status, a physician may request prior authorization for any medically necessary service for a MassHealth member younger than 21 years of age.</td>
<td></td>
</tr>
</tbody>
</table>

**Bariatric Surgery**

| **COVERAGE** may include: | |
| Gastric Bypass, Gastric Band, Sleeve Gastrectomy | |
| - Prior authorization is required. | |
| - Surgery must be performed under guidance of multidisciplinary team. | |
| - Provider must rule out metabolic causes of member’s obesity. | |
| - Member must have BMI > 40 kg/m² (>35 w/ comorbidity) for at least 5 years, be at least 18 years of age, complete pre-operative care plan, have no evidence of active substance abuse, and have no contraindications to the procedure. | |

Adults with obesity: **23%**
Adults with diabetes: **9%**

23% of residents covered by Medicaid/CHIP
$15.6 billion in total Medicaid spending (2015)

54% enrolled in managed care
26% enrolled in primary care case management
20% enrolled in fee-for-service

**Resources & Contacts:**

**MassHealth (Medicaid & CHIP)**
Phone: 800-841-2900

**MA Department of Public Health**
Phone: 617-624-6000

**Office of Health & Human Services**
Phone: 617-573-1600
<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
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<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>COVERAGE may include:</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>Xenical (orlistat)</td>
</tr>
<tr>
<td>99401-99402, 99385-99387, 99395-99397</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- Effective July 1, 2016, MDHHS implemented a primary care health home benefit called the MI Care Team for beneficiaries with comorbid physical and behavioral health conditions.</td>
<td>- Must document current medical status, current therapies/treatments, accurate BMI, and confirmation that there are no medical contraindications to medication</td>
</tr>
<tr>
<td>- Includes connection of beneficiary to nutritional counseling and obesity prevention/reduction.</td>
<td>- Must include details of previous weight loss attempts (at least two failed physician-supervised attempts are required)</td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td><strong>Bariatric Surgery</strong></td>
</tr>
<tr>
<td>None</td>
<td><strong>COVERAGE may include:</strong></td>
</tr>
<tr>
<td>- MDHHS policy covers obesity treatment when done to control life-endangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity or weight reduction/maintenance alone.</td>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Physician must request prior authorization documenting that conservative measures to control weight and manage complications have failed (include medical history, past and current treatments/results, etc.)</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td>- PA must include a psychiatric evaluation of the beneficiary’s willingness/ability to alter their lifestyle following surgical intervention.</td>
</tr>
<tr>
<td>None</td>
<td>- If the request is approved, the provider receives an authorization letter for the service, including billing instructions.</td>
</tr>
<tr>
<td>NOTE: MDHHS covers trauma-related services under the EPSDT benefit (noting that adverse childhood experiences are related to obesity in adulthood).</td>
<td>- A copy of the authorization letter must be attached to all claims submitted to MDCH for weight reduction services.</td>
</tr>
</tbody>
</table>

Adults with obesity: 31% ³
Adults with diabetes: 9% ³

19% of residents covered by Medicaid/CHIP
$15.9 billion in total Medicaid spending (2015)

75% enrolled in managed care
25% enrolled in fee-for-service ⁴

**Resources & Contacts:**

**Department of Health & Human Services**
Phone: 517-373-3740

**Insurance & Financial Services (DIFS)**
Phone: 517-284-8800

**Primary Care & Public Health**
Phone: 800-292-2550
### Assessment & Counseling

<table>
<thead>
<tr>
<th>Coverage may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Counseling</td>
</tr>
<tr>
<td>99401-99404, 99411-99412</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
</tr>
<tr>
<td>96150-96154, 98960-98962, 99078</td>
</tr>
<tr>
<td>- MHCP covers physician visits, medical nutritional therapy, mental health services, and laboratory work provided for weight management on a component basis.</td>
</tr>
<tr>
<td>- Recipients participating in a weight loss program may be billed for non-covered components of the program if the recipient is informed of charges in advance.</td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
</tr>
<tr>
<td>S9470*, 97802-97804, G0270-G0271, G0438-G0439</td>
</tr>
<tr>
<td>- *MHCP reimburses dietician or nutritionist services only when prescribed by a physician and provided in an office or outpatient setting.</td>
</tr>
</tbody>
</table>

**NOTE:** MHCP does not cover weight loss services on a program basis, nutritional supplements/foods for weight reduction, exercise classes, health club memberships, instructional materials/books, motivational classes, services provided by non-MHCP providers, or counseling that is already paid as part of the physician's covered services.

### Pharmacotherapy

<table>
<thead>
<tr>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>- MN Medicaid typically excludes coverage of drugs used to promote weight loss; Xenical is indicated only for the treatment of hyperlipidemia</td>
</tr>
<tr>
<td>- Desoxyn will not be approved for treatment of obesity</td>
</tr>
</tbody>
</table>

### Bariatric Surgery

<table>
<thead>
<tr>
<th>Coverage may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- Recipient must: have a BMI &gt; 40 kg/m² (or &gt; 35 with a comorbidity) that has persisted for at least two years; have made at least one medically-supervised attempt (6-month duration) to lose weight; and have no medical or psychiatric contraindications to the procedure.</td>
</tr>
</tbody>
</table>

**NOTE:** See guidelines for full criteria. Patients not meeting these criteria may be considered for approval on a case-by-case basis.

---

**Resources & Contacts:**

**Department of Human Services**
Phone: 651-296-6117

**Minnesota Department of Health**
Phone: 651-201-5000

**Minnesota Health Care Programs**
Phone: 651-431-2670

---

**COVERAGE**

- Adults with obesity: **28%**
- Adults with diabetes: **8%**

- 14% of residents covered by Medicaid/CHIP
- **$10.9** billion in total Medicaid spending (2015)

- 75% enrolled in managed care
- **25%** enrolled in fee-for-service

---

**NOT COVERED**

- MN Medicaid typically excludes coverage of drugs used to promote weight loss; Xenical is indicated only for the treatment of hyperlipidemia
- Desoxyn will not be approved for treatment of obesity
### Assessment & Counseling

<table>
<thead>
<tr>
<th>COVERAGE may include:</th>
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<tbody>
<tr>
<td>Preventive Counseling</td>
</tr>
<tr>
<td>99401-99402, 99385-99387, 99395-99397</td>
</tr>
<tr>
<td>- DOM covers annual health screenings/physical examinations for adults (21+).</td>
</tr>
<tr>
<td>- Annual cardiovascular screening (cholesterol, lipids, triglyceride levels) and diabetes screening (labs and urine studies) will be reimbursed separately if performed during the exam.</td>
</tr>
<tr>
<td>- DOM will not cover maintenance program/services related to the general welfare of the beneficiary, such as exercises to promote fitness and flexibility, training/conditioning, recreational programs, and holistic treatments.</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
</tr>
<tr>
<td>None*</td>
</tr>
<tr>
<td>- *Nutritional counseling is covered for high-risk pregnancies and hospice care only.</td>
</tr>
</tbody>
</table>

### Pharmacotherapy

| NOT COVERED |
| MS Medicaid explicitly excludes coverage of drugs when used for anorexia, weight loss, or weight gain. |

| Bariatric Surgery |
| NOT COVERED |
| MS Medicaid explicitly excludes gastric surgery—including any technique or procedure for the treatment of obesity or weight control—regardless of medical necessity. |

### Resources & Contacts:

- **Mississippi Insurance Department**
  Phone: 601-359-3569

- **Mississippi State Department of Health**
  Phone: 601-576-7400

- **Mississippi Division of Medicaid**
  Phone: 601-359-6050

---

Adults with obesity: **36%**
Adults with diabetes: **12%**

23% of residents covered by Medicaid/CHIP
$5.2 billion in total Medicaid spending (2015)

70% enrolled in managed care
30% enrolled in fee-for-service

---
### MISSOURI
Department of Social Services (DSS) 108, 109, 110, 111

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>- MO Medicaid typically <strong>excludes</strong> coverage of drugs used to promote weight loss</td>
</tr>
<tr>
<td>99401-99402¹, 99385-99387, 99395-99397</td>
<td>- Xenical is on <strong>prior authorization</strong> list, but indicated only for treatment of dyslipidemia</td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>96150-96154*, 98960¹, S0315-S0316</td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
</tr>
<tr>
<td>- Individuals with a BMI &gt; 25 kg/m² and another chronic condition may be eligible for MO Primary Care Health Home (PCHH) services.</td>
<td></td>
</tr>
<tr>
<td>- Covers lifestyle interventions for obesity management, including nutritional counseling and physical activity promotion</td>
<td></td>
</tr>
<tr>
<td>- Health and behavior assessment/intervention (HBAI) services are covered only when the participant has a referral from a healthcare provider</td>
<td></td>
</tr>
<tr>
<td>- Must indicate that biopsychosocial factors are affecting treatment of an underlying physical illness or injury.</td>
<td></td>
</tr>
<tr>
<td>- Additional <strong>eligibility criteria</strong> may apply.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**NOT COVERED**

- MO Medicaid typically **excludes** coverage of drugs used to promote weight loss
- Xenical is on **prior authorization** list, but indicated only for treatment of dyslipidemia

### Bariatric Surgery

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Prior authorization is required.
- Participant must have a BMI > 40 kg/m² or a BMI > 35 with a comorbid condition (diabetes, hypertension, CVD, CKD).
- Participant must be a non-smoker/tobacco user or provide evidence of cessation.
- Primary diagnosis must be for a complicating medical condition; claims should reflect obesity as a secondary diagnosis.

**Note:** Refer to the Physician Manual (Section 8) to review MHD’s prior authorization policy.

---

1. Requires prior authorization
2. Billable only when provided by a licensed social worker or clinical psychologist.

---

**Adults with obesity:** 30% ³
**Adults with diabetes:** 10% ³

13% of residents covered by Medicaid/CHIP

$9.6 billion in total Medicaid spending (2015)

51% enrolled in managed care

49% enrolled in fee-for-service ⁴

**Resources & Contacts:**

- **Missouri Department of Social Services**
  **MO HealthNet Division**
  Phone: 573-751-3425

- **Missouri Department of Insurance**
  Phone: 573-751-4126

- **Department of Health & Senior Services**
  Phone: 573-751-6400

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*THE GEORGE WASHINGTON UNIVERSITY*  
WASHINGTON, DC  
30
# Assessment & Counseling

<table>
<thead>
<tr>
<th>Coverage may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Counseling</td>
</tr>
<tr>
<td>99401-99404, 99411-99412, G0438-G0439, 99385-99387, 99395-99397</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
</tr>
<tr>
<td>G0447, G0473, 96150-96155</td>
</tr>
<tr>
<td>- Physicians and mid-level practitioners who counsel and monitor clients on weight reduction programs can be reimbursed for those services:</td>
</tr>
<tr>
<td>- Patient must have a BMI &gt; 30 kg/m²</td>
</tr>
<tr>
<td>- Services must be performed by the PCP and should be provided in a manner consistent with the 5-A framework</td>
</tr>
<tr>
<td>- Group classes must contain at least 2 individuals</td>
</tr>
<tr>
<td>- Medicaid will also cover lab work when medical necessity is documented.</td>
</tr>
<tr>
<td>- Nutritional counseling services are not covered for adults.</td>
</tr>
</tbody>
</table>

| Nutritional Consultation & Therapy |
| 97802-97804*, G0270-G0271* |
| NOTE: Medicaid does not cover weight reduction plans/programs (e.g., Jenny Craig, Weight Watchers), nutritional/dietary supplements, health club memberships, or educational services of nutritionists. |
| NOTE: Covered for members < 21 years of age with a physician (Passport) referral. |

# Pharmacotherapy

| NOT COVERED |
| MT Medicaid explicitly excludes coverage of drugs prescribed for weight reduction. |

# Bariatric Surgery

| NOT COVERED |
| MN Medicaid explicitly excludes gastric bypass surgery and weight-loss surgery for adults. |
| NOTE: Bariatric surgery may be covered for some individuals (< 21 years of age) with full Medicaid. |

# Resources & Contacts:

**Dept. of Public Health & Human Services**
Phone: 406-444-5622

**Office of the Montana State Auditor**
Commissioner of Securities & Insurance
Phone: 406-444-2040

**Montana Healthcare Programs**
Phone: 800-362-8312

---

1. Adults with obesity: 26%
2. Adults with diabetes: 8%
3. 16% of residents covered by Medicaid/CHIP
4. $1.1 billion in total Medicaid spending (2015)
5. 71% enrolled in primary care case management
6. 29% enrolled in fee-for-service
### NEBRASKA
Department of Health & Human Services (DHHS) 115, 116, 117

<table>
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<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling 99385-99387, 99395-99397</td>
<td>NMAP explicitly excludes coverage of drugs or items recommended for weight control and/or appetite suppression.</td>
</tr>
</tbody>
</table>
  - Preventive services are only covered through EPSDT and for adult annual GYN or DD exams (copay required).
| Behavioral Assessment/Intervention |  |
| None |  |
  - NMAP will not make payment for services provided when the sole diagnosis is "obesity".
  - Routine physical exams and weight control programs for adults are not covered.
  - Services may be covered when they are an integral and necessary part of a course of treatment for another serious medical condition.
| Nutritional Consultation & Therapy 97802-97804 |  |
  - Beginning in 2018, NE will add medical nutritional therapy as a covered preventive service.
| **NOTE:** Additional services may be covered for Heritage Health plan members under the managed care benefits package. |  |

### Bariatric Surgery

**COVERAGE** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
  - Prior authorization is required.
  - Covered only when medically appropriate for the individual and performed to correct an illness which caused the obesity or was aggravated by the obesity.

**Note:** Ileal bypass or any other intestinal surgery for the treatment of obesity is explicitly excluded.

Adults with obesity: 30% ³
Adults with diabetes: 8% ³

13% of residents covered by Medicaid/CHIP
$1.9 billion in total Medicaid spending (2015)

77% enrolled in managed care
23% enrolled in fee-for-service ⁴

### Resources & Contacts:

**Department of Health & Human Services**
Phone: 402-471-3121

**DHHS ACCESSNebraska**
Phone: 855-632-7633

**Nebraska Department of Insurance**
Phone: 402-471-2201
## NEVADA
Department of Health & Human Services (DHHS) 118, 119, 120

### Assessment & Counseling

**COVERAGE may include:**

- **Preventive Counseling**
  99401*, 99385-99387, 99395-99397, G0438-G0439
  - *Covered as a family planning service only.
  - NV Medicaid covers healthy diet counseling and obesity screening/counseling for adults as part of an office visit, hospital visit or global fee—these services may not be billed separately.

- **Behavioral Assessment/Intervention**
  G0447, 96150-96154, 98960-98962

- **Nutritional Consultation & Therapy**
  None

**NOTE:** Nutritional services and home delivered meals are separately reimbursable only for adults with developmental disabilities.

### Pharmacotherapy

**NOT COVERED**

NV Medicaid explicitly excludes coverage of pharmaceutical agents used for weight loss.

### Bariatric Surgery

**COVERAGE may include:**

- **Gastric Bypass, Gastric Band, Sleeve Gastrectomy**
  - Prior authorization is required.
  - Benefit includes the initial work-up, surgical procedure, and routine post-surgical follow-up care.
  - Procedure is indicated for recipients aged 21-55 years with a BMI ≥ 35 kg/m² and waist circumference > 40 in. (men)/> 35 in. (women) for whom previous weight reduction therapies have failed.
  - Candidates should have disabling obesity-related comorbidities, indicate a strong desire for substantial weight loss, be well-informed and motivated, demonstrate commitment to lifestyle change, and have no physiological or psychological contraindications to the procedure.

### Resources & Contacts:

- **Division of Healthcare Financing & Policy**
  Phone: 775-684-3676

- **Department of Health & Human Services**
  Phone: 302-684-3600

- **Nevada Division of Insurance**
  Phone: 775-687-4270

---

**Coverage**

- Adults with obesity: 28%
- Adults with diabetes: 9%

- 17% of residents covered by Medicaid/CHIP
- $3.1 billion in total Medicaid spending (2015)

- 77% enrolled in managed care
- 16% enrolled in fee-for-service
- 7% enrolled in primary care case management

---

**Stop Obesity Alliance**

---

**The George Washington University**

**Washington, DC**

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<table>
<thead>
<tr>
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<th>Pharmacotherapy</th>
</tr>
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<tr>
<td><strong>COVERAGE may include:</strong></td>
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</tr>
<tr>
<td>Preventive Counseling</td>
<td>Belviq*, Contrave*, Qsymia*, Alli</td>
</tr>
<tr>
<td>99401-99404, 99411-99412</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>99385-99387*, 99395-99397*</td>
<td>- Members enrolled in the <em>Well Sense Health Plan</em> should see approval guidelines for full coverage criteria.</td>
</tr>
<tr>
<td>- *Billable a maximum of once per year.</td>
<td>NOTE: Copays may apply regardless of approval.</td>
</tr>
<tr>
<td>- Fee schedule indicates reimbursement for obesity-specific preventive medicine codes; limits not specified</td>
<td>*Indicates PDL (preferred) medication.</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td></td>
</tr>
<tr>
<td>96150-96155</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>G0270-G0271</td>
<td></td>
</tr>
<tr>
<td>- New Hampshire Medicaid generally excludes coverage for dietary services including commercial weight loss, nutritional counseling, and exercise programs.</td>
<td></td>
</tr>
<tr>
<td>- Medical nutrition therapy assessment/intervention is included as a covered service for members enrolled in managed care; service authorization (SA) required to bill for more than 60 minutes per year.</td>
<td></td>
</tr>
<tr>
<td>Adults with obesity: 27% 3</td>
<td></td>
</tr>
<tr>
<td>Adults with diabetes: 8% 3</td>
<td></td>
</tr>
<tr>
<td>13% of residents covered by Medicaid/CHIP</td>
<td></td>
</tr>
<tr>
<td>$1.7 billion in total Medicaid spending (2015)</td>
<td></td>
</tr>
<tr>
<td>96% enrolled in managed care</td>
<td></td>
</tr>
<tr>
<td>4% enrolled in fee-for-service 4</td>
<td></td>
</tr>
<tr>
<td>Resources &amp; Contacts:</td>
<td></td>
</tr>
<tr>
<td>Department of Health &amp; Human Services</td>
<td></td>
</tr>
<tr>
<td>Phone: 603-271-4331</td>
<td></td>
</tr>
<tr>
<td>Division of Public Health Services</td>
<td></td>
</tr>
<tr>
<td>Nutrition &amp; Physical Activity</td>
<td></td>
</tr>
<tr>
<td>Phone: 603-271-4628</td>
<td></td>
</tr>
<tr>
<td>New Hampshire Insurance Department</td>
<td></td>
</tr>
<tr>
<td>Phone: 603-271-2261</td>
<td></td>
</tr>
</tbody>
</table>
### Assessment & Counseling

**Coverage** may include:

**Preventive Counseling**
- 99385-99387, 99395-99397
- The Division of Medical Assistance and Health Services (DMAHS) capitation payments include coverage for adult primary care services, preventive care services, nutritional counseling, and postpartum services.

**Behavioral Assessment/Intervention**
- G0447*, G0473, 96150-96155
- Weight reduction programs and dietary supplements—except for surgical operations, procedures, or obesity treatments approved by the managed care contractor—are not covered for NJ FamilyCare enrollees.
- *Services provided by MCO; not included on fee-for-service schedule.

**Nutritional Consultation & Therapy**
- 97802-97803

**NOTE:** MCOs may choose to cover weight-loss programs as valued-added services, but these services are not covered by NJ Medicaid.

### Pharmacotherapy

**Coverage** may include:

**NJ FamilyCare** excludes coverage for antiobesics and anorexiants other than lipase inhibitors
- Prior authorization is required.
- Coverage for lipase inhibitors is limited to individuals with a BMI ≥ 27 kg/m² with hypertension, diabetes, and/or dyslipidemia (BMI > 30 without comorbidity).


### Bariatric Surgery

**Coverage** may include:

**Gastric Bypass, Gastric Band, Sleeve Gastrectomy**
- Prior authorization is required.
- Surgical operations, procedures, or treatment of obesity shall not be covered except when specifically approved by the HMO.

**NOTE:** Coverage for bariatric surgery at the discretion of MCOs; all MCO’s reviewed indicate coverage (criteria vary)

#### Resources & Contacts:

**New Jersey Department of Health**
Phone: 800-367-6543

**Division of Medical Assistance & Health Services (NJ FamilyCare)**
Phone: 800-356-1561

**Department of Banking & Insurance**
Phone: 609-292-5360

Adults with obesity: 27% ³
Adults with diabetes: 9% ³

18% of residents covered by Medicaid/CHIP
$14.2 billion in total Medicaid spending (2015)

95% enrolled in managed care
5% enrolled in fee-for-service ⁴
### NEW JERSEY MEDICAID: MANAGED CARE PLANS
5 plans total | 1,598,417 enrollees (2015)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Enrollees</th>
<th>Resources</th>
</tr>
</thead>
</table>
| **UnitedHealthcare Community Plan**       | 373,603   | Phone: 1-800-941-4647
Provider Administrative Manual
Directory of Nutritionists & Dieticians    |

  *In addition to standard Medicaid services, the Community Plan covers:*

  **Pharmacotherapy**
  Pharmacy benefit excludes drugs used for weight loss or appetite suppression. (*Qsymia* is listed as non-formulary; PA criteria not found)

  **Bariatric Surgery**
  Prior authorization is required; see coverage determination guidelines.

  **Note:** As of November 2016, plan offers NJ FamilyCare provider incentive payments for adolescent BMI screenings/documentation ($10/year for members ages 3-17); include codes 99401-99404; 99411-99412 in claim.

| **Ameriigroup NJ**                         | 165,600   | Phone: 732-452-6000
Provider Manual
Nutritionist & Dietician Directory        |

  *In addition to standard Medicaid services, Amerigroup NJ covers:*

  **Value-Added Benefits**
  Amerigroup members may also access health education classes and a 24-hour Nurse HelpLine.

  **Pharmacotherapy**
  Alli (60 mg) is only drug included in formulary; prior authorization and quantity limits apply.

  **Bariatric Surgery**
  Coverage criteria are outlined in the Bariatric Surgery Medical Policy.

| **Horizon NJ Health**                      | 587,529   | Phone: 1-877-765-4325
Healthcare Professional Manual
Medical Policy Manual                       |

  *In addition to standard Medicaid services, Horizon NJ Health covers:*

  **Value-Added Benefits**
  Care-A-Vans operated by nurses and health educators offer additional health workshops on nutrition, exercise, and child obesity.

  **Pharmacotherapy**
  Weight-loss drugs are a non-covered pharmacy benefit.

  **Bariatric Surgery**
  Must complete a prior authorization request to obtain coverage.
### NEW MEXICO
Human Services Department (HSD)—*Centennial Care* 127, 128, 129

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
</tbody>
</table>

**Preventive Counseling**<br>G0438-G0439, 99401-99404, 99385-99387, 99395-99397<br>- The *Alternative Benefit Plan (ABP)*—for recipients aged 19-64 years at/below 100% FPL—includes coverage for preventive services, primary care visits, annual physical exams, lifestyle/behavior change counseling, chronic disease management, and nutritional evaluation/counseling for obesity.<br>- These services may not be covered for standard Medicaid recipients (over age 20) but may be provided through an MCO.<br>- ABP recipients may be subject to small co-pays (non-preventive services only) depending on income.

**Behavioral Assessment/Intervention**<br>G0447, 96150-96151, 96153-96154<br>- MCOs may choose to cover weight-loss programs as valued-added services, but these services are not covered under any NM Medicaid plan. (see also the *Centennial Rewards* program)

**Nutritional Consultation & Therapy***<br>97802-97804, G0270<br>- *Service may be performed by a physician, dietician, or other qualifying practitioner.

**Bariatric Surgery**

<table>
<thead>
<tr>
<th><strong>COVERAGE</strong> may include:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td>&lt;br&gt;- <em>Prior authorization</em> is required.</td>
</tr>
<tr>
<td></td>
<td>&lt;br&gt;- Bariatric surgery services are only covered when medically indicated and alternatives are not successful.</td>
</tr>
<tr>
<td></td>
<td>&lt;br&gt;- Limited to once per lifetime under ABP; no limitation for full Medicaid if medical necessity is met</td>
</tr>
</tbody>
</table>

**Resources & Contacts:**

- **NM Public Regulation Commission**<br>Phone: 800-947-4722
- **Human Services Department**<br>Phone: 505-827-3100
- **New Mexico Department of Health**<br>Phone: 505-827-2619

 Adults with obesity: **28%**<br>Adults with diabetes: **10%**

- 27% of residents covered by Medicaid/CHIP<br>- **$4.9 billion** in total Medicaid spending (2015)

88% enrolled in managed care<br>12% enrolled in fee-for-service
# NEW MEXICO MEDICAID: MANAGED CARE PLANS

4 plans total | 683,219 enrollees

| Molina Healthcare  
(231,839 enrollees) | Presbyterian Health Plan, Inc.  
(225,253 enrollees) | Blue Cross Blue Shield of NM  
(138,331 enrollees) |

## In addition to standard Medicaid services, Molina Healthcare covers:

### Value-Added Benefits

- Free access to evidence-based disease management and lifestyle change programs: *MyCD Program* and National Diabetes Prevention Program
- Extended full Medicaid benefits for women enrolled in maternity-only COE
- Up to 42 home-delivered meals/year after hospital discharge

### Pharmacotherapy

Possible coverage for OTC lipase inhibitor (orlistat/Alli) only; see OTC formulary.

### Bariatric Surgery

Coverage criteria are outlined in the *Bariatric Surgery Medical Policy*. Must complete a prior authorization request to obtain coverage.

### Resources

Phone: 1-800-580-2811

2017 Provider Manual
Medicaid Prior Authorization Guide

## In addition to standard Medicaid services, PHP covers:

### Value-Added Benefits

- Wellness benefit covers up to 3 provider counseling visits; may include nutrition guidance, assistance with stress or lifestyle changes, or employee assistance services.
- Adult physicals and related tests
- Extended full Medicaid benefits for women enrolled in maternity-only COE

### Bariatric Surgery

Must complete a prior authorization request to obtain coverage.

### Resources

Phone: 505-923-5200

2017 Practitioner & Provider Manual
Prior Authorization Guide

## In addition to standard Medicaid services, BCBSNM covers:

### Value-Added Benefits

- Transportation to/from exercise classes, health education sessions, and community support groups.
- Adult physicals and related tests
- Extended full Medicaid benefits for women enrolled in maternity-only COE

### Bariatric Surgery

Must complete a prior authorization request to obtain coverage; see medical determination guidelines. (Providers can also submit a voluntary predetermination request.)

### Resources

Phone: 505-291-3585

Community Centennial Provider Manual
Child Obesity Provider Toolkit
### NEW YORK
Department of Health (DOH) 132, 133, 134

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>NY Medicaid <em>excludes</em> coverage for amphetamine/amphetamine-like drugs which are used for the treatment of obesity and drugs whose sole clinical use is the reduction of weight.</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
<td><em>Note: Some MCOs explicitly exclude coverage for anti-obesity agents.</em></td>
</tr>
<tr>
<td>- General preventive medicine codes included in fee schedule, but coverage for adult obesity-specific prevention/treatment services not explicit;</td>
<td></td>
</tr>
<tr>
<td>- Some MCOs reviewed indicate that providers are expected to educate enrollees on physical fitness and nutrition during office visits (included in capitated payment)</td>
<td></td>
</tr>
<tr>
<td>- NY Medicaid covers patient education and training for disease self-management.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>98960-98962, S9445-S9446</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Adolescent weight assessment and counseling on nutrition and physical activity is covered only for members aged 3-17 years.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Coverage for adult obesity prevention/treatment services not explicitly mentioned.</td>
<td></td>
</tr>
</tbody>
</table>

### Bariatric Surgery

| **COVERAGE** may include: | |
| Gastric Bypass, Gastric Band, Sleeve Gastrectomy | |
| - Prior authorization is required for both MCO and FFS members | |
| - Specific coverage criteria were not found. | |

Adults with obesity: 27% 3  
Adults with diabetes: 9% 3  
24% of residents covered by Medicaid/CHIP  
$59.8 billion in total Medicaid spending (2015)  
77% enrolled in managed care  
23% enrolled in fee-for-service 4

### Resources & Contacts:

**Department of Financial Services**  
Phone: 518-474-6600

**New York State of Health**  
Phone: 855-355-5777

**New York State Department of Health**  
Phone: 518-474-2011
# NEW YORK MEDICAID: MANAGED CARE PLANS

24 plans total | 4,420,484 enrollees

## NYS Catholic Health Plan
**(1,171,045 enrollees)**

In addition to standard Medicaid services, Fidelis Care (NYSCHP) covers:

**Assessment & Counseling**

Providers are expected to **educate enrollees** on physical fitness and nutrition during office visits.

- Contact Member Services (1-888-343-3547) for information on upcoming classes

  *Fitness reimbursement is not available for Medicaid members, but is offered for low-income members on Essential Plan.*

**Bariatric Surgery**

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

## HealthFirst
**(909,809 enrollees)**

In addition to standard Medicaid services, HealthFirst covers:

**Assessment & Counseling**

- Preventive: 99401-99404*, 99411-99412*
- Nutritional: G0270-G0271, S9452^, S9470^  
- Intervention: G0447*, S9449^, S9451^, S9452^  

**Bariatric Surgery**

Coverage criteria not found.

*Included in capitated physician payment  
^Includes $10 incentive payment

## UnitedHealthcare Community Plan
**(460,702 enrollees)**

In addition to standard Medicaid services, UHC Community Plan covers:

**Assessment & Counseling**

98960-98962 + GT: Patient self-management education/training provided by a non-physician healthcare professional using **Telehealth technology**.

**Bariatric Surgery**

Must complete a **prior authorization** request to obtain coverage; see coverage criteria.

## Resources

**NYS Catholic Health Plan**

Phone: 1-888-343-3547  
Provider Manual  
BMI Screening & Documentation Guidelines

**HealthFirst**

Phone: 866-463-6743  
Provider Manual  
Directory of NYC Medicaid Nutritionists

**UnitedHealthcare Community Plan**

Phone: 866-362-3368  
Care Provider Manual  
Prior Authorization List
## COVERAGE may include:

### Preventive Counseling
99385-99387, 99395-99397
- NC Medicaid covers one adult preventive medicine health assessment per year, to include:
  - a comprehensive physical examination
  - a comprehensive health history
  - anticipatory guidance/risk-factor reduction interventions
  - ordering of appropriate diagnostic procedures

### Nutritional Consultation & Therapy
97802-97803

**NOTE:** Dietary evaluation and counseling services are covered only for children through 20 years of age and pregnant/postpartum women with medical necessity. *(Clinical Coverage Policy No. 1-I)*

### Behavioral Assessment/Intervention
96150-96151

**NOTE:** Additional services may be available to members enrolled in CCNC/Carolina Access, the state’s primary-care case management program.

### Pharmacotherapy

**NOT COVERED**
NC Medicaid explicitly excludes coverage for weight loss and weight gain drugs.

### Bariatric Surgery

**COVERAGE may include:**
Gastric Bypass, Gastric Band, Sleeve Gastrectomy
- **Prior authorization** is required.
- Recipient must be at least 18 years of age and have diagnosis of clinically-severe obesity with a serious comorbidity.
- Must include documentation of unsuccessful medically-supervised treatment attempt in past 12 months, dietician/nutritionist evaluation, psychological evaluation.
- Must complete all pre-surgical requirements as requested by the surgeon.

**Note:** See Section 3 of source for full coverage criteria and adolescent policy.

### Resources & Contacts:
**North Carolina Department of Insurance**
Phone: 919-807-6056

**NC Division of Medical Assistance**
Phone: 919-855-4320

**Department of Health & Human Services**
Phone: 919-855-4800
### NORTH DAKOTA
Department of Human Services (DHS) 139, 140, 141

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>COVERAGE</strong> may include:</td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>Xenical/Alli (<em>orlistat</em>)</td>
</tr>
<tr>
<td>99401-99404, 99411-99412, G0438, G0439, 99385-99387, 99395-99397</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- ND Medicaid does not reimburse for exercise classes, nutritional supplements for weight reduction, or instructional materials/books.</td>
<td>- Consideration for recipients with a BMI ≥ 40 kg/m² based on dietician evaluation.</td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td>- Requires semi-annual updates; continued coverage with progress (5% weight loss in 6 months) until patient achieves BMI&lt; 30.</td>
</tr>
<tr>
<td>96150-96155</td>
<td>Note: <em>ND Medicaid typically excludes coverage for agents used for anorexia or weight gain, with the exception of Xenical.</em> 142</td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804, G0270-G0271</td>
<td><strong>Bariatric Surgery</strong></td>
</tr>
<tr>
<td>- ND Medicaid covers up to four adult nutritional service visits per calendar year without prior authorization.</td>
<td><strong>COVERAGE</strong> may include:</td>
</tr>
<tr>
<td>- Additional visits may be covered with prior authorization</td>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>Adults with obesity: 32% 3</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>Adults with diabetes: 8% 3</td>
<td>- Patient must have BMI &gt; 40 kg/m² (&gt;35 w/severe comorbidity) for at least 5 years, unsuccessful treatment in a clinically-supervised weight loss program, and presence of severe uncontrolled disease conditions due to obesity (e.g. diabetes, hypertension).</td>
</tr>
<tr>
<td>10% of residents covered by Medicaid/CHIP</td>
<td>- Formal psychiatric evaluation must demonstrate emotional stability over the past year.</td>
</tr>
<tr>
<td>$1.1 billion in total Medicaid spending (2015)</td>
<td><strong>Resources &amp; Contacts:</strong></td>
</tr>
<tr>
<td>49% enrolled in primary care case management</td>
<td><strong>North Dakota Insurance Department</strong></td>
</tr>
<tr>
<td>29% enrolled in fee-for-service</td>
<td>Phone: 701-328-2440</td>
</tr>
<tr>
<td>22% enrolled in managed care 4</td>
<td><strong>North Dakota Medical Services Division</strong></td>
</tr>
<tr>
<td></td>
<td>Phone: 701-328-7068</td>
</tr>
<tr>
<td></td>
<td><strong>North Dakota Department of Health</strong></td>
</tr>
<tr>
<td></td>
<td>Phone: 701-328-2372</td>
</tr>
</tbody>
</table>

**Note:** *ND Medicaid typically excludes coverage for agents used for anorexia or weight gain, with the exception of Xenical.* 142
<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>OH Medicaid explicitly <strong>excludes</strong> coverage of drugs for the treatment of obesity.</td>
</tr>
<tr>
<td>99401-99404, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- Medicaid-covered preventive medicine services may include, but are not necessarily limited to:</td>
<td></td>
</tr>
<tr>
<td>- Screening and counseling for obesity provided during an evaluation and management or preventive medicine visit</td>
<td></td>
</tr>
<tr>
<td>- Medical nutritional therapy</td>
<td></td>
</tr>
<tr>
<td>- RDs should bill codes 97802-04 + AE modifier under the NPI of supervising practitioner</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>98960-98962, 99078</td>
<td></td>
</tr>
<tr>
<td>- Patient education and disease self-management services are included in bundled payment, not individually reimbursable.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804, S9470*, S9452</td>
<td></td>
</tr>
<tr>
<td>Commercial weight loss programs (e.g. Weight Watchers, Jenny Craig) and gym memberships are not covered services.</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Nutritional counseling provided by an independent dietician is covered only in the context of prenatal care and/or for specific conditions such as diabetes, high blood pressure and anemia.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bariatric Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Effective for dates of service on and after January 1, 2015, surgical treatment for obesity is covered when <strong>prior authorized</strong>.</td>
</tr>
<tr>
<td>- <strong>Coverage criteria</strong> may vary; see provider manual for member’s MCO.</td>
</tr>
</tbody>
</table>

Adults with obesity: **33%**
Adults with diabetes: **10%**

21% of residents covered by Medicaid/CHIP
$21.6 billion in total Medicaid spending (2015)

88% enrolled in managed care
12% enrolled in fee-for-service

**Resources & Contacts:**

**Ohio Department of Insurance**
Phone: 614-644-2658

**Ohio Department of Medicaid**
Phone: 800-686-1516

**Ohio Department of Health**
Phone: 614-466-3543
## Oklahoma Health Care Authority (OHCA)

### Assessment & Counseling

<table>
<thead>
<tr>
<th>COVERAGE may include:</th>
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<tbody>
<tr>
<td>Preventive Counseling</td>
</tr>
<tr>
<td>99385-99387, 99395-99397</td>
</tr>
<tr>
<td>- OHCA covers up to 4 office visits per month per member (ages 21+).</td>
</tr>
<tr>
<td>- Health promotion services may be covered for adults with serious mental illness enrolled in OK Health Homes or SoonerCare Choice program (see SoonerFit website for resources).</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
</tr>
<tr>
<td>96150-96155*, S9445, 98960-98962*</td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
</tr>
<tr>
<td>97802-97804</td>
</tr>
<tr>
<td>- OHCA covers 6 hours of medically necessary nutritional counseling per year.</td>
</tr>
<tr>
<td>- Should be provided face-to-face by a licensed registered dietician (w/ physician/NP referral)</td>
</tr>
<tr>
<td>- Nutritional services for the treatment of obesity requires documentation that the obesity is a contributing factor in another illness.</td>
</tr>
</tbody>
</table>

**NOTE:** *Psychologist services only covered for children (<21) under fee-for-service contract.*

*Additional coverage criteria and/or prior authorization may apply.*

### Pharmacotherapy

<table>
<thead>
<tr>
<th>NOT COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK Medicaid explicitly excludes coverage for drugs used primarily for the treatment of obesity.</td>
</tr>
</tbody>
</table>

### Bariatric Surgery

<table>
<thead>
<tr>
<th>COVERAGE may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- OHCA requires 2 prior authorizations as part of a three-phase process to evaluate the member’s motivation and knowledge of the tools needed to achieve the lifelong lifestyle changes required after bariatric surgery.</td>
</tr>
<tr>
<td>o Phase I: PAR #1</td>
</tr>
<tr>
<td>o Phase II: 6-month evaluation and minimal weight loss phase</td>
</tr>
<tr>
<td>o Phase III: PAR #2</td>
</tr>
<tr>
<td>- See guidelines for full coverage criteria.</td>
</tr>
</tbody>
</table>

**NOTE:** *Bariatric surgery is not covered for the treatment of obesity alone. Bariatric surgery facilities/providers must be contracted with OHCA (Title 317:30-5-10-137)*

### Resources & Contacts:

- **Oklahoma Insurance Department**
  Phone: 405-521-2828

- **Oklahoma Health Care Authority**
  **SoonerCare**
  Phone: 405-522-7300

- **Oklahoma State Department of Health**
  Phone: 405-271-5600

- **Adults with obesity:** 33%<sup>3</sup>
- **Adults with diabetes:** 11%<sup>3</sup>
- **17%** of residents covered by Medicaid/CHIP
- **$5.0 billion** in total Medicaid spending (2015)
- **75%** enrolled in primary care case management
- **25%** enrolled in fee-for-service<sup>4</sup>
## OREGON
Oregon Health Authority (OHA) 151, 152, 153

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
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</thead>
<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>OR Medicaid does not cover weight loss drugs except in cases of comorbidity with prior authorization.</td>
</tr>
<tr>
<td>99401-99404, 99411-99412, G0438, G0439, 99385-99387, 99395-99397</td>
<td>- No obesity-specific drugs in formulary; treatment of obesity with medications is an OHP unfunded diagnosis—previous Weight Loss Medications authorization criteria removed.</td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>G0447, G0473, 96150-96155</td>
<td></td>
</tr>
<tr>
<td>- OHA coverage for medical obesity treatment includes intensive nutrition/physical activity counseling and behavioral interventions provided by health care professionals</td>
<td></td>
</tr>
<tr>
<td>- Intensive counseling visits (once every 1-2 weeks) are covered for 6 months, but may continue for longer if there is evidence of continued weight loss.</td>
<td></td>
</tr>
<tr>
<td>- Maintenance visits are covered only monthly after this intensive counseling period.</td>
<td></td>
</tr>
<tr>
<td>- OR Medicaid does not cover weight loss programs or food supplements for use in weight loss.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td><strong>Bariatric Surgery</strong></td>
</tr>
<tr>
<td>97802-97804, S9470</td>
<td><strong>COVERAGE may include:</strong></td>
</tr>
<tr>
<td><strong>Gastric Bypass, Gastric Band, Sleeve Gastroctomy</strong></td>
<td><strong>Prior authorization</strong> is required.</td>
</tr>
<tr>
<td>-</td>
<td>- Bariatric surgery for obesity is covered for individuals 18 years and older with a BMI ≥ 35 with type II diabetes or another significant comorbidity (BMI &gt; 40 without comorbidity).</td>
</tr>
<tr>
<td>-</td>
<td>- The individual must have no prior history of bariatric surgery, unless in failure due to complications of the original surgery.</td>
</tr>
<tr>
<td>-</td>
<td>- The individual must participate in pre- and post-surgical psychological, medical, surgical, and dietician evaluations.</td>
</tr>
<tr>
<td><strong>NOTE:</strong> All approved surgical programs must submit outcomes data to DMAP.</td>
<td></td>
</tr>
</tbody>
</table>

Adults with obesity: 28% ³
Adults with diabetes: 8% ³
24% of residents covered by Medicaid/CHIP
$8.1 billion in total Medicaid spending (2015)
86% enrolled in managed care
14% enrolled in fee-for-service ⁴

**Resources & Contacts:**

**Oregon Health Authority**
Phone: 800-273-0557

**Oregon Health Plan**
Phone: 503-945-5772

**Oregon Division of Financial Regulation**
Phone: 503-378-4140
### PENNSYLVANIA
Department of Human Services (DHS) 154, 155, 156

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
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<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling 99385-99387, 99395-99397, 99401</td>
<td>PA Medicaid explicitly excludes coverage for drugs and other items prescribed for obesity, appetite control, or other similar or related habit-altering tendencies.</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention 96150-96154†, S9451</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy S9470</td>
<td></td>
</tr>
<tr>
<td>- Covered only for pregnant women and/or as a family planning service.</td>
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</tr>
</tbody>
</table>

**NOTE:** The Office of Medical Assistance Programs (OMAP) does not explicitly mention obesity services for adults.
- The Department provides childhood nutrition and weight management services (e.g. individual/family weight management counseling; nutritional counseling)

† Behavioral assessment/intervention services are covered only for youth (<18 years) and pregnant women.

### Bariatric Surgery

**COVERAGE** may include:
PA Medicaid generally excludes coverage of bariatric surgery for morbid obesity, except when all other types of treatment have failed.

- **Prior authorization** is required.
- Patient must have morbid obesity (BMI > 40 kg/m² or >35 with severe comorbidity) that interferes with daily function to the extent that performance is severely curtailed and no specifically correctable cause for the obesity.
- Must have documented history of failure in physician supervised nutrition/exercise program and/or multi-disciplinary surgical preparatory regiment (at least 6 months)

**COVERAGE** may include:
PA Medicaid generally excludes coverage of bariatric surgery for morbid obesity, except when all other types of treatment have failed.

- **Prior authorization** is required.
- Patient must have morbid obesity (BMI > 40 kg/m² or >35 with severe comorbidity) that interferes with daily function to the extent that performance is severely curtailed and no specifically correctable cause for the obesity.
- Must have documented history of failure in physician supervised nutrition/exercise program and/or multi-disciplinary surgical preparatory regiment (at least 6 months)

**Adults with obesity:** 30%
**Adults with diabetes:** 10%

18% of residents covered by Medicaid/CHIP
$23.4 billion in total Medicaid spending (2015)

83% enrolled in managed care
17% enrolled in fee-for-service

**Resources & Contacts:**

**Obesity Prevention & Wellness Program**
Phone: 877-724-3258

**HealthChoices Pennsylvania**
Phone: 866-550-4355

**Pennsylvania Department of Health**
Phone: 877-724-3258
### Assessment & Counseling

**Coverage** may include:

- Preventive Counseling
  
  99385-99387, 99395-99397

- Behavioral Assessment/Intervention
  
  None

- Nutritional Consultation & Therapy
  
  97802-97804, G0270-G0271

  - Covers patient education programs, including nutrition classes and weight management counseling.
  
  - Prior authorization may apply.

**NOTE:** Fee schedule indicates coverage for general preventive medicine codes only; plan documents silent on obesity-specific preventive services other than nutritional; see the Rhode Island Weight Management Resource Guide for dieticians that accept Medicaid

### Pharmacotherapy

**Coverage** may include:

- Xenical/Alli (*orlistat*)
  
  - Prior authorization is required for adults (not required for members < 21 years)
  
  - Alli (OTC/formulary) is preferred
  
  - Presence of comorbidity for initial coverage; extended 4-6-month approval possible with evidence of successful weight loss

### Bariatric Surgery

**Coverage** may include:

- Gastric Bypass, Gastric Band, Sleeve Gastrectomy

  - Prior authorization is required.
  
  - Patient must have a BMI ≥ 40 kg/m² (or BMI >35 with comorbidity) for at least 3 years.
  
  - Clinical health documentation must include failure of an intensive, structured, non-surgical weight loss program in preceding 2 years.
  
  - Correctable causes for obesity must be ruled out and patient must agree to multidisciplinary team plan for postsurgical follow up.

---

Adults with obesity: 27%³

Adults with diabetes: 8%³

17% of residents covered by Medicaid/CHIP

$2.6 billion in total Medicaid spending (2015)

90% enrolled in managed care

10% enrolled in fee-for-service⁴

**Resources & Contacts:**

- **Office of the Health Insurance Commissioner**
  Phone: 401-462-9517

- **Exec. Office of Health & Human Services**
  Phone: 401-462-5274

- **HealthSource Rhode Island**
  Phone: 401-462-3608
## SOUTH CAROLINA
Department of Health & Human Services (DHHS)

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<tr>
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<td><strong>COVERAGE</strong> may include:</td>
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</tr>
<tr>
<td>Preventive Counseling</td>
<td>Xenical (orlistat)</td>
</tr>
<tr>
<td>99401-99404, 99385-99387, 99395-99397, G0438*, G0439</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- *Coverage only as a Family Planning service.</td>
<td>- Patient must have a BMI &gt; 30 kg/m² in the presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia).</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td>- Patient must be on a reduced fat and calorie diet with nutritional counseling.</td>
</tr>
<tr>
<td>G0447, 96150-96154, S9445-S9446, S0316</td>
<td></td>
</tr>
<tr>
<td>- SCDHHS’s obesity initiative targets individuals (BMI &gt; 30) who do not meet the criteria for gastric bypass surgery but are committed to losing weight through diet and exercise.</td>
<td>Note: SC Medicaid typically excludes coverage for weight control products (except lipase inhibitors).</td>
</tr>
<tr>
<td>- All obesity visits must include counseling under the 5 As framework (assess, advise, agree, assist, arrange).</td>
<td></td>
</tr>
<tr>
<td>- Providers should emphasize the importance of exercise and develop a realistic exercise plan with goals.</td>
<td></td>
</tr>
<tr>
<td>- Providers should arrange for individual nutritional assessment to be provided by a licensed dietician.</td>
<td></td>
</tr>
<tr>
<td>- See website for weight management programs that accept Medicaid.</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>97802, S9452, S9470</td>
<td><strong>COVERAGE</strong> may include:</td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- Covered only when procedure is medically necessary to correct an illness that caused the obesity or was aggravated by the obesity.</td>
<td>- Covered only when procedure is medically necessary to correct an illness that caused the obesity or was aggravated by the obesity.</td>
</tr>
<tr>
<td>- Individuals who receive bariatric surgery will be required to undergo an annual evaluation to assess long-term effectiveness of the procedure.</td>
<td>- Individuals who receive bariatric surgery will be required to undergo an annual evaluation to assess long-term effectiveness of the procedure.</td>
</tr>
</tbody>
</table>

**Resources & Contacts:**

**South Carolina Department of Insurance**
Phone: 803-737-6160

**South Carolina Healthy Connections**
Phone: 888-289-0709

**Dept. of Health & Environmental Control**
Phone: 803-898-3432

Adults with obesity: **32%**
Adults with diabetes: **11%**

19% of residents covered by Medicaid/CHIP

$6.0 billion in total Medicaid spending (2015)

73% enrolled in managed care
27% enrolled in fee-for-service

Note: SC Medicaid typically excludes coverage for weight control products (except lipase inhibitors).
### SOUTH DAKOTA Department of Social Services (DSS) 163, 164, 165

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling 99401-99402, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- Members with obesity may be eligible for <strong>Health Home</strong> enrollment</td>
<td></td>
</tr>
<tr>
<td>- Core services may include health coaching, obesity reduction/prevention lifestyle interventions and/or nutritional counseling.</td>
<td></td>
</tr>
<tr>
<td>- Providers can refer members by completing the <a href="#">Manual Tiering Document</a>; fax to 605-773-5246 with supporting documentation</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention 96150-96154, G0447*</td>
<td></td>
</tr>
<tr>
<td>- South Dakota Medicaid does not typically cover obesity control therapy or weight-loss programs/activities.</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy G0270-G0271*</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> SD Medicaid does not cover the cost of dietician consultation for bariatric surgery candidates; see <a href="#">SD Obesity Toolkit</a> for state-recommended coverage under other plans.</td>
<td></td>
</tr>
<tr>
<td>*Limited coverage for Health Home recipients.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization and documentation of <strong>medical necessity</strong> required.</td>
<td></td>
</tr>
<tr>
<td>- Gastric surgery for weight loss is covered only when it is an integral and necessary part of treatment for another illness.</td>
<td></td>
</tr>
<tr>
<td>- Individual must be at least 21 years old with a BMI &gt; 40 kg/m² and have documented participation in physician-supervised weight loss program.</td>
<td></td>
</tr>
<tr>
<td>- Recipient must be well-informed, motivated, and psychologically fit for the procedure.</td>
<td></td>
</tr>
<tr>
<td>- Recipient cannot actively abuse drugs or alcohol (tobacco use must be discontinued for at least 4 months prior to surgery).</td>
<td></td>
</tr>
</tbody>
</table>

**Adults with obesity:** 30% ³
**Adults with diabetes:** 8% ³

14% of residents covered by Medicaid/CHIP  
$813$ million in total Medicaid spending (2015)  
80% enrolled in primary care case management  
20% enrolled in fee-for-service ⁴

**Resources & Contacts:**  
**South Dakota Division of Insurance**  
Phone: 605-773-3563  
**Department of Social Services**  
Phone: 605-773-3165  
**South Dakota Department of Health**  
Phone: 605-773-3361
## TENNESSEE
Division of Health Care Finance & Administration (HCFA) 166, 167, 168

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FFS not applicable at state level</strong>*</td>
<td><strong>COVERAGE</strong> may include:</td>
</tr>
<tr>
<td><strong>MCO COVERAGE</strong> may include:</td>
<td>*** <em>Children/adolescent recipients 20 and under only</em>**</td>
</tr>
<tr>
<td>96150-96151, 96153-96155, 97802-97804, 99385-99387, 99395-99397, 99401-99404, 99411-99412, G0270-G0271, G0439, G0439, G0447, G0473, S0315-S0317, S9445-S9446, S9449, S9452, S9454, S9470</td>
<td>Belviq, Benzphetamine, Contrave, Diethylpropion, Evekeo, Phendimetrazine, Phentermine, Qsymia, Saxenda, Xenical</td>
</tr>
<tr>
<td>Coverage depends on the member’s <strong>TennCare Benefit Indicator</strong> and health plan enrollment. The <strong>2017 State Contract</strong> indicates that Managed Care Contractors (MCC) must provide a Wellness program with the objective of keeping members healthy.</td>
<td>- <strong>Prior authorization</strong> is required; see source for full coverage criteria.169</td>
</tr>
<tr>
<td>- Must include interventions/health promotion strategies for weight management, physical activity, and healthy nutrition.</td>
<td><strong>Note:</strong> <em>TN Medicaid explicitly excludes coverage of agents used for weight loss for adult beneficiaries (21+ years old).</em></td>
</tr>
<tr>
<td>- Expected to provide enhanced disease management services to members with obesity (intensity of treatment based on risk level).</td>
<td></td>
</tr>
<tr>
<td>TennCare does not cover dietary programs (Optifast, Nutrisystem) or physical fitness (health clubs, marathons/activity fees, swimming pools) for weight loss.</td>
<td></td>
</tr>
<tr>
<td>- MCCs have sole discretionary authority to approve these programs/services as cost effective alternatives (CEA) for the treatment of obesity.</td>
<td></td>
</tr>
</tbody>
</table>

### Bariatric Surgery

**COVERAGE** may include:

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- Prior authorization is required.
- Covered when medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare (Rules 1200-13-13-.04 & 1200-13-14-.04)

### Resources & Contacts:

**Department of Commerce & Insurance**
Phone: 615-741-2241

**TennCare Medicaid**
Phone: 800-342-3145

**Tennessee Department of Health**
Phone: 615-741-3111

---

Adults with obesity: **31%** ³
Adults with diabetes: **12%** ³
19% of residents covered by Medicaid/CHIP
$9.1 billion in total Medicaid spending (2015)
100% enrolled in managed care ⁴
## TENNESSEE MEDICAID: MANAGED CARE PLANS
4 plans total | 1,551,674 enrollees

| Tennessee BlueCare  
(544,128 enrollees) | Amerigroup Community Care  
(452,836 enrollees) | UnitedHealthcare Community Plan  
(484,288 enrollees) |
|---|---|---|
| ![BlueCare Tennessee](image)  
In addition to standard Medicaid services, BlueCare TN includes:  
Coverage for physician services, disease management programs, and preventive care.  
**Value-Added Benefits**  
- **BlueCareFitness**: weight loss program that provides members with access to educational materials, phone health coaching, a pedometer, local in-person programs, specialty referrals (dietician; behavioral health), and home monitoring scale if necessary; call 1-800-225-8698.  
- **Case management** services may be available; members should complete Health Needs Survey.  
**Bariatric Surgery**  
Must complete a precertification request; see Bariatric Surgery Medical Policy for criteria. |
| ![Amerigroup](image)  
In addition to standard Medicaid services, Amerigroup Community Care includes:  
Coverage for physician services and adult preventive care.  
**Value-Added Benefits**  
- Transportation to appointments; call 72-hours in advance (615-248-0120)  
**Bariatric Surgery**  
Coverage criteria are outlined in the Clinical Policy; must complete a prior authorization request to obtain coverage. |
| ![UnitedHealthcare](image)  
In addition to standard Medicaid services, UHC’s Community Plan includes:  
Coverage for preventive medicine and nutritional counseling services; see policy for CPT codes.  
**Value-Added Benefits**  
- Population Health services for weight management (contact 1-800-690-1606)  
**Bariatric Surgery**  
Coverage criteria are outlined in the Bariatric Surgery Medical Policy. Must complete a prior authorization request to obtain coverage. |
| **Resources**  
Phone: 1-800-468-9736  
Provider Administration Manual  
Guide to Healthy Weight Loss | **Resources**  
Phone: 1-800-454-3730  
Medicaid Provider Manual | **Resources**  
Phone: 1-800-690-1606  
Provider Administration Manual  
Provider Quick Reference Guide |
### Assessment & Counseling

**Preventive Counseling**
99385-99387, 99395-99397
- TX Medicaid covers one adult preventive service visit per year. Screening and behavioral counseling/interventions for obesity are considered part of the routine preventive exam and not separately reimbursable.

### Behavioral Assessment/Intervention
99078, 96150-96155*, 98960*
- The Texas Medicaid Wellness Program offers targeted care management services to high-cost/high-risk fee-for-service (FFS) and managed care clients
- Clients who have a BMI above 25 will receive vouchers for a weight loss program.
- Providers may refer potential clients to the Wellness Program at 1-877-530-7756.

### Nutritional Consultation & Therapy
97802-97804*, S9470*
**NOTE:** TX Medicaid does not cover supervised exercise for weight loss.

*Obesity-specific behavioral assessment/intervention services and nutritional counseling/therapy are not covered for adults (only recipients under age 21 through TX Health Steps).

### Pharmacotherapy

**NOT COVERED**
- Excludes coverage for amphetamines when used for weight loss, and obesity control drugs
- Xenical covered only for the treatment of hyperlipidemia

### Bariatric Surgery

**COVERAGE may include:**
Gastric Bypass, Gastric Band, Sleeve Gastrectomy
- Prior authorization is required.
- Considered medically necessary only if patient has a BMI > 35 kg/m² and a serious comorbidity exacerbated by or attributable to the obesity. Patient must undergo nutritional and psychological evaluation and have documentation of unsuccessful previous treatment attempts. (see Medical Physician Handbook for full criteria)

**Note:** Bariatric surgery is not a benefit if the primary purpose is for weight loss for its own sake, psychological dissatisfaction with personal body image, or the provider/client’s convenience.
## TEXAS MEDICAID: MANAGED CARE PLANS

19 plans total | 3,518,273 enrollees

| Superior HealthPlan  
(878,159 enrollees) | Amerigroup Texas  
(709,548 enrollees) | Community Health Choice  
(240,944 enrollees) |
|---------------------|---------------------|---------------------|

### Superior HealthPlan

- **Value-Added Benefits**
  - Case management services may be available for members with obesity

- **Pharmacotherapy**
  - Coverage for Xenical (orlistat) may require prior authorization; specify 120 mg capsule.

- **Bariatric Surgery**
  - Must complete a prior authorization request to obtain coverage; see clinical policy.

### Amerigroup Texas

- **Value-Added Benefits**
  - Members with obesity qualify for disease management services; providers call 1-888-830-4300 to identify local support agencies
  - Transportation assistance (1-800-600-4441)

- **Pharmacotherapy**
  - Coverage for Xenical (orlistat) following state requirements; see prior authorization form.

- **Bariatric Surgery**
  - Must complete a prior authorization request to obtain coverage; see clinical policy.

### Community Health Choice

- **Value-Added Benefits**
  - Discounted access to nutrition/physical activity programs (MEND 7-13 and BOUNCE Healthy Lifestyle)
  - Transportation assistance for appointments

- **Pharmacotherapy**
  - Coverage for Xenical (orlistat) in treatment of hyperlipidemia only; complete prior authorization

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

**Note:** Weight management services may be available for adolescent members (5-19 years) enrolled in the Healthy Choices, Healthy Families Program.

### Resources

- **Superior HealthPlan**
  - Phone: 1-877-391-5921
  - 2017 Provider Manual
  - Obesity Health Sheet

- **Amerigroup Texas**
  - Phone: 1-800-454-3730
  - Provider Manual

- **Community Health Choice**
  - Phone: 713-295-2295
  - Provider Manual
## UTAH
Department of Health (DOH) 173, 174, 175

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</tr>
<tr>
<td>Preventive Counseling 99411, 99385, 99395, 99386-99387*, 99396-99397*</td>
<td>UT Medicaid explicitly excludes coverage of drugs used for anorexia, weight loss, or weight gain.</td>
</tr>
</tbody>
</table>
| Behavioral Assessment/Intervention  
  96150-96155, S9449, 99078, S9446  
  - Living Well with Chronic Conditions Self-Management Program offers free, weekly 2.5-hour small-group workshops on appropriate exercise, good nutrition, and effective health communication.  
  97802-97803, G0270, S9470, S9452  
  - Nutritional counseling for malnutrition or obesity is covered for pregnant adults (14 visits) and EPSDT-eligible clients (unlimited).  
  - Non-pregnant adults with a BMI > 30 and supportive documentation may receive up to 2 hours of nutritional counseling (1 initial, 1 subsequent); copayment required.  
| **Nutritional Consultation & Therapy** 97802-97803, G0270, S9470, S9452  
  - Nutritional counseling for malnutrition or obesity is covered for pregnant adults (14 visits) and EPSDT-eligible clients (unlimited).  
  - Non-pregnant adults with a BMI > 30 and supportive documentation may receive up to 2 hours of nutritional counseling (1 initial, 1 subsequent); copayment required.  
| **NOTE:** UT Medicaid explicitly excludes coverage for some services related to treatment of obesity/weight control, including:  
  - education/nutritional/support programs  
  - medications for appetite suppression (oral or injectable)  
* Covered for Primary Care Network (PCN) only  
† Covered for Traditional Medicaid only (not PCN)  
| **Bariatric Surgery** |
| **COVERAGE** may include:  
  Gastric Bypass, Gastric Band, Sleeve Gastrectomy  
  - Prior authorization is required; specific procedure coverage varies by type of Medicaid (traditional vs. non-traditional).  
  - Surgery for obesity will be considered when the patient meets specific criteria outlined by the Utah Department of Health (BMI threshold, age, comorbidity, informed consent).  
  - Requires psychiatric evaluation to assess the patient’s plan for daily exercise based on current physical abilities, awareness of eating triggers/cop ing mechanisms, knowledge of a healthy diet regimen and/or need for nutritional counseling, understanding of the effect tobacco/alcohol use on surgical outcome, and willingness to continue supervised behavior modification therapy for at least one year.  
| Adults with obesity: 26%  
Adults with diabetes: 8%  
12% of residents covered by Medicaid/CHIP  
$2.2 billion in total Medicaid spending (2015)  
82% enrolled in managed care  
18% enrolled in fee-for-service |

### Resources & Contacts:

**Utah Insurance Department**  
Phone: 801-538-3800  

**Utah Medicaid Program**  
Phone: 800-662-9651  

**Utah Department of Health**  
Phone: 801-538-6003
## VERMONT
Department of Vermont Health Access (DVHA) 177, 178, 179

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<tbody>
<tr>
<td><strong>COVERAGE may include:</strong></td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong></td>
<td>VT Medicaid explicitly excludes coverage for weight loss drugs and/or obesity preparations.</td>
</tr>
<tr>
<td>99401-99404, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>G0447, G0473, 96150-96154, 98960-98962*, 99078*, S9445&lt;sup&gt;¬&lt;/sup&gt;</td>
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</tr>
<tr>
<td>- *Patient education and disease self-management services are included in bundled payment, not individually reimbursable.</td>
<td></td>
</tr>
<tr>
<td>- &lt;sup&gt;¬&lt;/sup&gt; Service requires prior authorization.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>97802-97804, S9470&lt;sup&gt;†&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>- Medical nutrition therapy services (97802-04) are paid through the enrolled primary care physician, inpatient hospital, outpatient hospital, registered dietitians (RD) and school health services.</td>
<td></td>
</tr>
<tr>
<td>- Covers up to 3 nutritional counseling visits per year (visits for diabetes management do not count toward limit)</td>
<td></td>
</tr>
<tr>
<td>- These services are not reimbursable when billed by an independent physician.</td>
<td></td>
</tr>
<tr>
<td>- &lt;sup&gt;†&lt;/sup&gt; Must be provided by a registered dietician or diabetic counselor.</td>
<td></td>
</tr>
</tbody>
</table>

### Bariatric Surgery

| **COVERAGE may include:** | |
| Gastric Bypass, Gastric Band, Sleeve Gastrectomy | |
| - Prior authorization is required; complete supplemental bariatric surgery information. | |
| - Coverage provided only when there are other medical conditions present that could be significantly and adversely affected by the obesity. | |
| - Recipient must have obesity persisting for at least 5 years, no current substance abuse, normal TSH, and no contraindications to the procedure. | |
| - May be required to provide evidence of participation in physician/dietician supervised diet program (≥ 6 months) | |

Adults with obesity: 25%<sup>3</sup>  
Adults with diabetes: 7%<sup>3</sup>  
20% of residents covered by Medicaid/CHIP  
$1.6 billion in total Medicaid spending (2015)  
90% enrolled in primary care case management  
10% enrolled in fee-for-service<sup>4</sup>  

### Resources & Contacts:

- **Department of Financial Regulation**  
  Phone: 802-828-3301  

- **Department of Vermont Health Access**  
  Phone: 802 879-5900  

- **Green Mountain Care**  
  Health Access Member Services  
  Phone: 800-250-8427
### Assessment & Counseling

<table>
<thead>
<tr>
<th><strong>COVERAGE may include:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Counseling</td>
</tr>
<tr>
<td>99385-99387*, 99395-99397*</td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
</tr>
<tr>
<td>96150-96152*, 96154-96155, S9445-S9446*</td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
</tr>
<tr>
<td>97802-97803</td>
</tr>
</tbody>
</table>

**NOTE:** DMAS excludes coverage for general screening services and weight loss programs for adults.

**NOTE:** DMAS fee schedules indicate that additional services may be covered pending individual consideration. (98960-98962, 99078, 99401-99404, 99411-99412, G0270-G0271, S0315-S0316, S9449, S9451, S9452, S9454, S9470)

**NOTE:** *Service is covered only for recipients under 21 years of age.

### Pharmacotherapy

<table>
<thead>
<tr>
<th><strong>COVERAGE may include:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Xenical (orlistat)</td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- Patient must have weight 100% above desired level and significant comorbidity</td>
</tr>
</tbody>
</table>

**Note:** Additional criteria/forms available from Disability Criteria for the Coverage of Anorexiant Drugs for Obesity (SSA Publication 64-039) and Pharmacotherapy for Weight Loss (18VAC85-20-90)

### Bariatric Surgery

<table>
<thead>
<tr>
<th><strong>COVERAGE may include:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
</tr>
<tr>
<td>- Patient must have a BMI &gt; 40 kg/m² (&gt; 35 w/ a comorbidity), continued obesity despite supervised diet for 6 months, preoperative evaluations (cardiac, dietary, psychiatric); see Bariatric Surgery Checklist for additional criteria.</td>
</tr>
<tr>
<td>- Providers must submit service authorization requests to KEPRO, DMAS’s Service Authorization contractor.</td>
</tr>
</tbody>
</table>

**Adults with obesity:** 29% ³

**Adults with diabetes:** 9% ³

**11%** of residents covered by Medicaid/CHIP

**$8.1** billion in total Medicaid spending (2015)

**83%** enrolled in managed care

**17%** enrolled in fee-for-service ⁴

### Resources & Contacts:

- **Virginia State Corporation Commission**
  Phone: 804-371-9741

- **Department of Medical Assistance Services**
  Phone: 804-786-7933

- **Virginia Department of Health**
  Phone: 804-864-7001
### WASHINGTON
Washington Health Care Authority (HCA) 183, 184, 185

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
<th>Pharmacotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td>Preventive Counseling</td>
<td>WA Medicaid explicitly excludes coverage of drugs prescribed for weight loss or gain.</td>
</tr>
<tr>
<td>99385, 99395, 99401†</td>
<td></td>
</tr>
<tr>
<td>- WA Medicaid (Apple Health) generally excludes routine physical examinations, general preventive services, and weight reduction/control services (procedures, treatments, devices, drugs, products, gym memberships).</td>
<td></td>
</tr>
<tr>
<td>- Managed care enrollees may be eligible for additional services; see Title 182, Chapter 538 of the Washington Administrative Code for additional information.</td>
<td></td>
</tr>
<tr>
<td>- †Covered only as a family planning service and/or in the context of HIV/AIDS risk-reduction</td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessment/Intervention</td>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>96150-96154, 99078*</td>
<td></td>
</tr>
<tr>
<td>- * Restricted to members with diagnosis of diabetes and/or asthma</td>
<td></td>
</tr>
<tr>
<td>Nutritional Consultation &amp; Therapy</td>
<td></td>
</tr>
<tr>
<td>97802-97804</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> Nutritional counseling is covered only for beneficiaries under age 21; see WAC 182-550-6300 or MNT manual for guidelines.</td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required; must have BMI ≥ 35 and serious comorbidity</td>
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</tr>
<tr>
<td>- Authorized payment for bariatric surgery services follows in accordance with WAC 182-531-1600 and includes:</td>
<td></td>
</tr>
<tr>
<td>o Initial assessment of client</td>
<td></td>
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<tr>
<td>o Evaluations for bariatric surgery and successful completion of a weight loss regimen</td>
<td></td>
</tr>
<tr>
<td>o Bariatric surgery</td>
<td></td>
</tr>
<tr>
<td>- HCA may authorize up to 34 units of a bariatric case management fee for the PCP coordinating/overseeing the approval process and necessary referrals.</td>
<td></td>
</tr>
<tr>
<td>Note: Additional criteria apply (including physician restrictions); see Provider Manual for full criteria.</td>
<td></td>
</tr>
</tbody>
</table>

Adults with obesity: 27% 3
Adults with diabetes: 8% 3

22% of residents covered by Medicaid/CHIP
$10.6 billion in total Medicaid spending (2015)

83% enrolled in managed care 4
15% enrolled in fee-for-service
2% enrolled in primary care case management

**Resources & Contacts:**

**Office of the Insurance Commissioner**
Phone: 360-725-7000

**Washington Health Care Authority**
Phone: 844-284-2148

**Washington State Department of Health**
Phone: 800-525-0127
## WEST VIRGINIA
Department of Health & Human Resources (DHHR) 186, 187, 188

<table>
<thead>
<tr>
<th>Assessment &amp; Counseling</th>
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</tr>
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<tbody>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td><strong>NOT COVERED</strong></td>
</tr>
<tr>
<td><strong>Preventive Counseling</strong> 99401-99402, 99385-99387, 99395-99397</td>
<td></td>
</tr>
<tr>
<td>- West Virginia Medicaid provides coverage for annual adult physical examinations and preventive/diagnostic services.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong> 99078*</td>
<td></td>
</tr>
<tr>
<td>- *Service is included in bundled payment, not individually reimbursable.</td>
<td></td>
</tr>
<tr>
<td>- DHHR typically excludes coverage for weight loss programs.</td>
<td></td>
</tr>
<tr>
<td>- Members enrolled in WV’s Health Home Program or Mountain Health Choices Enhanced Plan who are pre-diabetic or have co-morbid conditions due to obesity may receive coverage for weight management services (e.g. preventive medicine counseling, individual and group exercise classes with nutritional counseling, and bariatric surgery)</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong> 97802-97803</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** DHHR fee schedules indicate that additional services may be covered pending carrier approval. (S0315-S0317, S9445, S9449, S9451, S9452)

### Bariatric Surgery

**COVERAGE** may include:
- Gastric Bypass, Gastric Band, Sleeve Gastrectomy
- Prior authorization is required.
- All requirements outlined in Section 519.4.1 must be met, including patient BMI > 40 kg/m² (> 35 w/ severe comorbidity or 100 lbs. overweight) for at least 5 years, participation in 12-month physician-supervised nutrition/exercise program within last 2 years, and psychological evaluation.
- PCP or surgeon may initiate the medical necessity review by submitting a request with supporting documentation to the Utilization Management Contractor.

### Resources & Contacts:

- **Office of the Insurance Commissioner**
  Phone: 304-558-3386

- **WV Bureau for Medical Services**
  Phone: 304-558-1700

- **Department of Health & Human Resources**
  Phone: 304-558-0684

Adults with obesity: 36% ³
Adults with diabetes: 12% ³

29% of residents covered by Medicaid/CHIP
S3.7 billion in total Medicaid spending (2015)

63% enrolled in managed care
37% enrolled in fee-for-service ⁴
### Assessment & Counseling

**Coverage may include:**

**Preventive Counseling**
99385-99387, 99395-99397
- Wisconsin Medicaid does not limit the frequency, age criteria, or reasons for preventive health screening; left to best medical judgment based on standard medical practice and the patient's individual circumstances.

**Behavioral Assessment/Intervention**
S9445*, G0447†
- WI Medicaid may reimburse for weight management services (diet clinics, obesity programs, weight loss programs) if performed in the clinical setting by or under the direct supervision of a physician.
- All medical, surgical, or psychiatric services aimed specifically at weight control or reduction (beyond 5 E&M office visits per year) require prior authorization.
- Food supplements and dietary supplies dispensed during an office visit are not separately reimbursable.

**Nutritional Consultation & Therapy**
97802-97804*

**Note:** Additional counseling and therapeutic services may be available to members enrolled in IRIS, a home/community-based program. (S9446, S9449, S9451, S9470)

**Note:** *Covered only as home health services.

**Note:** †Covered only as a family planning service.

### Pharmacotherapy

**Coverage may include:**

Belviq, Benzphetamine, Contrave, Diethylpropion, Evekeo, Phentermine, Phendimetrazine, Qsymia, Saxenda, Xenical

- **Prior authorization** is required.
- Member must have a BMI ≥ 30 kg/m² (BMI ≥ 27 with at least two risk factors) and continue participation in weight loss treatment plan while taking drug.
- Weight loss targets must be met in specified timeframe or coverage will be terminated; lifetime caps apply.

### Bariatric Surgery

**Coverage may include:**

Gastric Bypass, Gastric Band, Sleeve Gastrectomy

- **Prior authorization** is required.
- Gastric bypass or gastric stapling for obesity is limited to medical emergencies, as determined by the department.
- Coverage criteria include obesity persisting at least 5 years, BMI > 40 (35 w/ uncontrolled diabetes) with serious comorbid condition, 6 months in a medically-supervised weight reduction program and participation in dietician counseling.

### Resources & Contacts:

**Office of the Commissioner of Insurance**
Phone: 608-266-3586

**Wisconsin ForwardHealth**
Phone: 800-947-9627

**Wisconsin Department of Health Services**
Phone: 608-266-1865

Adults with obesity: **31%**
Adults with diabetes: **8%**

17% of residents covered by Medicaid/CHIP
$8.0 billion in total Medicaid spending (2015)

67% enrolled in managed care
33% enrolled in fee-for-service
### WYOMING
Department of Health (DOH) 193, 194, 195

<table>
<thead>
<tr>
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<tr>
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<tr>
<td><strong>Preventive Counseling</strong> 99401-99404, 99385-99387*, 99395-99397*</td>
<td>WY Medicaid explicitly excludes coverage for anorexiant products.</td>
</tr>
<tr>
<td>- The Pay 4 Participation Program allows providers to receive additional reimbursement for providing health education to clients with chronic illness and making referrals to WYhealth Care Management Program.</td>
<td></td>
</tr>
<tr>
<td>- Weight Talk Program includes 11 proactive phone-based coaching sessions; specialized protocols for bariatric clients, severe obesity, and/or diabetes.</td>
<td></td>
</tr>
<tr>
<td>- Providers can enroll clients using the Care Management Referral Form or by calling 1-888-545-1710.</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Assessment/Intervention</strong> G0447¹, 96150-96154¹, S0315-S0316, S9445-S9446</td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Consultation &amp; Therapy</strong> G0270-G0271, 97802-97804, S9470</td>
<td></td>
</tr>
<tr>
<td>- WY Medicaid now covers medical nutrition therapy provided by a registered dietician.¹⁹⁶</td>
<td></td>
</tr>
<tr>
<td>- Adults limited to 12 visits per year.</td>
<td></td>
</tr>
<tr>
<td>- Services must be ordered by a physician or nurse practitioner; dietician can bill Medicaid directly.</td>
<td></td>
</tr>
<tr>
<td><strong>Bariatric Surgery</strong></td>
<td></td>
</tr>
<tr>
<td><strong>COVERAGE</strong> may include:</td>
<td></td>
</tr>
<tr>
<td>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</td>
<td></td>
</tr>
<tr>
<td>- Prior authorization is required.</td>
<td></td>
</tr>
<tr>
<td>- Candidates should have a BMI &gt; 40 kg/m² (BMI &gt; 35 with a significant comorbidity), have failed previous non-surgical weight loss attempts, be well-informed and motivated to make permanent lifestyle changes, and have no contraindications to the procedure.</td>
<td></td>
</tr>
<tr>
<td>- Adolescent patients (&lt; 18 years old) will be considered on a case-by-case basis</td>
<td></td>
</tr>
</tbody>
</table>

*Limited to coverage for pregnant women.

¹ May be covered in outpatient hospital settings; rates priced by APC.

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**Resources & Contacts:**

- **Wyoming Department of Insurance**
  - Phone: 307-777-7401

- **Wyoming Department of Health**
  - Phone: 307-777-7656

- **Wyoming Division of Healthcare Financing**
  - Phone: 307-777-7531

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Adults with obesity: **30%**³

Adults with diabetes: **8%**³

10% of residents covered by Medicaid/CHIP

$566 million in total Medicaid spending (2015)

100% enrolled in fee-for-service ⁴


