# MEDICAID FEE-FOR-SERVICE TREATMENT OF OBESITY INTERVENTIONS

50 State & District of Columbia Survey

# By the George Washington University Department of Health Policy

Christine Ferguson, J.D.
Jennifer Leonard, J.D., MPH
Nicole Kaufman, J.D., LL.M
Kristin Younger, J.D., MPH
Stephanie David, J.D., MPH
Christian Hertzog, J.D.
Jennifer Sheer, MPH
Erica Breese
Brittany Plavchak
Chelsi Stevens
Anna Stoto

THE GEORGE WASHINGTON UNIVERSITY
DEPARTMENT OF HEALTH POLICY
2021 K STREET, NW, SUITE 800 • WASHINGTON, DC 20006
202-994-4100 • FAX 202-994-4040
WWW.GWHEALTHPOLICY.ORG

#### ALABAMA Alabama Medicaid Agency

Duovontivo Coverage	Duovantiva Cavanaga	Proventive Coverage	Coverage Poleted to	Pharmaceutical	Surgical Coverage
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to		Surgical Coverage
Adults	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Nutritional Services: Diet instruction performed by a physician is covered as a routine service.  Preventive Medicine for adults is excluded from coverage.  2	Prenatal Care: Medicaid-eligible pregnant women are entitled to receive Prenatal Education, which consists of a series of classes which teach pregnant women about the process of pregnancy, healthy lifestyles, and prenatal care. <sup>3</sup>	EPSDT: Services include a nutritional status assessment based on dietary history, height, weight, and necessary laboratory determinations. Health education is also required as part of EPSDT services. Such education should provide information on the benefits of healthy lifestyles and practices. 4	Case Management: The Patient 1st primary care case management program (PCCM), established under §1905(b) (1) waiver, covers regular diabetes screening and requires providers to educate patients about importance of diabetes and cholesterol screening. <sup>5</sup>	Weight Loss Drugs: The Agency presently covers Xenical (Orlistat) subject to prior authorization and only if a co-morbidity is medically confirmed. 6  Prior Authorization: Form 369 has a specific field for Xenical requests:  1) Patient BMI and past and	Covered Procedures: Gastric Bypass and Lap Band surgeries. Agency covers one surgery/patient.  Prior Authorization: Beneficiary must have a 1) BMI consistent with morbid obesity diagnosis;
				current weight; 2) Documentation of physician- supervised diet regimen for at least six months; and 3) Planned adjunctive therapy. <sup>7</sup>	<ol> <li>Presence of obesity-related medical complications;</li> <li>Planned adjunctive therapy before and after surgery;</li> <li>Physician-patient risk benefit counseling;</li> <li>Minimum 6 months physician-supervised weight loss efforts BMI consistent with morbid obesity diagnosis.</li> </ol>

\_

<sup>&</sup>lt;sup>1</sup> Ala. Admin. Code r. 560-X-6.13(11) (2009).

<sup>&</sup>lt;sup>2</sup> Ala. Admin. Code r. 560-X-6.13(30) (2009).

<sup>&</sup>lt;sup>3</sup> ALA. ADMIN. CODE r. 560-X-50.01(1)(a)(1) (2009).

<sup>&</sup>lt;sup>4</sup> Ala. Medicaid Agency, *Provider Manual: EPSDT Services* att. A at A11 (2009), <a href="http://www.medicaid.alabama.gov/documents/Billing/5-G">http://www.medicaid.alabama.gov/documents/Billing/5-G</a> Manuals/5G-2 Provider.Manual Oct.2009/Oct09 A.pdf.

<sup>&</sup>lt;sup>5</sup> Ala. Medicaid Agency, *Provider Manual: Ch.* 29 39-1 (2006), <a href="http://www.medicaid.alabama.gov/documents/Billing/5-G">http://www.medicaid.alabama.gov/documents/Billing/5-G</a> Manuals/5G-2 Provider.Manual Jan.2006/Jan06 39.pdf.

<sup>&</sup>lt;sup>6</sup> Ala. Medicaid Agency, *Provider Notice 00-05* (June 6, 2000), <a href="http://www.medicaid.state.al.us/news/Provider Notices/00 Provider Notices/PN-2000-05.pdf">http://www.medicaid.state.al.us/news/Provider Notices/00 Provider Notices/PN-2000-05.pdf</a>.

Ala. Medicaid Agency, Alabama Medicaid Pharmacy Prior Authorization Request Form 369 (Feb. 2008), <a href="http://www.medicaid.state.al.us/documents/program-RX/PA">http://www.medicaid.state.al.us/documents/program-RX/PA</a> Forms/3J-6-a-Ph PA Form369 2-23-08.pdf.

<sup>8</sup> Ala. Medicaid Agency, Facts About Alabama Medicaid Coverage of Bariatric Surgical Procedures (June 2008), <a href="http://www.medicaid.state.al.us/documents/Billing/5-H\_Prior.Authorization/Facts\_Bariatric\_Procedures\_6-4-08.pdf">http://www.medicaid.state.al.us/documents/Billing/5-H\_Prior.Authorization/Facts\_Bariatric\_Procedures\_6-4-08.pdf</a>.

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

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Weight Loss Programs: Such as	Prenatal Care: Nutrition services	<b>EPDST:</b> Complete physical exams,	Chronic and Acute Medical	Weight Loss Drugs: Medications	Covered Procedures:
Jenny Craig, Weight Watchers, or	covered through referral for	health-related measurements, and	Assistance: Chronic and Acute	indicated to induce weight loss in	Procedures are eligible for coverage,
similar weight loss programs are	pregnant women at high risk	determination of nutritional status. 11	Medical Assistance (CAMA)	obese individuals are excluded from	contingent on authorization by
excluded from coverage. <sup>9</sup>	nutritionally. <sup>10</sup>		program provides physician services	coverage. 13	private utilization review firm
			and medication to individuals with		Qualis Health.
			targeted chronic diseases who would		1) Gastric bypass,
			otherwise not qualify for Medicaid.		2) Laparoscopic gastroplasty,
			Diabetes and hypertension are		3) Gastric adjustable band. 14
			covered medical conditions. 12		

<sup>9</sup> Alaska Dept. Health & Social Services, Alaska Medicaid Recipient Services 11 (2006), <a href="http://www.hss.state.ak.us/dhcs/medicaid/medicaid/MedicaidRecipientHandbook1.pdf">http://www.hss.state.ak.us/dhcs/medicaid/medicaid/MedicaidRecipientHandbook1.pdf</a>.

10 ALASKA ADMIN. CODE tit. 7, 43.924 (2010).

11 ALASKA ADMIN. CODE tit. 7, § 43.452 (2010).

12 ALASKA ADMIN. CODE tit. 7, § 48.500-48.525 (2010); ALASKA STAT. § 47.08.150(c)(1)(C)(i)-(iii) (2010).

13 ALASKA ADMIN. CODE tit. 7, § 43.590(b)(1) (2010).

14 Alaska Dept. Health & Social Services, Select Diagnoses and Procedures Pre-Certification List app. A at 5 (2006), <a href="http://www.hss.state.ak.us/dhcs/pdl/drug\_lists\_pdl/qualis\_precertificationlist\_pdl.pdf">http://www.hss.state.ak.us/dhcs/pdl/drug\_lists\_pdl/qualis\_precertificationlist\_pdl.pdf</a> (specific prior authorization criteria are unavailable).

#### **ARIZONA Health Care Cost Containment System AHCCCS**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Primary Care: Covered services include preventive health risk assessments for early detections and treatment for chronic diseases such as hypertension and cholesterol. Services exceeding guidelines require showing of medical necessity for coverage. 15	Prenatal Care: Maternity care providers are directed to educate patients on proper nutrition and avoidance of risky behaviors. 16	EPSDT: Health education, nutritional assessment and therapy. 17  Childhood Obesity Program: Adopted Chronic Care Model 18 and developed tiered guidelines 19 for prevention and reduction of obesity. Medical intervention is family-focused.	Disease Management: AHCCCS does not provide additional services for managing obesity-related comorbidities. 20	Weight-Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage. <sup>21</sup>	Weight Loss Surgery: AHCCCS is implementing a benefit redesign to go into effect on October 1, 2010. Bariatric surgery will not be eliminated; however, specific criteria for coverage for bariatric surgery will be developed and added to the AHCCCS Medical Policy Manual. The specific criteria will be provided upon publication. 22  NOTE: Beginning October 1, 2011, bariatric surgical procedures, including laparoscopic and open gastric bypass and restrictive procedures are excluded from coverage. 23

ARIZ. ADMIN. CODE § R9-22-205 (2008); AHCCCS, Medical Policy for AHCCCS Covered Services 310-16 – 310-17 (2009), <a href="http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf">http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf</a>. AHCCCS, Medical Policy for AHCCCS Covered Services 410-4 (2009), <a href="http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf">http://azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf</a>.

<sup>&</sup>lt;sup>17</sup> Ariz. Admin. Code § R9-22-213 (2008).

ARIZ. ADMIN. CODE § R9-22-213 (2008).

Am. Acad. Pediatrics, Arizona Chapter, Preventing Obesity in Children and Youth at 4-9 (Aug. 2008).

AHCCCS, Childhood Obesity Medical Guidelines, <a href="http://www.azaap.net/userfiles/Early%20Childhood%20Obesity%20TF%20Position%20Paper%20Final(3).pdf">http://www.azaap.net/userfiles/Early%20Childhood%20Obesity%20TF%20Position%20Paper%20Final(3).pdf</a>.

The state statutory and regulatory codes and Medicaid provider manual are silent on such services.

CMS, Excluded Drug Coverage Information by State: Arizona (Nov. 2009), <a href="http://www.cms.hhs.gov/States/Downloads/ArizonaEDC.pdf">http://www.cms.hhs.gov/States/Downloads/ArizonaEDC.pdf</a>

AHCCCS, Provider Notification Memorandum – AHCCCS Benefit Changes Effective October 1, 2010 att. A at 6 (Aug. 2, 2010), <a href="https://www.azahcccs.gov/reporting/Downloads/Legislation/2010seventh/BenefitChanges 10-1-10.pdf">https://www.azahcccs.gov/reporting/Downloads/Legislation/2010seventh/BenefitChanges 10-1-10.pdf</a>.

AHCCCS, Benefit Redesign Implementation — Draft AHCCCS System Impacts Summary 5 (June 22, 2010),

http://azahcccs.gov/commercial/Downloads/HIPAA/5010/2010/May/BenefitRedesignImplementSystemconsiderationsPlans519.pdf

#### **ARKANSAS Arkansas Medicaid**

		_			
<b>Preventive Coverage:</b>	<b>Preventive Coverage:</b>	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	0
Healthy Arkansas: Statewide	Prenatal Care: Medical,	<b>EPSDT:</b> Mandated periodic health	Diabetes Disease Management:	Weight Loss Drugs: Medications	Covered Procedures:
public information campaign to	nutritional, and psychosocial risk	screening with age-appropriate	Partnership with Lilly to provide	indicated to induce weight loss in	Open and laparoscopic Roux-
promote physical activity, good	assessment conducted by provider;	health education on the benefits of	diabetes self-management training	obese individuals are excluded from	en-Y bypass;
nutrition, and smoking cessation.	high risk pregnant women receive	healthy lifestyles and disease	and education to Medicaid	coverage. <sup>28</sup>	2) Open and laparoscopic
Provides wellness toolkits for the	nutritional and other indicated	prevention. <sup>26</sup>	beneficiaries. <sup>27</sup>		Biliopancreatic Diversion;
workplace and links to	counseling as well as case				3) Laparoscopic adjustable gastric
community-based resources. <sup>24</sup>	management services. <sup>25</sup>				banding;
					4) Gastric bypass.
					Eligibility:
					1) Between 18-65 years old;
					2) BMI > 35 w/at least one co-
					morbidity;
					3) Absence of endocrine disease;
					4) At least 6 months of physician-
					supervised attempted weight
					loss;
					5) Medical and psychiatric
					contraindications have been
					addressed;
					6) Discussed risk factors. <sup>29</sup>

<sup>&</sup>lt;sup>24</sup> Healthy Arkansas, <a href="http://www.state.ar.us/ha/home.html">http://www.state.ar.us/ha/home.html</a> (last visited Aug 2, 2010).

<sup>25</sup> Arkansas Medicaid, *Provider Manual: Provider – Section II-55* § 247.200 (Mar. 15, 2005), <a href="https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/PHYSICN/PHYSICN\_II.doc">https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/PHYSICN/PHYSICN\_II.doc</a>.

<sup>&</sup>lt;sup>26</sup> Arkansas Medicaid, *Provider Manual: Child Health Services (EPSDT) – Section II-12*, § 212.290 (Oct. 10, 2003), <a href="https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/epsdt/EPSDT\_II.doc">https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/epsdt/EPSDT\_II.doc</a>.

<sup>&</sup>lt;sup>27</sup> Lilly.com, Diabetes Disease Management, State-by-State Success, Arkansas, <a href="https://www.lillyforbetterhealth.com/Pages/arkansas.aspx">https://www.lillyforbetterhealth.com/Pages/arkansas.aspx</a> (last visited March 23, 2010).

<sup>28</sup> Arkansas Medicaid, *Provider Manual: Pharmacy - Section II-5* § 212.000 (Oct. 1, 2006), <a href="https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/pharmacy/PHARMACY\_II.doc">https://www.medicaid.state.ar.us/Download/provider/ampred/Manuals/pharmacy/PHARMACY\_II.doc</a>.

<sup>29</sup> Arkansas Medicaid, *Provider Manual Update: Transmittal #165* (Nov. 1, 2009), <a href="https://www.sos.arkansas.gov/elections/elections\_pdfs/register/Oct09Reg/016.06.09-036.pdf">https://www.sos.arkansas.gov/elections/elections\_pdfs/register/Oct09Reg/016.06.09-036.pdf</a>.

#### **CALIFORNIA** Medi-Cal

Dept. of Health Care Services, Office of Clinical Preventive Medicine, available at <a href="http://www.dhcs.ca.gov/services/Pages/OCPMHistory.aspx">http://www.dhcs.ca.gov/services/Pages/OCPMHistory.aspx</a>.

Dept. of Health Care Services, Criteria Manual, Ch. 6.4: Comprehensive Perinatal Services Program (2004), <a href="http://www.dhcs.ca.gov/services/medi-cal/Pages/ManualofCriteria ada.aspx">http://www.dhcs.ca.gov/services/medi-cal/Pages/ManualofCriteria ada.aspx</a>.

CAL. WELF. & INST. CODE § 14132.06 (2009).

CAL. WELF. & INST. CODE § 14132.27 (2009).

Cal. Dept. of Health Care Services, Title XIX State Plan: Requirements Relating to Payment for Covered Outpatient Drugs for Categorically Needy, Att. 3.1.A.1 at 2 (Jan. 1, 2006), <a href="http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx">http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx</a>.

Medi-Cal, Provider Manual, Part II — Clinics and Hospitals, Surgery: Digestive System 1-4 (Nov. 2009), <a href="http://files.medi-cal.ca.gov/pubsdoco/Manuals\_menu.asp">http://files.medi-cal.ca.gov/pubsdoco/Manuals\_menu.asp</a>.

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Colorado does not appear to offer a separate benefit for adult preventive services.	Prenatal Plus: Pregnant women assessed as high risk for delivering a low-weight baby are eligible to receive prenatal care coordination, home visitation, nutrition and psychosocial counseling. 36	EPSDT: Screening includes	<b>Telemedicine:</b> As of July 1, 2010, the telemedicine pilot project <sup>38</sup> , which monitored biometrics for patients with congestive heart failure, COPD, and diabetes, will expire and enter the evaluation stage. <sup>39</sup> This pilot project was implemented at the inpatient setting.	Weight Loss Drugs: Medications indicated to induce weight loss in obese individuals are excluded from coverage Specifically excluded from coverage. 40	Medical Necessity: Bariatric surgery is not specifically excluded and there are no established eligibility requirements for coverage. Any covered procedure must be authorized with a showing of medical necessity.   Note: The Department of Health Care Policy and Finance held a benefits collaboration meeting to develop a Medicaid policy for bariatric surgery. The policy will be updated in this state profile upon publication.

<sup>36 10</sup> Colo. Code Regs. § 2505-10, 8.748 (2010).
37 10 Colo. Code Regs. § 2505-10, 8.280.4.A (2010).
38 Colo. Rev. Stat. § 25.5-5-702 (2009).
39 Colo. Rev. Stat. § 25.5-5-703 (2009).
40 Colorado Dept. of Health Care Finance & Policy, Medicaid Program Fact Sheet: Pharmacy Benefits (Apr. 2008),
http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1229570966993&ssbinary=true .
41 10 Colo. Code Regs. § 2505-10, 8.076.1.8 (2010).
42 Colorado Dept. of Health Care Finance & Policy, Provider Bulletin (B100026) at 4 (July 2010),
http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251640591229&ssbinary=true

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Treatment of Obesity:	Prenatal Care: There are not	EPSDT: Health education,	Treatment of Obesity as Part of	Weight Loss Drugs: Medications for	Eligibility Criteria: Reimbursement is
Outpatient services for the	extended services for pregnant	nutritional assessment, and	Treating Another Illness: Inpatient or	the treatment of obesity are excluded	authorized for surgical services
treatment of obesity are not	Medicaid beneficiaries.	anticipatory guidance on diet	outpatient hospital services or	from coverage. 47	necessary to treat morbid obesity when
covered. 43		and development are covered	procedures for the treatment of obesity,		another medical illness is caused by, or
		services. 45	including gastric stapling, are excluded		is aggravated by, the obesity. Such
Additionally, treatment for			from coverage.		illnesses shall include illnesses of the
obesity rendered at a					endocrine or cardio-pulmonary systems
rehabilitation clinic is <u>not</u>			Services in connection with the		or physical trauma associated with the
covered. 44			treatment of obesity could be covered		orthopedic system. 48 Services to treat
			services when such services are an		obesity beyond the scope of this
			integral and necessary part of the		definition are excluded from
			course of treatment for another illness. 46		coverage. 49

<sup>43</sup> Conn. Dept. of Social Services, Connecticut interchange MMIS Provider Manual: Chapter 7 – Hospitals § 150.2E.III.e at 44 (Jan. 2008), <a href="https://www.ctdssmap.com">https://www.ctdssmap.com</a> (Publications>Specific Policy-Regulation).

44 Conn. Dept. of Social Services, Connecticut interchange MMIS Provider Manual: Chapter 7 – Clinics § 171.2E.III.f.l. at 30 (Jan. 2008), <a href="https://www.ctdssmap.com">https://www.ctdssmap.com</a> (Publications>Specific Policy-Regulation).

45 Conn. Voices for Children, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Quick Reference Guide (Jan. 2007), <a href="https://www.ctkidslink.org/media/other/cov/07epsdtref.pdf">https://www.ctkidslink.org/media/other/cov/07epsdtref.pdf</a>.

<sup>&</sup>lt;sup>46</sup> Conn. Dept. of Social Services, Connecticut interchange MMIS Provider Manual: Chapter 7 – Hospitals § 150.1E.11.g.7 at 13 (Jan. 2008), https://www.ctdssmap.com (Publications>Specific Policy-Regulation).

<sup>&</sup>lt;sup>47</sup> CONN. AGENCIES REGS. § 17-134d-81(e)(3)(B) (2010).

<sup>&</sup>lt;sup>48</sup> CONN. AGENCIES REGS. § 17b-262-341(9) (2010). <sup>49</sup> CONN. AGENCIES REGS. § 17b-262-342(12) (2010).

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

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	<b>Pharmaceutical</b>	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
There is not a separate set of covered services under Medicaid for prevention.	Smart Start: Obesity is one of the risk factors qualifying women for referral to the "Smart Start" program. Services include nutrition counseling and collaboration with a social worker, if medically necessary, to address psycho-social problems. These services are in addition to other regularly covered Medicaid services and are available sixty to ninety days post-partum. 50	EPSDT: Health education and anticipatory guidance must be at each exam and should focus on both parent and child. The guidance should help the family understand what to expect in the child's development and provide information about the benefits of healthy lifestyles and disease prevention. Enhanced Care for "At Risk" Children: This program is a continuation of the "Smart Start" program and provides at home counseling by nutritionists, among other services, to ameliorate conditions identified during the EPSDT screening. 52	There is not a separate set of covered services under Medicaid for treatment of co-morbidities.	Weight Loss Drugs: Medications for the treatment of obesity are excluded from coverage. 53	Bariatric Surgery: A prior authorization request may be granted for the treatment of adult obesity if:  1) Patient's obesity causes significant illness and incapacitation; and  2) All other more conservative treatment options have failed. 54

<sup>&</sup>lt;sup>50</sup> Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: General Policy* § 1.35.2 (2010), <a href="http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf">http://www.dmap.state.de.us/downloads/manuals/Practitioner.Provider.Specific.pdf</a>.

Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, Practitioner Provider Specific Policy Manual § 4.4.6 (2010), http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf.

<sup>&</sup>lt;sup>52</sup> Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: Clinic Services* 15 (200), <a href="http://www.dmap.state.de.us/downloads/manuals/clinic.provider.specific.pdf">http://www.dmap.state.de.us/downloads/manuals/clinic.provider.specific.pdf</a>.

<sup>53</sup> Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, General Policy § 1.15.1 (2010), http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf.

<sup>&</sup>lt;sup>54</sup> Del. Dept. of Health and Human Services, Div. of Medicaid & Medical Assistance, *Provider Policy Manual: General Policy* § 1.21.10.1 (2010), <a href="http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf">http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf</a>.

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

<b>Preventive Coverage: Adults</b>	Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
<b>Preventive Services:</b> May be available if approved through prior authorization process. <sup>55</sup>	Prenatal Care: Services for any other medical conditions that may complicate the pregnancy are provided with no limitation, so long as the services are covered under Medicaid and are related to the pregnancy. 56	<ul> <li>EPSDT: If nutritional assessment suggests a dietary inadequacy or presence or risk of obesity, further assessment factors are indicated:</li> <li>1) Family, socioeconomic or community factors;</li> <li>2) Quality and quantity of individual diet;</li> <li>3) Physical and laboratory exams;</li> <li>4) Prevention, treatment, and follow-up services such as dietary counseling and nutrition education. 57</li> </ul>	D.C. Medicaid does not appear to offer a separate set of covered services for chronic disease management.	Weight Loss Drugs: D.C. Medicaid does not cover anti-obesity medications. 58	Covered Procedures: Gastric bypass requires written justification and prior authorization through form 719A (the specific criteria for requesting gastric bypass surgery is unavailable). 59

<sup>55</sup> DHCF, District of Columbia Title XIX State Plan, Supp. 1 to Att. 3.1-A at 21A (2000), http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,609171.asp
56 DHCF, District of Columbia Title XIX State Plan, Supp. 1 to Att. 3.1-A at 27 (1997), http://dhcf.dc.gov/dhcf/cwp/view,A,1413,Q,609171.asp.
57 DHCF, EPSDT Billing Manual § 13.4 at 57 (revised Oct. 23, 2009), https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1468.

<sup>58</sup> ACS, District of Columbia Pharmacy Benefits Management Provider Manual 11 (2010 v. 0.08), <a href="https://www.dcpbm.com/documents/DC%20MAA%20Provider%20Manual%20v8">https://www.dcpbm.com/documents/DC%20MAA%20Provider%20Manual%20v8</a> final.doc. 59 DHCF, Requesting Prior Authorization: Prior Authorization Form 719 at 8 (Feb. 2010), <a href="https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1573">https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/1573</a>

## **FLORIDA Agency for Health Care Administration**

A "consumer-driven" § 1915(b) waiver program to coordinate project, 60 implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified  A "consumer-driven" § 1915(b) waiver program: § 1915(b) waiver program to coordinate project, 60 implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the management program assessment, health education, and anticipatory guidance. If nutritional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional education. 63 hypertension, COPD, mandatory for specified  A "consumer-driven" waiver program: § 1915(b) waiver program to coordinate prenatal care through monthly outreach and case management, which stress concern the provider can follow-up with preventive dietary counseling and nutritional education. 63 hypertension, COPD, congestive heart failure, and  A "consumer-driven" waiver program to coordinate prenatal care through monthly outreach and case management program as disease management program as disease management program as disease management, which stress concern the provider can follow-up with preventive dietary counseling and nutritional education. 63 hypertension, COPD, congestive heart failure, and  A "consumer-driven" project, 60 implemented in 2006 in select counties (to expand annually), to broaden the role of management, which stress tobacco cessation, nutrition and breastfeeding. Eligible beneficiaries are pregnant Medicaid beneficiaries in the Medicaid beneficiaries in the substitutional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional assessment raises are excluded from coverage is prescribed to treat obesity. 65 Xenical (Orlistat) may be covered	Incentives	Surgical Coverage	Pharmaceutical	Coverage Related to	<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:
A "consumer-driven" § 1115 demonstration project, <sup>60</sup> implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified  A "consumer-driven" § 1915(b) waiver program: § 1915(b) waiver program to coordinate project, <sup>60</sup> implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified  A "consumer-driven" § 1915(b) waiver program to coordinate project, <sup>60</sup> implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified  A "consumer-driven" waiver program to coordinate prenatal care through monthly outreach and case management, which stress concern the provider can follow-up with preventive dietary counseling and nutritional education, and anticipatory guidance. If nutritional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional education. <sup>63</sup> (Detailed prior authorization program as of designated here of the project life and prevent significant illness or disability. All bariatric surgical procedures must be medically necessary, i.e. to protect life and prevent significant illness or disability. All bariatric surgical procedures must be medically necessary, i.e. to protect life and prevent significant illness or disability. All bariatric surgical procedures must be from coverage is prescribed to treat obesity. <sup>65</sup> Xenical (Orlistat) may be covered through a notifies Medicaid beneficiaries with two or more of the following diseases: diabetes, hypertension, COPD, congestive heart failure, and or treat obesity. <sup>65</sup> Xenical (Orlistat) may be covered through a distance of inverted through and intritional disease management, which stress doubtered throug			Coverage	Co-Morbidities	Children (up to 21)	Pregnant Women	Adults
purport to offer customized screening as at high risk for are enrolled in the program to non-covered	aced Benefit Reward am: Participants in the aid Reform Plan can narmacy other-the-repurchase credits of upon as one of the ated healthy behavior edits may also be used a smoking cessation, a reduction, and other overed services under ed care plan. 68	all surgical procedures must be medically necessary, i.e. to protect life and prevent significant illness or disability. All bariatric surgical procedures require prior authorization by the inpatient hospital peer review organization. <sup>67</sup> (Detailed prior	Weight Loss Drugs: Appetite suppressants are excluded from coverage is prescribed to treat obesity. <sup>65</sup> Xenical (Orlistat) may be covered through a prior authorization request (Miscellaneous Prior	Disease Management: Healthier Florida is a disease management program administered through a partnership with AHCA and Pfizer. AHCA identifies and notifies Medicaid beneficiaries with two or more of the following diseases: diabetes, hypertension, COPD, congestive heart failure, and asthma, and these individuals are enrolled in the program to receive personalized assistance from community health	EPSDT: Child health checkups involve a nutritional assessment, health education, and anticipatory guidance. If nutritional assessment raises concern the provider can follow-up with preventive dietary counseling and nutritional education. 63	Healthy Start Coordinated Care Program: § 1915(b) waiver program to coordinate prenatal care through monthly outreach and case management, which stress tobacco cessation, nutrition and breastfeeding. Eligible beneficiaries are pregnant Medicaid beneficiaries in the MomCare (automatic enrollment) and have been screening as at high risk for poor birth outcomes. Children resulting from these	Medicaid Reform Plan: A "consumer-driven" § 1115 demonstration project, 60 implemented in 2006 in select counties (to expand annually), to broaden the role of managed care organizations in providing care to the Medicaid population. Enrollment in a MCO is mandatory for specified populations 61 and the plans purport to offer customized benefit packages to coordinate

<sup>&</sup>lt;sup>60</sup> FLA. STAT. § 409.91211 (2010).

<sup>61</sup> Enrollment in managed care is mandatory for the categorically needy, non-institutionalized, and non-dual eligible Medicaid populations. FLA. STAT. § 409.9122 (2010).

<sup>62</sup> AHCA, Florida Medicaid Summary of Services for Fiscal Year 2009-2010 at 105 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS 10 100105 SOS.pdf

<sup>63</sup> AHCA, Child Health Check-Up Coverage and Limitations Handbook § 2-2 at 18, § 2-7 at 23 (Oct. 2003), http://portal.flmmis.com/FLPublic/Provider ProviderSupport/tabId/39/Default.aspx.

<sup>&</sup>lt;sup>64</sup> AHCA, Disease Management Programs, <a href="http://ahca.myflorida.com/Medicaid/Disease">http://ahca.myflorida.com/Medicaid/Disease</a> Management/index.shtml (last visited Apr. 5, 2010); Pfizer to Partner with State on Healthier Florida Program, ORLANDO BUS. J., Jan. 1, 2007, http://orlando.bizjournals.com/orlando/stories/2007/01/15/daily7.html?jst=b ln hl (last visited Apr. 5, 2010).

65 AHCA, Florida Medicaid Summary of Services for Fiscal Year 2009-2010 at 82 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS 10 100105 SOS.pdf.

<sup>66</sup> AHCA, Florida Medicaid Summary of Services for Fiscal Year 2009-2010 at 83 (2008), http://ahca.myflorida.com/Medicaid/pdffiles/SS 10 100105 SOS.pdf

<sup>67</sup> AHCA, Prescribed Drug Services Coverage, Limitation & Reimbursement § 2-2 at 21, § 2-125 at 145 (May 2008), http://portal.flmmis.com/FLPublic/Provider\_Provider\_Support/tabId/39/Default.aspx

<sup>68</sup> AHCA, Enhanced Benefit Reward\$ Program, http://ahca.myflorida.com/Medicaid/Enhanced Benefits/ (last visited Apr. 5, 2010); AHCA, Florida Medicaid Reform Questions & Answers 2 (2005), http://ahca.myflorida.com/Medicaid/medicaid reform/waiver/index.shtml

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

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Georgia Medicaid does not appear to offer a specific covered benefit for preventive services.	Prenatal Care: Individualized case management to provide needed nutritional, medical, social and educational services to improve birth outcomes. 69	<b>EPSDT:</b> Nutritional counseling provided by licensed nutritionists is covered to address a child's feeding deficiencies. Counseling services provided a social worker are also covered if indicated to determine the nature of barriers to the child's effective treatment impacting the	Enhanced Care for Chronic Illness: Disease management program for members of the Social Security Disabled population of Medicaid. It services members with chronic illnesses such as diabetes, congestive heart failure, and coronary artery disease.	Weight Loss Drugs: Xenical is available through prior authorization for patients between the ages of 12 and 21 and will be authorized for one year. 72	Covered Procedures: The following procedures may be covered with prior authorization (Note: access to prior authorization criteria requires provider log-in):  1) Laparoscopic, surgical gastric restrictive procedure;  2) Placement of adjustable gastric
		child's development and the child's family. 70			restrictive device; 3) Removal and/or replacement of adjustable gastric device <sup>73</sup>

<sup>&</sup>lt;sup>69</sup> Ga. Dept. of Comm. Health, Georgia State Plan under Title XIX of the Social Security Act att. 3.-1A at 103 (2009 update), <a href="http://www.dch.georgia.gov/00/channel-title/0,2094,31446711">http://www.dch.georgia.gov/00/channel-title/0,2094,31446711</a> 80466652,00.html

<sup>&</sup>lt;sup>70</sup> Ga. Dept. of Comm. Health, Georgia State Plan under Title XIX of the Social Security Act att. 3.-1A at 60 (2009 update), <a href="http://www.dch.georgia.gov/00/channel">http://www.dch.georgia.gov/00/channel</a> title/0,2094,31446711 80466652,00.html.

Ga. Dept. of Comm. Health, Enhanced Care of Chronic Disease Program, <a href="http://www.georgia.gov/00/channel">http://www.georgia.gov/00/channel</a> title/0,2094,31446711 84607542,00.html (last visited Apr. 5, 2010).

<sup>&</sup>lt;sup>72</sup> Ga. Dept. of Comm. Health, *Xenical PA Summary*, <a href="http://dch.georgia.gov/vgn/images/portal/cit\_1210/10/30/116871372Xenical.pdf">http://dch.georgia.gov/vgn/images/portal/cit\_1210/10/30/116871372Xenical.pdf</a>.

<sup>&</sup>lt;sup>73</sup> Ga. Dept. of Comm. Health, Georgia State Plan under Title XIX of the Social Security Act att. 3.-1A at 24 (2009 update), http://www.dch.georgia.gov/00/channel\_title/0,2094,31446711\_80466652,00.html.

#### HAWAII Med-QUEST

				T	
<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
<b>Adult Preventive Services:</b>	Prenatal Care: Education on	EPSDT: Age appropriate	Med-QUEST does not offer a	Weight Loss Drugs: Anorexics	Covered Procedures: Gastric
Height-weight screening once every	nutrition and physical activity and	anticipatory guidance on general	separate set of services for treatment	require a prior authorization request	restrictive procedures with or
two years, counseling on health	risk assessments are considered	health and nutrition and health risk	and management of chronic disease.	including the patient's weight and	without gastric bypass require prior
promotion depending on patient's	important components of	assessment. <sup>77</sup>		program for weight loss. <sup>78</sup>	authorization. Request for
health history, and periodic health	antepartum care. These services are				authorization by the Department is
assessments to determine risk or	not separately reimbursable. 76			Prior authorization is required for	submitted on the general Form
presence of disease and establish				Xenical and Meridia and patient	1144, which does not include
treatment plan. <sup>74</sup>				must have:	eligibility requirements specific to
				1) $BMI > 30 \text{ or } > 27 \text{ w/co-}$	bariatric surgery. <sup>80</sup>
<b>Obesity Treatment:</b> Services such				morbidity; and	
as weight control classes, weight				2) A reduced calorie diet.	Non-Covered Procedures: Jejumo-
loss programs, specially prepared					ileal bypass procedures and
diets, and gym membership are				The initial request will be approved	panniculectomies are excluded from
specifically excluded. <sup>75</sup>				for 3 months and may be extended	coverage. 81
				for an additional six month supply if	
				the patient loses weight. 79	

<sup>7</sup> 

<sup>&</sup>lt;sup>74</sup> Med-QUEST, Provider Manual app. 6 Guidelines and Special Programs F165 (2002), http://www.med-quest.us/PDFs/Appendix06/F165AdultPreventiveHealthv2.pdf.

<sup>75</sup>Med-QUEST, Provider Manual app. 1 Services/Items Not Covered by the Hawaii Medicaid Program A53 (2002), http://www.med-quest.us/PDFs/Appendix01/A50toA54ServicesandItemsNotCovered.pdf.

Med-QUEST, Provider Manual Ch. 6: Medical/Surgical Services 17 (2002), http://www.med-quest.us/PDFs/Provider%20Manual/PMChp0602.pdf.

<sup>77</sup> Med-QUEST, Provider Manual Ch. 5: EPSDT Services 2 (2002), http://www.med-quest.us/PDFs/Provider%20Manual/PMChp0502.pdf.

<sup>&</sup>lt;sup>78</sup> Med-QUEST, *Provider Manual Ch. 19: Pharmacy Services* 6 (2002), <a href="http://www.med-quest.us/PDFs/Provider%20Manual/PMChp1902.pdf">http://www.med-quest.us/PDFs/Provider%20Manual/PMChp1902.pdf</a>.

<sup>79</sup> Med-QUEST, *Provider Manual* app. 6 at F61-62, F84-F85 (2002), <a href="http://www.med-quest.us/PDFs/Appendix06/F42-85DrugCovCriteria.pdf">http://www.med-quest.us/PDFs/Appendix06/F42-85DrugCovCriteria.pdf</a>.

Med-QUEST, Provider Manual app. 1 Services/Items that Require Authorization A59 (2002), <a href="http://www.med-quest.us/PDFs/Appendix01/A55toA62ServiceandItemsthatrequireauth.pdf">http://www.med-quest.us/PDFs/Appendix01/A55toA62ServiceandItemsthatrequireauth.pdf</a>; State of Hawaii, Dept. of Human Services, Div. of Med-QUEST, Form 1144: Request for Medical Authorization (Sept. 2003), <a href="https://www.med-quest.us/PDFs/Frequently%20Used%20Forms%20for%20Froviders/1144%20Form%20Final%2009-18-03%20Request%20For%20Medical.pdf">https://www.med-quest.us/PDFs/Frequently%20Used%20Forms%20for%20Froviders/1144%20Form%20Final%2009-18-03%20Request%20For%20Medical.pdf</a>.

<sup>81</sup> State of Hawaii, Dept. of Human Services, Policy Memoranda to QUEST Medical Plans at 9 (July 31, 2006), http://www.med-quest.us/PDFs/RFP%20Documents/QUEST%20Policy%20Memorandums/ADMINSTRATIVE%202006/ADM-0604.pdf.

**IDAHO Department of Health and Welfare** 

	D 41 G	D :: G	G	Di di LG	g 1 1 g
<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities		
Behavioral Preventive Health	Nutritional Services: Prenatal	<b>EPSDT:</b> The need for nutritional	Treatment of Obesity as Part of	Weight Loss Drugs: Diet	Eligibility Criteria: All of the
Assistance (PHA):	Nutritional services include	services, defined as intensive	Treatment of Another Illness:	supplements and weight loss	following must be met:
Covered benefits to specifically	intensive education, counseling, and	nutritional education, counseling	Services in connection with non-	products are excluded, except lipase	1) BMI $\geq$ 40 or a BMI $\geq$ 35 with a
support tobacco cessation or weight	monitoring. The need for nutritional	and monitoring, must be discovered	surgical treatment of obesity are	inhibitors when prior authorization	documented co-morbidity;
loss with a mechanism to reward	services must be discovered during	by physician-ordered screening	covered only when such services are	is obtained. <sup>89</sup>	2) Obesity is caused by or
healthy behaviors and good health	the physician's health assessment	services and be medically necessary.	an integral and necessary part of		aggravated by a serious co-
choices. 82	and provided by a licensed	The Department must authorize	treatment for another medical	Medications for Cosmetic	morbid condition; and
	dietician. <sup>84</sup>	nutritional services in excess of two	condition that is covered by	<b>Purposes:</b> Amphetamines and	3) Participant received a timely
PHA Eligibility: Participants		visits per year. 86	Medicaid. <sup>87</sup>	related products for cosmetic	psychiatric evaluation. <sup>91</sup>
complete a Health Questionnaire	Prenatal Care: When ordered by			purposes or weight loss are also	The Department will consider
indicating desire to change	the participant's attending provider,		Case Management: Program of	excluded, unless determined to be	guidelines of private and public
behaviors related to weight	the following services are available		preventative and primary care	medically necessary by the	payers, evidence-based national
management or tobacco use with	after confirmation of pregnancy and		services to manage the following	Department through the prior	standards of medical practice, and
one of the following characteristics:	extending 60 days post-partum:		chronic diseases: diabetes, asthma,	authorization process. 90	medical necessity of each
1) Adult with BMI $\geq$ 30;	1) Individual and family social		hypertension, hyperlipidemia, and		participant's case when determine
2) <u>Child</u> overweight or obese	services focused on social and		depression. <sup>88</sup>		whether surgical correction will be
according to CDC Child and	behavioral issues and				authorized. 92
Teen BMI calculator; or	2) Education on health and				
3) Tobacco use <sup>83</sup>	nursing. <sup>85</sup>				Excluded Procedures: Idaho
					Medicaid does not cover
					laparoscopic, surgical gastric
					restrictive procedure or placement
					of adjustable gastric band. It appears
					that the other commonly accepted
					procedures are available if
					authorized. <sup>93</sup>

<sup>82</sup> Idaho Admin, Code r. § 16.03.09.620 (2009).
83 Idaho Admin, Code r. § 16.03.09.621 (2009).
84 Idaho Admin, Code r. § 16.03.09.630 (2009).
85 Idaho Admin, Code r. § 16.03.09.890-892 (2009).
86 Idaho Admin, Code r. § 16.03.09.630-633 (2009).
87 Idaho Admin, Code r. § 16.03.09.432.01 (2009).
88 Idaho Admin, Code r. § 16.03.09.432.01 (2009).

<sup>&</sup>lt;sup>88</sup> Idaho Admin. Code r. § 16.03.09.560-569 (2009). <sup>89</sup> Idaho Admin. Code r. § 16.03.09.662.04(c) (2009); Idaho Admin. Code r. § 16.03.09.663 (2009).

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

<b>Preventive Coverage: Adults</b>	Preventive Coverage: Pregnant Women	Preventive Coverage: Children (up to 21)	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
PHA Point System: One point equals \$1 (capped at \$200/annually), points can be exchanged for vouchers to purchase the following products or services:  1) Over-the-counter smoking cessation or weight management products;  2) Physician-approved weight management program emphasizing one of the following: physical fitness, balanced diet, or personal health education;  3) Sporting or fitness program emphasizing improved physical health; or  4) Sports safety equipment Additional points are earned by completion of programs or reaching desired goal. 94					Abdominoplasty or Panniculectomy: The prior authorization must include the following documentation:  1) Multi-angle photographs of the abdomen;  2) Treatment of any ulceration and skin infections involving the panniculus;  3) Failure of conservative treatment, including weight loss;  4) The panniculus severely inhibits patient mobility;  5) Patient is unable to wear a garment to hold the panniculus up; and  6) Detrimental effects of the panniculus on the patient's health such as severe arthritis in the lower body. 95

<sup>90</sup> Idaho Admin. Code r. § 16.03.09.662.04(d) (2009).
91 Idaho Admin. Code r. § 16.03.09.431 (2009).
92 Idaho Admin. Code r. § 16.03.09.433.02 (2009).
93 Idaho Dept. of Health & Welfare, Div. of Medicaid, *Provider Manual* 107 (Jan. 2010), <a href="http://www.qualishealth.org/cm/idaho-medicaid/upload/Id-ProvManual\_Jan2010\_FINAL-v2.pdf">http://www.qualishealth.org/cm/idaho-medicaid/upload/Id-ProvManual\_Jan2010\_FINAL-v2.pdf</a>.
94 Idaho Admin. Code r. § 16.03.09.622.01 (2009).
95 Idaho Admin. Code r. § 16.03.09.432.01 (2009).

## **ILLINOIS Department of Healthcare and Family Services**

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Preventive Care: Preventive care for the general adult Medicaid population is not a separate covered	Prenatal Care: Risk assessments and subsequent counseling/education are covered at	<b>EPSDT:</b> Nutritional assessment requires health history, dietary evaluation and BMI measurement.	Disease Management: "Your Healthcare Plus" is a voluntary program administered by McKesson	Weight Loss Drugs: Anorectics, or combination drugs including anorectics, and weight loss drugs are	Eligibility Criteria: Surgery for morbid obesity shall be approved by the Department only in those cases
service. 96	enhanced payment rates. <sup>98</sup>	Follow-up is required for children with a BMI in the 95 <sup>th</sup> or higher	and targets disabled adults, adults and children with asthma, and adults	not covered services. 101	in which the physician determines that:
Nutritional Services: Nutrition services in the clinic setting may not be billed as fee-for-service or as an		percentile for age and at risk for disease with early childhood caries, such as diabetes. 99	with frequent emergency room visits (six or more within one year). The program helps patients with chronic		<ol> <li>Obesity is exogenous;</li> <li>Recipient attempted other therapy with no success,</li> </ol>
encounter. <sup>97</sup>			diseases such as heart failure, coronary artery disease, high blood pressure, and diabetes, find a		<ul> <li>3) Endocrine disorders have been ruled out;</li> <li>4) BMI ≥ 40 or 35 to 39.9 with</li> </ul>
			medical home for continuity of care. 100		serious medical complications. 102

<sup>96</sup> ILL. ADMIN. CODE tit. 89, § 140.6 (g) (2010).
97 Illinois Dept. of Healthcare and Family Services, *Handbook for Encounter Clinic Services* at 17 (June 2007), <a href="http://www.hfs.illinois.gov/assets/0708d200.pdf">http://www.hfs.illinois.gov/assets/0708d200.pdf</a>
98 ILL. ADMIN. CODE tit. 89, § 140.922 (2010).

<sup>&</sup>lt;sup>99</sup> Illinois Dept. of Healthcare and Family Services, *Handbook for Providers of Healthy Kids Services*, Ch. HK-200 at 27-28 (Mar. 2008), <a href="http://www.hfs.illinois.gov/assets/hk200.pdf">http://www.hfs.illinois.gov/assets/hk200.pdf</a>. <sup>100</sup> Illinois Dept. of Healthcare and Family Services, Your Healthcare Plus, <a href="http://www.hfs.illinois.gov/dm/fact.html">http://www.hfs.illinois.gov/assets/hk200.pdf</a>. <sup>100</sup> Illinois Dept. of Healthcare and Family Services, Your Healthcare Plus, <a href="http://www.hfs.illinois.gov/dm/fact.html">http://www.hfs.illinois.gov/dm/fact.html</a> (last visited Apr. 10, 2010).

<sup>101</sup> ILL. ADMIN. CODE tit. 89, § 140.441(b) (2010); Illinois Dept. of Healthcare and Family Services, *Handbook for Providers of Pharmacy Services* § P-206.3 at 39 (2009), http://www.hfs.illinois.gov/assets/p200.pdf.

<sup>&</sup>lt;sup>102</sup> ILL. ADMIN. CODE tit. 89, § 140.413 (a)(3) (2010).

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

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
	Pregnant Women	Children (up to 21)	Co-Morbidities	Coverage	
Indiana Medicaid does not appear to	Prenatal Care: All pregnant	<b>EPSDT:</b> Provides health education	Diabetes Disease Management:	Weight Loss Drugs: Anorectics or	Covered Services: Weight
offer a specific covered benefit for	Medicaid beneficiaries undergo a	and nutritional assessment,	Self-management training for	any product used to promote weight	reduction surgery, including
preventive services.	risk assessment by the provider. If	providers are also directed to make	diabetic beneficiaries to enhance	loss are excluded from coverage.	gastroplasty and related
	the pregnancy is not at risk of	note of family histories of obesity,	understanding of diabetic disease	Additionally, amphetamines are	gastrointestinal surgery, requires
	negative birth outcomes,	hypertension, stroke, heart disease,	states, nutrition, and physical	excluded from coverage when	prior authorization from the
	reassessment and postpartum	diabetes, and similar chronic	activity, and encourage behavioral	prescribed for weight control or	Department. The determination will
	assessment will not be covered.	disease.	changes and risk factor reduction. 105	treatment of obesity. 106	be based on medical necessity of the
	However, services may be covered				individual case. 107
	later in pregnancy if risk factors not	Individualized Family Service			
	present during the initial assessment	<b>Plan (IFSP):</b> If appropriate, family			
	are discovered. 103	training, counseling and home visit			
		for child evaluation and nutrition			
		services. 104			

<sup>103 405</sup> IND. ADMIN. CODE § 5-11-5 (2009).
104 Indiana Office of Medicaid Policy and Planning, *HealthWatch EPSDT Provider Manual* 4-8 (Mar. 2010), http://provider.indianamedicaid.com/media/23429/epsdt\_healthwatch.pdf.
105 405 IND. ADMIN. CODE § 5-36-1(b)(1) (2009).
106 405 IND. ADMIN. CODE § 5-24-3(b)(1) (2009); 405 IND. ADMIN. CODE § 5-29-1(30) (2009).
107 405 IND. ADMIN. CODE § 5-3-13(a)(13), (b) (2009).

#### **IOWA Department of Human Services**

D	D	D	Carrers Dalated t	DI4:1	C
<b>Preventive Coverage: Adults</b>		Preventive Coverage:	Coverage Related to	<b>Pharmaceutical</b>	Surgical Coverage
	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Eating Disorders:	Risk Assessment:	EPSDT:	Disease Management:	Lipase Inhibitor Drugs:	Intestinal/Gastric Bypass:
Characterized by gross disturbances	If assessment reflects a high-risk	Nutritional status assessment is	Diabetes self-management	Xenical requires prior authorization	Preauthorization required for
in eating behavior and includes	pregnancy, referral shall be made	required as part of a comprehensive	education program. 111	with clinical diagnosis of	surgical intervention for obesity.
anorexia nervosa, bulimia and	for enhanced services. Enhanced	health and developmental history,		hyperlipidemia. Documented	The request must provide the
bulimorexia. Note that <b>compulsive</b>	services include nutritional	including an assessment of both		requests for lipase inhibitor drugs	following information from the
overeaters are not included in the	education. <sup>109</sup>	physical and mental health		for weight loss must include:	physician:
definition of eating disorders and related services are not covered. 108	Initial assessment of nutritional risk based on height, current	development.		Attempt at and failure of other weight loss programs;	<ol> <li>Proposed date, location, and type of procedure;</li> </ol>
	and pre-pregnancy weight;	Nutritional Counseling:		2) BMI $\geq$ 30;	2) Tentative diagnosis;
	2) Lab and clinical data, and self-	Provided by licensed dietitians for		3) One or more co-morbidity;	<ol><li>Medical history and chief</li></ol>
	reported information;	recipients age 20 and under when a		4) A weight management plan	complaint (include symptoms
	3) Ongoing nutritional assessment	nutritional problem or a condition of		including diet and exercise.	and duration of problem);
	and individualized plan;	such severity exists that nutritional		Prior authorization may be given for	4) Preadmission treatment;
	4) Referral to food assistance	counseling beyond that normally		up to six months. Additional prior	5) Outpatient studies 113
	program if indicated.	expected as part of the standard		authorizations may be given after	
		medical management is warranted.		review of medical necessity and	
		110		documented significant weight loss	
				(at least 10%) from the individual's	
				weight at the beginning of the	
				previous prior authorization	
				period. 112	

Iowa Dept. of Human Serv., Provider Manual: Acute Care Hospitals E-55 (2003), http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual Documents/ProvMan/Ahosp.pdf

109 Iowa Admin. Code r. 441-78.1 (249A) (14) (2009); Iowa Admin. Code r. 441-78.25 (249A) (2)(c) (2009).

110 Iowa Dept. of Human Serv., Provider Manual: Acute Care Hospitals E-54 (2003), http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual Documents/ProvMan/Ahosp.pdf

111 Iowa Dept. of Human Serv., Provider Manual: Acute Care Hospitals E-54 (2003), http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual Documents/ProvMan/Ahosp.pdf

<sup>112</sup> Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="http://www.iowamedicaidpdl.com/index.pl/prior">http://www.iowamedicaidpdl.com/index.pl/prior</a> authorization?noCache=240;1270663050.

113 Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="http://www.iowamedicaidpdl.com/index.pl/prior">http://www.iowamedicaidpdl.com/index.pl/prior</a> authorization?noCache=240;1270663050.

113 Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="http://www.iowamedicaidpdl.com/index.pl/prior">http://www.iowamedicaidpdl.com/index.pl/prior</a> authorization?noCache=240;1270663050.

114 Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="http://www.iowamedicaidpdl.com/index.pl/prior">http://www.iowamedicaidpdl.com/index.pl/prior</a> authorization?noCache=240;1270663050.

115 Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="https://www.iowamedicaidpdl.com/index.pl/prior">https://www.iowamedicaidpdl.com/index.pl/prior</a> authorization?noCache=240;1270663050.

116 Iowa Dept. of Human Serv., Iowa Medicaid Drug Prior Authorization Criteria 10 (Apr. 2010), <a href="https://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/MedProvider.htm">https://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/MedProvider.htm</a>.

#### KANSAS Kansas Health Policy Authority (KHPA)

<b>Preventive Coverage: Adults</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Treventive Coverage. Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	Surgical Coverage
Federally Qualified Health Centers: When provided in a federally qualified health center, the following services are reimbursable by Medicaid: 1) Nutritional assessment and referral; 2) Preventive health education; 3) Blood pressure measurement; 4) Weight measurement; and 5) Cholesterol screening. 114  Nutrition Services: Individual- focused nutritional services provided by a licensed dietician are covered after appropriate referral is made. Services are limited to two 30 minute evaluation session and 11 follow-up sessions per beneficiary/year. Additional services require prior authorization. 1115	Prenatal Care: Provides services to women at risk of poor pregnancy outcomes, including nursing, nutrition, health education, and psycho-social assessments, interventions and referrals based on identified risk and health promotion education. 116	EPSDT: Nutritional assessments required as part of the EPDST screen and include a determination of whether the child is at risk of being overweight. <sup>117</sup> If a child's BMI is ≥ 85%, the physician should recommend appropriate nutrition and physical activity. <sup>118</sup>	Continuous Positive Airway Pressure: Continuous positive airway pressure is a covered service for KAN Be Healthy participants. Prior authorization and medical necessity is required. Criteria for medical necessity for the service for those with morbid obesity with documented sleep apnea include: 1) 30% over average weight for height, sex, and age; 2) Sleep study with documented arterial oxygen of 80% or less; 3) Documented participation in a weight reduction program.  119	Weight Loss Drugs: Drugs for the treatment of obesity require prior authorization, including:  1) Xenical (Orlistat);  2) Meridia (Sibutramine); and  3) Phentermine. 120  Prior Authorization:	Weight Loss Surgery Excluded: Kansas Medicaid currently limits weight loss services to pharmaceutical intervention. Studies are underway to evaluate the efficacy of bariatric surgery and it remains a funding issue to extend Medicaid coverage to bariatric surgery. 122

<sup>11</sup> 

<sup>&</sup>lt;sup>114</sup> KAN. ADMIN. REGS. § 129-5-118 (Lexis 2010).

Kansas Medical Assistance Program, *Provider Manual: Professional* 8-12 (Apr. 2010), <a href="https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional">https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional</a> 04062010 10021.pdf.

Kansas Medical Assistance Program, *Provider Manual: Professional* 8-52 (Apr. 2010), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional\_04062010\_10021.pdf.

Kansas Medical Assistance Program, Provider Manual: General Benefits 2-12 (Aug. 2008 version), <a href="https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits">https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits</a> 06232009 942.pdf

<sup>118</sup> Kansas Medical Assistance Program, Provider Manual: General Benefits 66 (Aug. 2008 version), https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Gen%20benefits\_06232009\_942.pdf.

Kansas Medical Assistance Program, Provider Manual: Professional 8-11 (Apr. 2010), <a href="https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional 04062010 10021.pdf">https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/Professional 04062010 10021.pdf</a>.

<sup>&</sup>lt;sup>120</sup> KAN. ADMIN. REGS. § 129-5-8 (Lexis 2010).

<sup>121</sup> Kansas Medical Assistance Program, Weight Loss Initial Request Form (2007), http://www.khpa.ks.gov/pharmacy/download/WeightLossInitial.pdf.

<sup>122</sup> Study on Coverage for Bariatric Surgery: Hearing on S.B. 511 Before the K.S. S. Comm. On Public Health and Welfare (Feb. 2, 2009) (testimony of Doug Farmer, Director, State Employee Health Benefits Plan, Kansas Health Policy Authority), http://www.khpa.ks.gov/legislative/download/2009Testimony/02-03-2009BariatricOversight.pdf.

#### **KENTUCKY**

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Adults  Primary Care: Medicaid covers and requires primary care centers to provide nutritional services, including individual counseling and education or group nutritional services. 123  Incentives: Provides incentives under § 1115 waiver to KyHealth Choices members for adopting healthy behaviors and practices. Incentives may include additional dental/vision services, nutrition, or smoking cessation counseling. 124	Needs Assessment: Comprehensive needs assessment includes mother's lifestyle behaviors. 125	Children under Age 21  EPSDT: As part of well-child visits, providers must perform an assessment of the child's nutritional status. 126	Co-Morbidities  Diabetes Disease Management: Gives members educational materials and information and encourages members to track their own personal health targets. 127	Exclusions: Drugs used for weight loss or weight gain are excluded from the Outpatient Pharmacy Program. 128	Covered Services: Gastric Restrictive or Bypass Surgery if the following are met:  1) Presence of severe co-morbidity endangering health;  2) All other forms of weight loss have been exhausted with legitimate efforts by the patient and doctor,  3) Sources of weight gain have been identified and subsequent treatment was attempted;  4) Documentation that at least one other physician besides the surgeon has been consulted and approved of the surgery as a last resort treatment; and  5) The recipient is at least 100 pounds over the maximum weight of height and weight category. 129

<sup>123 907</sup> Ky. ADMIN. REGS. 1:054 (Lexis 2010).
124 Kentucky Dept. of Medicaid Services, *KyHealth Choices* 51, <a href="http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf">http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf</a>.
125 907 Ky. ADMIN. REGS. 3:140 (Lexis 2010).
126 and 127 are 128 are 129 are 1

<sup>126 907</sup> Ky. ADMIN. REGS. 1:034 (Lexis 2010).
127 Kentucky Dept. of Medicaid Services, *KyHealth Choices* 54, <a href="http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf">http://www.chfs.ky.gov/NR/rdonlyres/70AC8C04-BDEF-4A64-AB06-45FEE8285A04/0/1115waiver.pdf</a>

<sup>&</sup>lt;sup>128</sup> 907 Ky. Admin. Regs. 1:019 (Lexis 2010). <sup>129</sup> 907 Ky. Admin. Regs. 1:014 (Lexis 2010); Kentucky Department of Medicaid Services, *Hospital Services Manual* 37 (2009), <a href="http://chfs.ky.gov/NR/rdonlyres/48C12ECC-05BB-4791-B810-4936DD7297AF/0/1376a.pdf">http://chfs.ky.gov/NR/rdonlyres/48C12ECC-05BB-4791-B810-4936DD7297AF/0/1376a.pdf</a>.

#### LOUISIANA

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Nutritional/Dietary Services: Provided if medically necessary	<b>LA Moms</b> : Expansion up to 200% FPL; no cost coverage for:	<b>EPSDT:</b> Nutritional assessment to the extent of assessing diet and	Louisiana Medicaid does not appear to offer a separate set of covered	Xenical (Orlistat): 1) Patient ≥ 12 years old; and	Covered Procedures: 1) Gastroplasty, Vertical- Banded
(ordered by a physician) and	1) Pregnancy-related services,	eating habits. <sup>131</sup>	services for chronic disease	2) Current BMI ≥ 27 written by	and other forms;
services provided directly by a	2) Delivery and care up to 60 days		management.	physician on prescription or	2) Gastric Bypass w/ Roux-en-Y;
licensed registered dietician or	after the pregnancy ends			attached to the prescription. 132	3) Gastric Bypass; and
licensed nutritionist (i.e., mere supervision excluded). 130	including doctor visits, 3) Lab work/tests,				4) Revision Gastroplasty.
supervision exeruacu).	4) Prescription medicines, and				Eligibility: Recipient must be at
	5) Hospital care				least 16 years old and meet all
					criteria: 1) BMI ≥ 40;
					2) At least <b>three</b> failed efforts at
					medical therapy and
					complications from extreme
					obesity; 3) Current obesity-related
					medical conditions at high risk
					for morbidity & mortality;
					4) Absence of major psychiatric diagnosis as the cause of
					obesity or as a deterrent to
					successful treatment;
					5) No current substance abuse;
					6) Patient is capable of compliance with post-surgery
					modified food intake regimen
					and follow- up program. 133

<sup>130 33</sup> La. Reg. 1650 (Aug. 20, 2007) (promulgating regulations governing New Opportunities Waiver under § 1915(c) of the Act). Note: Louisiana created the Council on Obesity Prevention and Management tasked with creating awareness and implementing policies to implement obesity programs in the state, La. Rev. Stat. Ann. § 46:2612 (2010).

131 Required Medical Screenings under KidMed, <a href="http://www.la-kidmed.com/kidmed/docs/periodicity.pdf">http://www.la-kidmed.com/kidmed/docs/periodicity.pdf</a>.

132 Louisiana Medicaid, \*Pharmacy Benefits Management Services Manual 5-12, <a href="http://www.lamedicaid.com/provweb1/manuals/Pharmacy%20Final%208-15-07.pdf">http://www.lamedicaid.com/provweb1/manuals/Pharmacy%20Final%208-15-07.pdf</a>.

133 29 La. Reg. 2183 (Oct. 20, 2003).

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	<b>Pharmaceutical</b>	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Annual Preventive Exam: Annual routine examination compiling health history and preventive services according to USPSTF guidelines are covered. 134	Early Prenatal Visit: Counseling, education and risk and physical assessment regarding nutrition, substance abuse, and social factors. 135	EPSDT: Nutritional counseling and annual routine physicals (excluding school or sports-related exams) are covered services. 136	MaineCare does not appear to offer a separate set of covered services for chronic disease management.	Weight Loss Drugs: Anorectics or other drugs indicated for weight loss are excluded from coverage. 137	Covered Procedures: Gastric Bypass, Gastroplasty, or Adjustable Gastric Banding. 138  Prior Authorization: 1) Weight twice the normal weight or 100 lbs. over ideal weight; 2) Failed non-surgical means; 3) An appropriate plan at all surgical stages by the physician and dietitian; and 4) Surgery is medically necessary to correct an illness/condition caused by or aggravated by the obesity, such as diabetes or hypertension; 5) For members under the age of twenty-one (21), the surgery must also be recommended by all of the following, with documentation submitted with the prior approval request: a) Primary care provider; b) Endocrinologist; c) Second surgeon not affiliated with the first surgeon's practices; and d) Specialized pediatric mental health professional.

Office of MaineCare Services, MaineCare Benefits Manual: Ch. II Physician Services § 90 at 11-13 (2009), http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.doc

<sup>135</sup> Office of MaineCare Services, MaineCare Benefits Manual: Ch. II Family Planning Services § 30 at 5-6 (1999), http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s030.doc.

<sup>136</sup> Office of MaineCare Services, MaineCare Benefits Manual: Ch: II Prevention Health Promotion and Optional Treatment Services § 94 at 14 (2004), http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s094.doc

<sup>137</sup> Office of MaineCare Services, MaineCare Benefits Manual: Ch: II Pharmacy Services § 80 at 16-17 (2007), http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s080.doc.

<sup>138</sup> Office of MaineCare Services, MaineCare Benefits Manual: Ch. II Physician Services § 90 at 24-25 (2009), http://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.doc.

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Maryland Medicaid does not appear to offer a specific covered benefit for preventive services.	Enriched Maternity Service: Education on nutritional issues, including appropriate weight gain during pregnancy, and components of gain <sup>139</sup> High-risk Nutrition Counseling: Referrals provided as needed. <sup>140</sup>	EPSDT: Nutritional counseling services provided as part of "Additional Medically Necessary Plan of Treatment Services" 141	<b>Disease Management:</b> Services provided by the seven <b>managed care</b> organizations participating in HealthChoice (statewide mandatory Medicaid managed care program). 142	Exclusions: Prescriptions and injections for central nervous system stimulants and anorectic agents when used for weight control. 143	Procedures for the Treatment of Obesity: Surgical procedures for the treatment of obesity require prior authorization. Specific documentation: 1) Complete narrative justification of the procedure(s), 2) Brief history and physical examination, 3) Result of pertinent ancillary studies if applicable, and 4) Pertinent medical evaluations and consultations, if applicable. 144

<sup>&</sup>lt;sup>139</sup> MD. Code Regs. 10.09.38.04(B)(2) (2010).
<sup>140</sup> MD. Code Regs. 10.09.38.04(B)(3)(d) (2010).
<sup>141</sup> MD. Code Regs. 10.09.23.04(D)(2)(d) (2010).
<sup>142</sup> See, e.g. Maryland Medical Assistance, MedStar Provider Manual 42-43 (2009), <a href="http://www.medstarfamilychoice.com/documents/PROVIDER%20MANUAL%20template%202008.pdf">http://www.medstarfamilychoice.com/documents/PROVIDER%20MANUAL%20template%202008.pdf</a>.
<sup>143</sup> MD. Code Regs. 10.09.03.05(A)(14) (2010).
<sup>144</sup> MD. Code Regs. 10.09.06.06(A)(2)(c) (2010); MD Dept. of Health and Mental Hygiene, Physicians' Services Provider Fee Manual, pages 13-14, available at: <a href="http://www.dhmh.state.md.us/mma/providerinfo/pdf/2009/jul09/09revphysmaneffective070109billinginstructions.pdf">http://www.dhmh.state.md.us/mma/providerinfo/pdf/2009/jul09/09revphysmaneffective070109billinginstructions.pdf</a>.

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

<b>Preventive Coverage:</b>	<b>Preventive Coverage:</b>	<b>Preventive Coverage:</b>	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Massachusetts Medicaid does not appear to offer a separate set of covered services for preventive care.	Health Care Counseling: Includes hygiene and nutrition education. 145	EPSDT: Screenings for healthy nutrition, growth, and development, as necessary to determine the existence of some suspected illness or condition. Discussion topics should include:  1) Benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management;  2) Benefits of physical activity, opportunities for daily physical activity, and parents as role models;  3) Impact of electronic media as a risk factor for being overweight, encouraging limiting screen time and discouraging placement of TV/computer in the child's bedroom; and  4) Chronic disease prevention. 146  Weight Management: Numerous hospitals and clinics offer weight management and nutritional counseling services for childhood obesity, with Medicaid reimbursement eligibility. 147	Disease Management: MassHealth covers chronic disease and rehabilitation inpatient services. As part of the MassHealth program for outpatient management of chronic disease, hospital-licensed health centers must provide health education to instruct members on self-management of medical problems and disease prevention nutrition counseling, if indicated, because of patient's potential to develop health problems that could be avoided or made less severe with proper nutrition. 148	Exclusions: The MassHealth agency does not pay for any drug used for the treatment of obesity. 149	gastric bypass may be covered after a case-by-case determination of medical necessity, when needed to either alleviate or correct medical problems caused by severe obesity. Requests for other forms of bariatric surgery will require exceptional circumstances and additional documentation, depending on the case.  Eligibility: Clinical criteria used to determine medical necessity include:  1) Surgery will be performed under the guidance of a multidisciplinary trained team in an appropriate facility;  2) BMI ≥ 40 or a BMI ≥ 35 with significant co-morbid conditions;  3) Member has been severely obese for at least five years;  4) Provider has ruled out metabolic causes of the member's obesity;  5) Member is at least 18 years of

<sup>145 130</sup> MASS. CODE REGS. 405.423(B)(4)(c) (2010).

146 Commonwealth of Massachusetts, MassHealth, Provider Manual Series: EPSDT Medical Protocol and Periodicity Schedule W-4 (Nov. 2009), <a href="http://www.mass.gov/Eeohhs2/docs/masshealth/providermanual/appx-w-all.pdf">http://www.mass.gov/Eeohhs2/docs/masshealth/providermanual/appx-w-all.pdf</a>.

147 Mass. Overweight Prevention and Control Initiative, Resource Guide for Pediatric Overweight Treatment and Services in Massachusetts (2004), <a href="http://www.masclearinghouse.com/PDFs/Health&Wellness/peds">http://www.masclearinghouse.com/PDFs/Health&Wellness/peds</a> overweight directory.pdf.

<sup>148</sup> MassHealth, Provider Manual: Physician Manual 8 (2008), http://www.mass.gov/Eeohhs2/docs/masshealth/regs provider/regs physician.pdf; MassHealth, Provider Manual: Chronic Disease and Rehabilitation Outpatient Hospital Manual 17 (2008), http://www.mass.gov/Eeohhs2/docs/masshealth/regs provider/regs cdroutpatienthosp.pdf. 149 130 Mass. Code Regs. 406.413(B)(4) (2010); 130 Mass. Code Regs. 410.405(C)(1) (2010).

# MASSACHUSETTS MassHealth, Office of Health and Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					age; 6) Member is well-informed of the risks of surgery; 7) Member is under a physician's supervision for the treatment of obesity; 8) Member has satisfactorily completed the pre-operative care plan; 9) No evidence of active substance abuse; and 10) Any history of binge eating disorder has been documented and discussed. 150

<sup>150</sup> MassHealth, *Guidelines for Medical Necessity Determination for Bariatric Surgery* (2007). <a href="http://www.mass.gov">http://www.mass.gov</a> (Home > Provider > Insurance (including MassHealth) > MassHealth > Guidelines for Clinical Treatment > Guidelines for Medical Necessity Determination); 130 Mass Code Regs. 450.204 (2010).

## **MICHIGAN Department of Community Health**

				[	
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Weight Loss Products: Medicaid does not cover exercise equipment or weight loss, or "light" products. 151	Prenatal Care: Providers are required to inquire about problems regarding weight loss or gain during pregnancy. Prenatal care covers education on nutrition.  Maternal discharge summary must document pre-pregnancy overweight/obesity, inappropriate weight gain, and inappropriate eating patterns. Prenatal care must involve a risk screening to determine eligibility for the Maternal Infant Health Program (MHIP). Eligibility may be based on nutritional problems. Once in the program, the woman is required to receive a structured assessment regarding her needs, including a nutritional assessment. 152	EPSDT (Nutrition): Nutritional assessments must be performed based on height, weight, and recent health history. EPSDT anticipatory guidance should be given regarding nutrition.  EPSDT (Cholesterol): High-risk children should be tested for cholesterol according to AAP guidelines. Children are at risk if they have a family history of heart disease or a parent with an elevated cholesterol level.  EPSDT (Diabetes): High-risk children should be tested for Type II Diabetes beginning at age ten:  1) BMI > 85 <sup>th</sup> percentile; 2) Weight for height > 85 <sup>th</sup> percentile, or their weight > 120% of ideal for height, and they have any two of the following factors:  a) Family history of Type II Diabetes; b) Belong to a certain race/ethnic group; or c) Show signs of insulin resistance.  EPSDT screenings must also take blood pressure readings starting at three years.	Disease Management: Obesity treatment is covered when done for the purpose of controlling lifeendangering complications such as hypertension and diabetes. This does not include treatment specifically for obesity, weight reduction and maintenance alone.  Prior Authorization:  1) Other weight reduction efforts and/or additional treatment of conservative measures to control weight and manage complications have failed;  2) Medical history documenting treatment, results and complications encountered;  3) All weight control methods that have been tried;  4) Expected benefits or prognosis for the method requested.  154	Weight Loss Drugs: Drugs for anorexia or weight loss are generally not covered by Medicaid. But drugs prescribed for weight loss may be covered with additional medical documentation.  Eligibility Criteria: Additional documentation required for eligibility for weight loss drugs includes:  1) Current medical status, including nutritional or dietetic assessment;  2) Documentation of current therapy for all medical conditions, including obesity;  3) Accurate BMI, height, and weight measurements;  4) Confirmation that there are no medical contraindications to reversible lipase inhibitor use;  5) No malabsorption syndromes, cholestasis, pregnancy and/or lactation;  6) Details of previous weight loss attempts and clinical reason for failure (at least two failed, physician supervised, attempts are required). 155	Eligibility Criteria: To receive prior approval, the request for obesity surgery must include:  1) Medical history;  2) Past and current treatment and results;  3) Complications encountered;  4) All weight control methods that have been tried and failed;  5) Expected benefits or prognosis for the method being requested;  6) Psychiatric evaluation of the beneficiary's willingness/ability to alter their lifestyle following surgical intervention must be included.  156

Michigan Department of Community Health, Medicaid Provider Manual 662 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

Michigan Department of Community Health, Medicaid Provider Manual 610-613 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

153 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

154 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

155 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

156 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

157 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

158 Michigan Department of Community Health, Medicaid Provider Manual 1243-1244 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

158 Michigan Departmen

# MINNESOTA Department of Human Services

<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
<ol> <li>Non-Covered Services:</li> <li>Weight loss services on a program basis;</li> <li>Nutritional supplements or foods for the purpose of weight reduction;</li> </ol>	Preventive Services: Prenatal nutrition education includes an assessment of nutritional risk, ongoing assessment of risk status, development of an individualized nutrition plan, and nutritional	<b>EPSDT:</b> Screenings related to physical health and indicated nutritional counseling are covered. 159	Minnesota Medicaid does not appear to offer a separate set of covered services for the treatment and management of chronic disease.	Weight Loss Drugs: Excluded, except that medically necessary lipase inhibitors (Xenical) may be covered for a recipient with type II diabetes. 160	<ul> <li>Adult Eligibility Criteria: All four criteria must be met:</li> <li>1) BMI of ≥ 40 or a BMI of 35 to 40 (for at least 2 years) with at least one co-morbid condition;</li> <li>2) the recipient has made at least</li> </ul>
<ul> <li>3) Exercise classes;</li> <li>4) Health club memberships;</li> <li>5) Instructional materials and books; and</li> <li>6) Motivational classes. 157</li> </ul>	interventions. Pregnant women determined to be "at risk" may receive services beyond standard prenatal care. In addition, providers should engage in care coordination for pregnant women determined to be "at risk," and provide them with health education targeting risk factors, medical conditions, and health behaviors that can be improved, touching on lifestyle and parenting support. 158				one serious medically supervised attempt to lose weight in the past for at least six months;  3) Medical and psychiatric contraindications have been ruled out with complete assessment within three months prior to the request; and  4) Recipient is committed to losing weight, has realistic expectations, and is willing to make permanent lifestyle changes, and is willing to participate in the long-term postoperative plan offered by the surgery program. <sup>161</sup>

<sup>&</sup>lt;sup>154</sup> Michigan Department of Community Health, *Medicaid Provider Manual* 493 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=dhs16\_137531&RevisionSelectionMethod=LatestReleased .

Michigan Department of Community Health, *Medicaid Provider Manual* 1194-1195 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

Michigan Department of Community Health, *Medicaid Provider Manual* 1263-1264 (2010), <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a>

Minnesota Department of Human Services, MHCP Provider Manual, Physician and Professional Services, Ch. 6: Non-Covered Weight Loss Services (rev. June 2010), http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=id\_008926&RevisionSelectionMethod=LatestReleased#P1122\_92307.

Minnesota Department of Human Services, MHCP Provider Manual: Obstetric Services (rev. July 2010),

<sup>&</sup>lt;sup>159</sup> MINN. REG. 9505.1696 (2010).

<sup>&</sup>lt;sup>160</sup> MINN. STAT. 256B.0625(13(d) (2010).

Minnesota Department of Human Services, MHCP Provider Manual, Physician and Professional Services, Authorization Standards for Adult Bariatric Surgery (rev. June 2010), <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=id\_008926&RevisionSelectionMethod=LatestReleased#P365\_23388">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=id\_008926&RevisionSelectionMethod=LatestReleased#P365\_23388</a>

# MINNESOTA Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					Adolescent Eligibility Criteria:
					Adolescents must have either: 1) BMI ≥of 40 with one
					following: sleep apnea, severe
					hypertension, Diabetes; or
					2) BMI $\geq$ 50 with one or more of
					the following: arthropathies in
					weight-bearing joints,
					dyslipidemias, reflux disease, hypertension, soft-tissue
					infections, obesity-related
					psychosocial distress,
					significant impairment in ADL,
					urinary incontinence, or venous stasis disease.
					3) Recipient must have attained
					physiologic maturity as
					measured by both: Tanner stage
					IV development and 95% of
					adult height based on estimates
					from bone age. Patients not meeting the criteria
					with one or more immediate, life-
					threatening co-morbidity will be
					considered for approval on a case-
					by-case basis. 162

<sup>&</sup>lt;sup>162</sup> Minnesota Department of Human Services, *MHCP Provider Manual, Physician and Professional Services, Authorization Standards for Adolescents Bariatric Surgery* (rev. June 2010), <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=id\_008926&RevisionSelectionMethod=LatestReleased#P365\_23388">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&dDocName=id\_008926&RevisionSelectionMethod=LatestReleased#P365\_23388</a>

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Mississippi Medicaid does not appear to offer a separate set of covered services for preventive care.	Nutrition Assessment/ Counseling: Available as a component of the enhanced services provided to high-risk pregnant women. 163	EPSDT: The program is known as Mississippi Cool Kids and provides a nutritional evaluation. 164	Non-Insulin Dependent Diabetes: Glucose monitors covered for beneficiaries on diet control. 165	Weight-loss Drugs: Medications indicated for weight loss are specifically excluded. 166	Non-Covered Services: Treatment for obesity or weight control including all diet treatments, gastric or intestinal bypass or stapling, or related procedures, regardless of degree of obesity or any claim of medical necessity, are excluded from coverage. 167  Abdominal Panniculectomy: As appropriate and medically necessary when performed to relieve clinical signs and symptoms resulting from redundant skin following a massive weight loss, symptomatology related to panniculitis, and/or the facilitation of abdominal surgery for those
					persons defined as morbidly obese. 168

<sup>163</sup> Mississippi Div. of Medicaid, *Provider Policy Manual* § 71.04, 1 (2005), <a href="http://www.medicaid.ms.gov/Manuals/Section%2071%20-%20PHRM-ISS/Section%2071.04%20-%20High%20Risk%20Pregnant%20Women.pdf">http://www.medicaid.ms.gov/Manuals/Section%2071%20-%20PHRM-ISS/Section%2071.04%20-%20High%20Risk%20Pregnant%20Women.pdf</a>.
164 Mississippi Div. of Medicaid, *The Mississippi Medicaid Cool Kids Program (EPSDT)* (Jan. 15, 2007 version), <a href="http://www.medicaid.ms.gov/EPSDT\_Cool\_Kids.pdf">http://www.medicaid.ms.gov/EPSDT\_Cool\_Kids.pdf</a>.
165 13-000-011 Miss. Code R. § 10.37 (Weil 2010).
166 13-000-011 Miss. Code R. § 31.07(1) (Weil 2010).
167 09-000-004 Miss. Code R. § 4.1(M) (Weil 2010).
168 13-000-011 Miss. Code R. § 53.14 (Weil 2010).

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Missouri Medicaid does not appear to offer a separate set of covered services for preventive care.	Prenatal Care: Prenatal case management is available for all women who are "at risk" of poor pregnancy outcomes. Providers must perform risk appraisals on pregnant women to determine whether the "at risk" label applies. Services for pregnant women are exempt from coinsurance requirements. 169	<b>EPSDT:</b> General physical examinations and interperiodic screenings. <sup>170</sup>	Obesity Treatment: Not covered unless the treatment is an integral and necessary part of a course of treatment for a concurrent or complicating medical condition. The Chronic Care Improvement Program: Integrates self and coordinated management and electronic care to improve the quality of care for Medicaid patients with chronic illnesses, including diabetes and cardiovascular diseases. The Course of the c	Weight Loss Drugs: Xenical (Orlistat) is covered for dyslipidemia with prior authorization. Other drugs to treat weight loss are not covered for any indications. <sup>173</sup>	Prior Authorization: 1) Gastroplasty; 2) Gastric bypass for morbid obesity Procedures to revise the adjustable gastric band component only do not require authorization.  Eligibility Criteria: Bariatric surgery is only covered when performed: 1) As treatment for a concurrent or complicating medical condition; and 2) BMI > 40. 174

Mo. Code Regs. Ann. tit. 13, 70-4.050 (2010).

170 Mo. Code Regs. Ann. tit. 13, 70-25.110 (2010).

171 Obesity identified as high-risk condition, Mo. Code Regs. Ann. tit. 19, 10-5.010 (2010); MO HealthNet Div., Physician Provider Manual § 13.65, 124 (2009), http://manuals.momed.com/collections/collection\_phy/Physician\_Section13.pdf.

MO Dept. of Social Serv., Chronic Care Improvement Program, <a href="http://www.dss.mo.gov/mhd/general/pages/organization.htm">http://www.dss.mo.gov/mhd/general/pages/organization.htm</a>.

MO HealthNet Div., List of Excluded Drugs and Excludable Drugs for Which Prior Authorization is Required (July 2010), <a href="http://www.dss.mo.gov/mhd/cs/pharmacy/pdf/druglist.pdf">http://www.dss.mo.gov/mhd/cs/pharmacy/pdf/druglist.pdf</a>.

Missouri Health Net, Provider Manual: Physician 66, 124 (2009), <a href="http://207.15.48.5/collections/collection\_phy/Physician\_Section13.pdf">http://207.15.48.5/collections/collection\_phy/Physician\_Section13.pdf</a>.

## **MONTANA** (Department of Public Health and Human Services)

<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	<b>Pharmaceutical</b>	Surgical Coverage
Adults	Pregnant Women	Children Under Age 21	Co-Morbidities	Coverage	
Weight Reduction: Physicians and midlevel practitioners who counsel and monitor clients on weight reduction programs can be paid for those services. Similar services provided by nutritionists are not covered. 175	Prenatal Care: Case management services are provided to high-risk pregnant women. 176 Care and services are tailored to the individual needs of the patient which may include nutritional services. 177	Children Under Age 21  EPSDT: Providers should assess the nutritional status of each child during the Well Child Screen. Children with nutritional problems may be referred to a licensed nutritionist or dietician for further assessment or counseling. 178  EPSDT Nutritional Services: Nutrition services may include: 1) Nutrition counseling for counseling directly with a child, or with a caregiver, to explain the nutrition assessment and implement a plan of nutrition care; 2) Nutrition assessment for evaluation of a child's nutritional problems, and design of a plan to prevent, improve or resolve identified nutritional problems; 3) Nutrition consultation which includes referring a child to other services; 4) Nutrition education for routine education for normal nutritional needs. 179	Co-Morbidities  Diabetic Nutrition Information: Diabetic nutrition education may be covered for adults. 180	Coverage  Weight Loss Drugs: Drugs provided for weight reduction or cosmetic purposes are not covered.  181	Gastric Bypass: All gastric bypass related services (including initial bypass and revisions) are NOT covered. 182

Montana Department of Public Health and Human Services, *Physician Related Services*, page 2.10 (Sept. 2005 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf">http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf</a>.

176 MONT. ADMIN. R. 37.86.3401 (2010).

177 MONT. ADMIN. R. 37.86.3301 (2010).

178 Montana Department of Public Health and Human Services, *Physician Related Services*, pages 3.1-3.3 (Sept. 2005 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf">http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf</a>.

179 MONT. ADMIN. R. 37.86.2209 (2010).

<sup>180</sup> Montana Department of Public Health and Human Services, *Montana Medicaid Notice: Nutrition Providers* (Mar. 1, 2003), <a href="http://medicaidprovider.hhs.mt.gov/pdf/nutrition0303.pdf">http://medicaidprovider.hhs.mt.gov/pdf/nutrition0303.pdf</a>.

<sup>&</sup>lt;sup>181</sup> Montana Department of Public Health and Human Services, *Prescription Drug Program* 2.2 (Nov. 2004 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/pharmacy.pdf">http://medicaidprovider.hhs.mt.gov/pdf/pharmacy.pdf</a>.

<sup>&</sup>lt;sup>182</sup> MONT. ADMIN. R. 37.85.207 (2010).

#### **MONTANA** (Department of Public Health and Human Services)

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children Under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
NO Coverage for:  1) Weight reduction plans (e.g., Jenny Craig, Weight Watchers);  2) Nutritional Supplements;  3) Dietary Supplements;  4) Health Club Memberships;  5) Educational or weight monitoring services of a Nutritionist. 183  Outpatient Hospital Services:  Does not cover nutritional programs or health club memberships. 184		Anticipatory Guidance: Should include counseling on the importance of exercise and nutrition, including eating habits and disorders. <sup>185</sup>	Nurse First: Disease management program where enrollees receive:  1) One-on-one counseling and education from specially-trained nurses;  2) Program materials (e.g. pamphlets and brochures);  3) Extensive case management assistance;  4) Phone calls; and  5) Home visits from community-based nurses. 186	Coverage	Cosmetic Procedures: Not Covered under Medicaid unless the provider proves possible harm to the well-being of the enrollee and receives prior approval. 187

Montana Department of Public Health and Human Services, *Physician Related Services* 2.10 (Sept. 2005 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf">http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf</a>.

Montana Department of Public Health and Human Services, *Physician Related Services* 3.6 (Sept. 2005 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf">http://medicaidprovider.hhs.mt.gov/pdf/physician.pdf</a>.

Montana Department of Public Health and Human Services, *Your New Handbook* 61 (July 2004 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf">http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf</a>

Montana Department of Public Health and Human Services, *Your New Handbook* 49 (July 2004 version), <a href="http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf">http://medicaidprovider.hhs.mt.gov/pdf/medinfo.pdf</a>

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

Ducyontivo Covenage	Duayantiya Cayanaga	Duovantiva Cavanaga	Coverage Poleted to	Dhammaaaytiaal	Sunciael Cavanage
<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Weight Loss Services:	<b>Prenatal Care:</b> Treatment is	<b>EPSDT:</b> Includes one-on-one	Treatment of Obesity as Part of	Weight Loss Drugs: Drugs or other	Prior Authorization: Required
1) Weight control programs are	provided, as part of prenatal care,	nutritional counseling for a number	Treatment of Another Illness:	items prescribed or recommended	from the Division of Medicaid and
not covered.	for any conditions or complications	of nutritional problems or	Coverage provided for the treatment	for weight control and/or appetite	Long-Term Care before the
2) No payment for services	(such as diabetes or hypertension)	conditions, including: excessive	of conditions aggravated by obesity,	suppression are not covered. 192	following procedures:
provided when the sole	that are caused by or exacerbated by	weight gain, obesity, and	including: hypothyroidism,		1) Gastric bypass;
diagnosis is obesity. 188	the pregnancy. Also covered are	diabetes. 190	Cushing's disease, hypothalamic	<b>Orlistat</b> : May be covered with prior	2) Gastric stapling; and
	medically necessary services to		lesions, cardiac diseases, respiratory	approval if prescribed in	3) Vertical banded gastroplasty. 194
	ensure a healthy outcome for the		diseases, diabetes, hypertension,	conjunction with a covered	
	current pregnancy and unborn		diseases of the skeletal system.	indication. Cannot locate specific	The patient must have extreme
	child. 189		Treatment for obesity may be	prior approval requirements. 193	obesity and the surgery must be:
			covered when the services are an		1) Medically appropriate for the
			integral and necessary part of a		individual; and
			course of treatment. 191		2) Performed to correct an illness
					which caused the obesity or
					was aggravated by the
					obesity. 195

<sup>188 471</sup> Neb. Admin. Code § 10-005.05 (2010).
189 471 Neb. Admin. Code § 18-004.48(b)(1) (2010).
190 471 Neb. Admin. Code § 33-003.01 (2010).
191 471 Neb. Admin. Code § 10-005.05 (2010).
192 471 Neb. Admin. Code § 16-003 (2010); 471 Neb. Admin. Code § 16-004.06 (2010).
193 471 Neb. Admin. Code § 10-005.01(d) (2010).
194 471 Neb. Admin. Code § 10-005.01 (2010).
195 471 Neb. Admin. Code § 10-005.05 (2010).

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

<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Nevada Medicaid does not appear to	Prenatal Care: Requires that	EPSDT Screening: Nutritional	Diabetic Outpatient Self-	Weight Loss Drugs: The Nevada	Gastric Bypass:
offer a specific covered benefit for	screening for high-risk pregnancies	history of the child from the child's	Management Training:	Medicaid Drug Rebate Program will	1) BMI ≥ 40
preventive services.	be provided at the initial visit for	parents or a responsible adult	Development of a specific treatment	not reimburse for agents used for	2) Waist circumference of more
	prenatal care. Allows the physician	familiar with the child, or directly	plan for Type I and Type II	weight loss. <sup>200</sup>	than 40" in men, and more than
	to send referral for case	from an adolescent, when	diabetics to include, based on need,		35" in women;
	management if the screen	appropriate. 197	the following:		3) Disabling obesity-related co-
	determines that the recipient's		1) Blood glucose self-monitoring;		morbidities;
	pregnancy is "high-risk." 196	Health Education: Education	2) Diet and exercise planning;		4) Strong desire for substantial
		related to the physical assessment	3) Diabetes review;		weight loss;
		should be provided at each	4) Stress & psych adjustment;		5) Well-informed, motivated, and
		screening and should help children	5) Family involvement & social		committed to lifestyle change;
		and their parents understand the	support;		6) No history of significant
		health status of the child and	6) Medications;		psychopathology that
		provide information emphasizing	7) Instruction related to care of		contraindicates the
		health promotion and preventive	feet, skin, and teeth;		procedure. <sup>201</sup>
		strategies. Health education	8) Behavioral change strategies;		
		explains the benefits of a healthy	9) Preconception care, pregnancy,		Non-Covered Services:
		lifestyle and normal growth and	& gestational diabetes; and		<ol> <li>Intestinal bypass surgery;</li> </ol>
		development. 198	10) Utilization of health care		2) Gastric balloon;
			systems and community		3) Surgical procedures other than
			resources. 199		gastric bypass for morbid
					obesity. <sup>202</sup>

\_

<sup>&</sup>lt;sup>196</sup> Nevada Department of Health and Human Services., Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services* § 603 at 8 (July, 14, 2010 version), <a href="http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf">http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf</a>.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 1500: Healthy Kids Program* § 1503 at 3 (July 14, 2009 version), <a href="http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf">http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf</a>.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual: Chapter 1500, Healthy Kids Program* § 1503 at 5 (July 14, 2009 version), <a href="http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf">http://dhcfp.state.nv.us/MSM/CH1500/Ch%201500%20Final.pdf</a>.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services* Att. A at 14-15 (July 14, 2010 version), <a href="http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf">http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf</a>.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 1200: Prescribed Drugs* § 1203 at 3 (May 11, 2010 version), <a href="http://dhcfp.state.nv.us/MSM/CH1200/Ch%201200%20FINAL%205-11-10.pdf">http://dhcfp.state.nv.us/MSM/CH1200/Ch%201200%20FINAL%205-11-10.pdf</a>.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual, Chapter 600: Physician Services*, Att. A at 10 (July 14,, 2010 version), http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf.

Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, *Medicaid Services Manual: Chapter 600, Physician Services* § 603 at 27-28 July 14. 2010 version), <a href="http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf">http://dhcfp.state.nv.us/MSM/CH0600/Ch%20600%20Final%207-13-10.pdf</a>.

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
					Covered Services: Covers bariatric surgeries with prior approval (specific eligibility requirements are unavailable):  1) Gastric bypass w/Roux-en-Y);  2) Laparoscopy, gastric restrictive procedure; placement, revision, and/or removal of adjustable gastric band;  3) Gastric restrictive procedure, without gastric bypass, vertical-banded gastroplasty or other;  4) Gastric restrictive procedure, w/gastric bypass, Roux-en-Y;  5) Gastric restrictive procedure, with gastric bypass; with small intestine reconstruction;
	Maternal Postpartum Assessment: A determination of the mother's diet; rest, activity and exercise; and breast feeding. The assessment should also include postpartum education, and ensuring the mother knows proper exercise guidelines. <sup>207</sup>			c) smoking, d) osteoarthritis, e) gallstones, f) stress, g) incontinence, h) gynecologic abnormalities, i) family history of premature heart disease, j) impaired fasting glucose; 4) Waist circumference; 5) Absence of contraindication. <sup>210</sup>	6) Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure). 211

<sup>203</sup> New Hampshire Dept. of Health and Human Serv., *Provider Manuals: Physicians* 34 (1994), <a href="http://www.nhmedicaid.com/Downloads/Manuals/Physician%20Provider%20Specific%20Billing%20Guidelines.doc.">http://www.nhmedicaid.com/Downloads/Manuals/Physician%20Provider%20Specific%20Billing%20Guidelines.doc.</a>
204 N.H. Admin. Rules Ann. [He-W] 530.05 (2010).
205 N.H. Admin. Rules Ann. [He-W] 548.04(d) (2010).
206 N.H. Admin. Rules Ann. [He-W] 549.04 (2010).
207 N.H. Admin. Rules [He-W] 546.05(a)(1) (2010).
208 N.H. Admin. Rules [He-W] 546.05(a)(1) (2010).
209 N.H. Admin. Rules [He-W] 540.04 (2010).

New Hampshire Medicaid, *Anti-Obesity Medications: NH Medicaid Prior Approval Form* (2009), <a href="http://www.dhhs.state.nh.us/NR/rdonlyres/eb2l6zk2hl4dr5zhvcbwo5hbkls76rzmxuqgfsgmqxzma2n7fjpwse2wkwisx65jnjsfqlighnnjj6lnk2hzovcdp3c/obesity.pdf">http://www.dhhs.state.nh.us/NR/rdonlyres/eb2l6zk2hl4dr5zhvcbwo5hbkls76rzmxuqgfsgmqxzma2n7fjpwse2wkwisx65jnjsfqlighnnjj6lnk2hzovcdp3c/obesity.pdf</a>.

#### **NEW JERSEY NJ FamilyCare**

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Preventive Coverage: Adults  Obesity Treatment: Hospital admission primarily for diet therapy for exogenous obesity is a non-covered inpatient/ outpatient service. 212	Preventive Coverage: Pregnant Women  HealthStart Maternity Care: Includes case coordination and nutrition assessment and counseling services for pregnant women. 213  Maternity services also include: 1) Specialized nutrition assessment and counseling, which shall be provided to those women with additional needs; 2) Referral for extensive specialized nutrition services, which shall be initiated by the medical care provider or the nutritionist under the supervision of the medical care provider in coordination with	Preventive Coverage: Children under Age 21  EPSDT: Each EPSDT visit shall include a comprehensive health and developmental history, including a nutritional assessment.  EPSDT providers shall make provision for consultation for specialized health and other pediatric services including nutrition and education services.  216	Co-Morbidities  New Jersey Medicaid does not appear to offer a separate set of covered services for chronic disease management.	Pharmaceutical Coverage  Lipase Inhibitors: Coverage shall be limited to obese individuals with:  1) BMI ≥ 27and < 30 with comorbidities of hypertension, diabetes or dyslipidemia; or  2) BMI ≥ 30 without comorbidities.  Xenical is classified as a lipase inhibitor. Anorexiants and antiobesics are excluded from coverage.  Prior Authorization: The prior authorization agent will automatically authorize a 30 day supply. If justification is received by the pharmacy prior authorization agent, the lipase inhibitor will be	Covered Services: Gastric procedures for obesity are assigned a DRG rate and appear to be reimbursable inpatient procedures at general acute care hospitals. Specifics on which procedures or eligibility requirements are unavailable. <sup>218</sup>
	provider in coordination with the case coordinator; and 3) Postpartum nutrition assessment and basic guidance services. 214			agent, the lipase inhibitor will be prior authorized for an additional 30-day supply. After these two 30-day periods, any subsequent provision of lipase inhibitors shall not be dispensed without prior authorization and shall be limited to a 90-day supply.	

<sup>&</sup>lt;sup>210</sup> New Hampshire Medicaid, Anti-Obesity Medications: NH Medicaid Prior Approval Form (July 2010),

New Hampsnire Medicaid, Anti-Obesity Medications: NH Medicaid Prior Approval Form (July 2010),

http://www.dhhs.state.nh.us/NR/rdonlyres/e6xgxzdwsivy3mewucpa7ljarnjaanhxioehx3pys6iyt57fjmlfr6piuwwdnihgiztdxybnae3425xxgwmj5nkyo6a/obesity.pdf

211 New Hampshire Medicaid, Prior Approval Form for Gastric Bypass Surgery (2007), http://www.mynewhampshirecare.com/documents/PA%20gastric%20bypass%20phy%20verification.pdf.

212 N.J.ADMIN CODE 10:52-1.8(a)(1)(ii) (2010).

213 N.J.ADMIN CODE 10:52-3.2(b)(2) (2010).

214 N.J.ADMIN CODE 10:52-3.9(b) (2010).

215 N.J.ADMIN CODE 10:52-2.4(b) (2010); N.J.ADMIN CODE 10:54-5.9 (2010).

216 N.J.ADMIN CODE 10:51-1 13(a)(2) (2010); N.J.ADMIN CODE 10:51-1 14(b)(5) (2010).

217 N.J.ADMIN CODE 10:51-1 13(a)(2) (2010); N.J.ADMIN CODE 10:51-1 14(b)(5) (2010).

<sup>&</sup>lt;sup>217</sup> N.J. Admin. Code 10:51-1.13(a)(2) (2010); N.J.Admin Code 10:51-1.14(b)(5) (2010). 
<sup>218</sup> N.J.Admin Code 10:52-14.4 (2010).

## **NEW MEXICO Human Services Department**

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Non-covered Services: Medicaid	Prenatal Care: Prenatal care	School Based Services: Medicaid	Screening for Type II Diabetes:	Weight Loss Drugs: Medications	Excluded: Effective May 2010, due
does not provide coverage of the	should include:	covers nutritional assessment and	Medicaid managed care plans must	for weight loss or weight control are	to budgetary constraints, New
following:	1) Educational outreach to all	counseling when medically	provide screening for individuals	covered with prior authorization.	Mexico Medicaid no longer covers
1) Services not considered	members of childbearing age;	necessary and furnished by	with the following risk factors:	Eligibility requirements are	bariatric surgery. <sup>224</sup>
medically necessary for the	2) Risk assessment of all pregnant	specified providers in school	1) Family history of diabetes;	unavailable. <sup>223</sup>	
condition of the recipient;	members to identify high-risk	settings.	2) Obesity ( $\geq$ 20% over desired		
2) Dietary counseling for the sole	cases;	1) Services must be ordered or	body weight or BMI $\geq$ 27);		
purpose of weight loss;	3) Case management services to	authorized by the child's	3) Race/ethnicity;		
3) Weight control and weight	address special needs of	primary care provider and must	4) Previously identified with		
management programs;	members with high-risk	meet the needs specified in the	impaired fasting glucose or		
4) Commercial dietary	pregnancies. 220	child's individualized education	impaired glucose tolerance;		
supplements or replacement		plan (IEP) or individualized	5) Hypertension;		
products marketed for the		family service plan (IFSP);	6) HDL cholesterol $\geq$ 35 mg/dl		
primary purpose of weight loss		2) The plan must be developed in	and triglyceride level $\geq 20$		
and weight management. 219		conjunction with licensed	mg/dl; and		
		nutritionists or registered	7) History of gestational diabetes		
		dieticians;	mellitus or delivery of a baby		
		3) Services require prior	over nine pounds. <sup>222</sup>		
		authorization by the PCP.			
		Frequency and duration of			
		services furnished may not			
		exceed those specified in the			
		IEP or IFSP. <sup>221</sup>			

<sup>219</sup> N.M. ADMIN. CODE 8.324.9.14.
220 N.M. ADMIN. CODE 8.305.8.16(H).
221 N.M. ADMIN. CODE 8.320.613(C).
222 N.M. ADMIN. CODE 8.305.8.16(C)(11).
223 N.M. ADMIN. CODE 8.324.4.14(A)(8).
224 N.M. ADMIN. CODE 8.301.3.31.

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

<b>Preventive Coverage:</b>	<b>Preventive Coverage:</b>	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
New York Medicaid does not appear to offer a separate set of preventive services.	<b>Prenatal Care:</b> Comprehensive prenatal services include: a risk assessment, including screening for	<b>EPSDT</b> : Includes a screening of children and youth for nutritional risk at each visit. Nutritional risk	Chronic Conditions in Children: Children and adolescents with diabetes and/or other chronic health	Weight Loss Drugs: Coverage for amphetamine and amphetamine-like substances is only available when	Gastric Bypass: Covered only under the following circumstances:  1) It is an integral and necessary
F	nutritional risk factors with appropriate referrals; care planning	includes overweight and hyperlipidemia or inappropriate	conditions that are also obese or overweight should be counseled	used in outpatient treatment of conditions <b>other than</b> obesity or	part of a course of treatment for an illness;
	and coordination of care; nutrition services, and health education.  Health education includes	feeding practices. Each visit should also include an evaluation of growth, dietary practices, a general	about healthy dietary regimens or referred to a physician who specializes in nutritional issues	weight reduction. No payment will be made for any drug which has weight reduction as its sole clinical	2) The obesity was created by or is aggravating or creating pathological disorders; and
	information on physical activity and exercise as well as nutrition. 225	health history, the physical exam, and laboratory tests. <sup>226</sup>	(some intensely counseled, if necessary). 229	use. <sup>230</sup>	Regular medical treatment including endocrine,
		Adolescents: Annual screen for eating disorders and obesity by determining weight, statute and BMI and inquiring about body image and dieting patterns. 227			nutritional, psychiatric and counseling services, as appropriate, have been provided to the patient for a period of 12-24 months and regular weighing of patient has
		Low-Income Children: EPSDT providers should be alert for nutrition problems, such as obesity (and its complications such as Type II Diabetes and hyperlipidemia). <sup>228</sup>			indicated insignificant weight loss.  No prior approval required, but should be a treatment of last resort to control obesity. 231

<sup>&</sup>lt;sup>225</sup> New York State Department of Health, Office of Medicaid Management, *Prenatal Care Assistance Program Medicaid Policy Guidelines Manual*, page 3 (January 17, 2007version), available at: http://www.emedny.org/ProviderManuals/Prenatal-Policy Section.pdf.

226 New York State Department of Health, Office of Medicaid Management, EPSDT/CTHP Provider Manual 38 (2005 version), http://www.emedny.org/ProviderManuals/EPSDTCTHP/PDFS/EPSDT-CTHP.pdf.

227 New York State Department of Health, Office of Medicaid Management, EPSDT/CTHP Provider Manual 38 (2005 version), http://www.emedny.org/ProviderManuals/EPSDTCTHP/PDFS/EPSDT-CTHP.pdf.

New York State Department of Health, Office of Medicaid Management, EPSDT/CTHP Provider Manual 38 (2005 version), http://www.emedny.org/ProviderManuals/EPSDTCTHP/PDFS/EPSDT-CTHP.pdf.

New York State Department of Health, Office of Medicaid Management, EPSDT/CTHP Provider Manual 38 (2005 version), http://www.emedny.org/ProviderManuals/EPSDTCTHP/PDFS/EPSDT-CTHP.pdf.

<sup>&</sup>lt;sup>230</sup> N.Y. COMP. CODES R. & REGS. 18, § 505.3 (2010).

New York Department of Health, New Protocol for Gastric Bypass Surgery (2005), http://www.health.state.ny.us/health\_care/medicaid/program/update/2005/jan2005.htm#prot.

## NORTH CAROLINA Department of Health and Human Services, Division of Medical Assistance

North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-B page 7(b), <a href="http://www.ncdhhs.gov/dma/plan/sp.pdf">http://www.ncdhhs.gov/dma/plan/sp.pdf</a>.

North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-A.1 at 7g.7, <a href="http://www.ncdhhs.gov/dma/plan/sp.pdf">http://www.ncdhhs.gov/dma/plan/sp.pdf</a>.

North Carolina Division of Medical Assistance, Child Service Coordination (May 1, 2007 version), http://www.dhhs.state.nc.us/dma/mp/1m1.pdf.

North Carolina Division of Medical Assistance, Chita Service Coordination (May 1, 2007 Version), <a href="http://www.dinhs.state.nc.us/dma/plan/sp.pdf">http://www.dinhs.state.nc.us/dma/plan/sp.pdf</a>.

235 North Carolina State Plan under Title XIX of the Social Security Act: Medical Assistance Program, Attachment 3.1-B.1 at 4, <a href="http://www.ncdhhs.gov/dma/plan/sp.pdf">http://www.ncdhhs.gov/dma/plan/sp.pdf</a>.

236 North Carolina Division of Medical Assistance, Surgery for Clinically Severe Obesity (July 1, 2008 version), <a href="http://www.dhhs.state.nc.us/dma/plan/sp.pdf">http://www.dhhs.state.nc.us/dma/plan/sp.pdf</a>.

237 North Carolina Division of Medical Assistance, Elimination of Coverage of Bariatric Surgery (Aug. 2010), <a href="http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar">http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar</a> (last visited Aug. 8, 2010).

#### NORTH CAROLINA Department of Health and Human Services, Division of Medical Assistance

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					with mobility or is the site of uncontrollable inflammation. <sup>238</sup>
					NOTE: As of October 1, 2010, coverage for panniculectomies will terminate. 239

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Nutritional Services: Covers	North Dakota does not appear to	<b>EPSDT:</b> Includes comprehensive	Diabetic Education Centers:	Orlistat: Covered by prior	Weight Loss Surgery: Requires
nutritional counseling and supplies	offer a separate set of covered	health and developmental history as	Coverage of nutritional counseling	authorization with dietician	prior authorization, eligibility
by a Licensed Registered Dietician.	services for risk assessment during	well as health education and	by Certified Diabetes Educators for	evaluation, for recipients with BMI	requirements are unavailable.
All services require a physician's	pregnancy.	anticipatory guidance. <sup>242</sup>	diabetics on insulin. Services must	$\geq$ 40 (height and weight must be	Available procedures include
order. Nutritional services are			be ordered by a physician and be	supplied). Updates on progress	vertical banded gastroplasty,
allowed up to four visits per year		Health Education: Health	limited to educational centers in	required semi-annually and	laparoscopic and open gastric
without prior authorization. 240		education is a required component	North Dakota approved by the	coverage will be terminated if no	bypass. <sup>247</sup>

North Carolina Division of Medical Assistance, *Panniculectomy* (May 1, 2007 version), <a href="http://www.dhhs.state.nc.us/dma/mp/1a10.pdf">http://www.dhhs.state.nc.us/dma/mp/1a10.pdf</a>. (Policy ends October 1, 2010).

North Carolina Division of Medical Assistance, End-Dated Coverage of Panniculectomy (Aug. 2010), <a href="http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar">http://www.dhhs.state.nc.us/dma/bulletin/0810bulletin.htm#bar</a> (last visited Aug. 8, 2010)

North Dakota Department of Human Services, General Information for Providers: Medicaid and Other Assistance Programs 121 (Mar. 2010 version), http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf. North Dakota Department of Human Services, General Information for Providers: Medicaid and Other Assistance Programs 116 (Mar. 2010 version), http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf.

# NORTH DAKOTA Department of Human Services

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Weight Loss Services: No coverage for:  1) Exercise classes; 2) Nutritional supplements for the purpose of weight reduction; 3) Instructional materials and books; 4) Weight loss and exercise programs. 241		of screening services and includes anticipatory guidance. Health education and counseling for parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of health lifestyles and practices. 243	American Diabetes Association. 244  Experience Health ND: Voluntary disease management program for Medicaid beneficiaries with chronic diseases, such as diabetes. Program offers a toll-free health information line, extensive case-management services, one-on-one counseling and education from registered nurses, program education materials, and provider outreach/continuing education. 245	progress is shown (specifically 5% weight loss in six months).  Coverage terminated when BMI falls below 30. 246	

# OHIO Department of Job & Family Services

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	Coverage	
Weight Loss Products: Nutrition	<b>Nutrition Intervention:</b> Includes	<b>EPSDT:</b> Measurements of height	Ohio Medicaid does not appear to	Weight Loss Drugs: Drugs for the	Weight Loss Surgery: The
products designed to be eaten for	basic nutrition education and	and weight, including age-	offer a separate set of covered	treatment of obesity are not covered	treatment of obesity (including but
the member's prescribed reduced	counseling services provided to a	appropriate percentiles. The	service for chronic disease	under the Ohio Medicaid Pharmacy	not limited to gastroplasty, gastric
calorie diet for consumers with	pregnant or postpartum woman who	nutritional screening includes	management.	Program. <sup>254</sup>	stapling, ileo-jejunal shunt, or other
obesity issues, diabetes, pre- or	has a medical need for a therapeutic	questions regarding dietary			gastric restrictive procedures). 255
post-gastric bypass, or bariatric	diet. Includes:	practices, measurements of height			
surgery are not covered. <sup>248</sup>	1) Specialized nutrition	and weight, laboratory testing (if			

North Dakota Department of Human Services, General Information for Providers: Medicaid and Other Assistance Programs 159 (Mar. 2010 version), http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf

<sup>248</sup> Ohio Admin. Code Ann. 5101:3-10-26 (2010).

North Dakota Department of Human Services, General Information for Providers: Medicaid and Other Assistance Programs 121 (Mar. 2010 version), http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf.

North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 117 (Mar. 2010 version), <a href="http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf">http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf</a>.

North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 122 (Mar. 2010 version), <a href="http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf">http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf</a>.

1244 North Dakota Department of Human Services, *General Information for Providers: Medicaid and Other Assistance Programs* 122 (Mar. 2010 version), <a href="http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf">http://www.nd.gov/dhs/services/medicaid/docs/gen-info-providers.pdf</a>.

North Dakota Department of Human Services, General Information for Providers: Medicaid and Other Assistance Programs 106 (Mar. 2010 version), <a href="http://www.nd.gov/dhs/services/medicaidserv/medicaid/docs/gen-info-providers.pdf">http://www.nd.gov/dhs/services/medicaidserv/medicaid/docs/gen-info-providers.pdf</a>

North Dakota Department of Human Services, Medicaid Management Information System: Provider Manual for Pharmacies 11 (Oct. 2009 version), http://www.nd.gov/dhs/services/medicaid/docs/pharmacy-manual.pdf.

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Adults	counseling and education as it relates to the medically diagnosed problem or high-risk factor;  2) Development of an individual diet plan, including a therapeutic diet calculation;  3) Teaching of therapeutic diet or other nutritional modifications of diet, and the provision of sample meal plans and patterns;  4) Monitoring the results of the nutrition intervention and making any necessary changes in the dietary plan.  Antepartum Care: Antepartum visit includes individual and/or group instruction, education and counseling on a variety of topics regarding pregnancy and nutrition, a physical examination (including recordation of weight), and coordination of care.  250	medically indicated), and a complete physical examination. 251  EPSDT screenings must include a recording of blood pressure, as age-appropriate. 252  Health Education: Must include counseling and anticipatory guidance and risk-factor related intervention. The education and guidance should provide information on the benefits of healthy lifestyles and disease prevention. When EPSDT screening indicates need for further evaluation of an individual's health, the provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment. 253	Co-Morbidities	Coverage	

OHIO ADMIN. CODE ANN. 5101:3-9-03 (2010).
 OHIO ADMIN. CODE ANN. 5103:3-2-03 (2010); OHIO ADMIN. CODE ANN. 5101:3-4-28 (2010).
 OHIO ADMIN. CODE ANN. 5101:3-4-10 (2010).
 OHIO ADMIN. CODE ANN. 5101:3-4-08 (2010); OHIO ADMIN. CODE ANN. 5101:3-4-10 (2010).

OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).
 OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).
 OHIO ADMIN. CODE ANN. 5101:3-14-03 (2010).

#### **OKLAHOMA** SoonerCare

P :: C	D 41 G	<b>D</b> 4: G		DI (LIC	G 1 1 G
<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
<b>Nutrition Services:</b> Payment is	Obstetrical Care: Nutritional	<b>EPSDT:</b> Requires regularly	Oklahoma Medicaid does not	<b>Excluded from Coverage:</b> Agents	Bariatric Surgery: Not covered
made for six hours of medically	counseling is provided in a group	scheduled examinations and	appear to offer a separate set of	used primarily for the treatment of	for the treatment of obesity alone
necessary nutritional counseling per	setting for members with gestational	evaluations of the nutritional status	covered service for chronic disease	anorexia or weight gain. Drugs	and the procedure must be
year by a licensed registered	diabetes. <sup>257</sup>	of infants, children, and youth. <sup>259</sup>	management.	used primarily for the treatment of	authorized by OHCA. To be
dietician. All services must be				obesity, such as appetite	eligible for Medicaid
prescribed by a physician, physician	<b>Nutrition Services:</b> Payment is	<b>BMI:</b> Each visit shall record		suppressants are not covered. 263	reimbursement, providers must be
assistant, advanced practice nurse,	made for a maximum of six hours of	measurements of height and weight.			nationally certified and all
or nurse midwife and be face to face	medically necessary nutritional	Beginning at age 4 and with each			qualifications must be met and
encounters between a licensed	counseling per year by a licensed	subsequent visit, a Body Mass Index			approved by the OHCA. Bariatric
registered dietitian and the member.	registered dietitian for members at	(BMI) is to be calculated and			surgery facilities and their providers
Services must be expressly for	risk for or those who have been	charted. <sup>260</sup>			must be contracted with OHCA. 264
diagnosing, treating or preventing,	recently diagnosed with gestational				
or minimizing the effects of illness.	diabetes. The initial consultation	Interperiodic Screening:			Step 1 - Member Eligibility:
Nutritional services for the	may be in a group setting for a	Nutritional assessment may also be			1) Between 18 and 65 years old;
treatment of obesity are not covered	maximum of two hours of class	included in the interperiodic			2) BMI $\geq$ 35 and obese condition
unless there is documentation that	time. Thereafter, four hours of	screening. 261			has persisted for at least 5
the obesity is a contributing factor	nutritional counseling by a licensed				years;
in another illness. <sup>256</sup>	registered dietitian may be provided	Assessment of nutritional status:			3) Diagnosed with one of the
	to the individual if deemed	Nutritional assessment may include			following:
	medically necessary, which may	preventive treatment and follow-up			a) Diabetes;
	include a post-partum visit,	services including dietary			b) Degenerative joint disease
	typically done at 6 weeks after	counseling and nutrition education			of major weight bearing
	delivery. Services must be solely for	if appropriate. This is accomplished			joints;
	the prevention, diagnosis, or	in the basic examination through:			c) A rare co-morbid condition
	treatment of gestational diabetes. 258	1) Questions about dietary			for which evidence
		practices;			supports that bariatric
		2) Complete physical			surgery is medically
		examination, including an oral			necessary to treat such a
		dental examination;			condition and that the

<sup>256</sup> OKLA. ADMIN. CODE 317:30-5-1076(5).
257 OKLA. ADMIN. CODE 317:30-5-22(b)(8).
258 OKLA. ADMIN. CODE 317:30-5-1076(5).
259 OKLA. ADMIN. CODE 317:30-3-57(13).
260 OKLA. ADMIN. CODE 317:30-3-65.2.
261 OKLA. ADMIN. CODE 317:30-3-65.10(b).

#### **OKLAHOMA** SoonerCare

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	That maccurcal Coverage	Surgical Coverage
		<ul> <li>3) Height and weight measurements;</li> <li>4) Laboratory test for iron deficiency; and</li> <li>5) Serum cholesterol screening, if feasible and appropriate. 262</li> <li>Anticipatory Guidance: Age appropriate guidance is required to be given to parents in the area of nutritional counseling.</li> </ul>			benefits of bariatric surgery outweigh the risk of surgical mortality; and 4) Documented unsuccessful attempts at weight loss; 5) Absence of other medical conditions that would increase risk of surgical mortality or morbidity; and 6) Member is not pregnant or planning to become pregnant in the next two years. 265
					Step 2 - Pre-Operative Assessment: Once the OHCA certifies that the member meets the above requirements, the primary care physician coordinates a pre-operative assessment and weight loss process including: 1) Psychosocial evaluation; 2) Surgical and medical evaluation; 3) Member participation in a six month physician-supervised weight loss program, the member must, within 180 days, lose at least 5% of member's initial body weight.
					Step 3 – Prior Authorization: When all requirements have been

<sup>&</sup>lt;sup>263</sup> OKLA. ADMIN. CODE 317:30-5-72.1(1)(D) (2009). <sup>264</sup> OKLA. ADMIN. CODE 317:30-5-137 (2009) <sup>262</sup> OKLA. ADMIN. CODE 317:30-3-65.4 (2009). <sup>265</sup> OKLA. ADMIN. CODE 317:30-5-137.1 (2009).

#### OKLAHOMA SoonerCare

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					met, a prior authorization for surgery must be obtained. This authorization cannot be requested before the initial 180 day weight loss program has been completed. If the member does not meet the weight loss requirement in the allotted time the member will not be approved for surgery and the provider must restart the prior authorization process. 266

<sup>&</sup>lt;sup>266</sup> OKLA. ADMIN. CODE 317:30-5-147.2 (2009).

## **OREGON Oregon Health Plan**

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
		G	C	That maceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Non-Covered Services: Weight	Maternity Case Management:	<b>EPSDT:</b> The EPSDT periodic	Oregon Medicaid does not appear to	Weight Loss Drugs: Weight loss	Covered Services: Bariatric
loss programs including, but not	Expands prenatal services to include	screening exams must include a	offer a separate set of covered	drugs are covered with prior	Surgery is covered with prior
limited to Optifast, Nutrisystem, and		comprehensive health and	service for chronic disease	authorization for covered diagnoses.	authorization. For each of these
other similar programs. Food	economic, social and nutritional	developmental history, including an	management.	Obesity is not a covered diagnosis.	services, the primary care provider
supplements will not be authorized	factors through the end of the	assessment of physical		Covered drugs include: Xenical	must refer the patient for evaluation
for use in weight loss. 267	pregnancy and a two (2) month	development, an assessment of the		(Orlistat); Meridia (Sibutramine);	pursuant to Prioritized List
	postpartum period. <sup>269</sup>	child's nutritional status, health		and Adipex (Phentermine). 272	Guidelines directed to Director of
<b>Obesity Treatment:</b> Medical		education, and anticipatory			Medical Assistance Programs
treatment of obesity is limited to	Intensive Nutritional Counseling:	guidance. EPSDT services also			Policy for review and transmittal to
intensive counseling on nutrition	Allows billing for intensive	include any interperiodic encounters			the Medical-Surgical Prior
and exercise, provided by health	nutritional counseling for mothers	with a physician that are medically			Authorization contractor. 273
care professionals. Intensive	who meet one of the following	necessary by referral. <sup>271</sup>			
counseling is defined as face to face	conditions:				Eligibility Criteria: Bariatric
contact more than monthly. Visits	1) Chronic disease;				surgery for obesity is covered for
are not to exceed more than once	2) Hematocrit < 34 or hemoglobin				individuals at least 18 years of age
per week. Intensive counseling	< 11 during the first trimester or				with a BMI $\geq$ 35 with co-morbid
visits (once every 1-2 weeks) are	hematocrit < 32 or hemoglobin <				type II diabetes. <sup>274</sup>
covered for 6 months. Intensive	10 during the second or third				
counseling visits may continue for	trimester;				
longer than 6 months as long as	3) Pre-gravida weight under 100				
there is evidence of continued	pounds or over 200;				
weight loss. Maintenance visits are	4) Pregnancy weight outside the				
covered no more than monthly after	appropriate Women, Infants and				
this intensive counseling period.	Children guidelines;				
Does not include pharmacological	5) Eating disorder;				
treatments. 268	6) Gestational diabetes;				
	7) Hyperemesis; or				
	8) Pre-eclampsia. 270				

<sup>&</sup>lt;sup>267</sup> OR. ADMIN. R. 410-120-1200(2)(aa) (2010).
<sup>268</sup> State of Oregon, Health Services Commission, *Prioritized List of Health Services* GN-5 (Apr. 2010 version), <a href="http://www.oregon.gov/OHPPR/HSC/docs/April10Plist.pdf">http://www.oregon.gov/OHPPR/HSC/docs/April10Plist.pdf</a>.
<sup>269</sup> OR. ADMIN. R. 410-130-0595 (2010).
<sup>270</sup> OR. ADMIN. R. 410-130-0595 (2010).
<sup>271</sup> OR. ADMIN. R. 410-130-0240 (2010).

## **PENNSLYVANIA Department of Public Welfare**

<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities	8	
Weight Loss Services: Some of the	<b>Healthy Beginnings Program:</b> For	EPSDT: EPSDT assessment	ACCESS Plus: Pennsylvania's	Weight Loss Drugs: Non-	Covered Services: Non-
Managed Care plans in the	pregnant women and children	includes a comprehensive history	Enhanced Primary Care Case	compensable services and items	compensable services include
HealthChoices program (mandatory	through 18. Basic services include	and examination, counseling,	Management Program.	include drugs and other items	gastroplasty for morbid obesity,
in some counties) provide benefits	care coordination, medical,	anticipatory guidance, risk factor		prescribed for obesity, appetite	gastric stapling or ileo-jejunal shunt
such as Weight Watchers® (paid	obstetrical, nutritional, psychosocial	reduction interventions, age-	All ACCESS Plus Enrollees with	control, or other similar or related	except when all other types of
membership and low weekly	and health promotion. Special	appropriate nutritional counseling,	Disease Management (DM)-covered	habit-altering tendencies. <sup>282</sup>	treatment for morbid obesity have
meeting fees to members age 10 and	services are provided to clients in	the calculation of BMI, and ordering	conditions will be eligible for		failed. <sup>283</sup>
older) and subsidies towards gym	response to an identified medical or	of appropriate laboratory diagnostic	participation in the DM Program		
membership. <sup>275</sup>	obstetrical risk, nutritional or	procedures as recommended by	component. DM services are		
	psychosocial risk. <sup>276</sup>	current AAP guidelines. <sup>279</sup>	available for Enrollees with:		
			1) Asthma;		
			2) Diabetes;		
	Qualified providers shall provide	Childhood Nutrition and Weight	3) Chronic Obstructive Pulmonary		
	nutrition counseling by a nutritionist	Management Services: Provides	Disease (COPD);		
	or registered dietician to clients with	medically necessary services to	4) Coronary Artery Disease		
	obstetrical high-risk conditions. <sup>277</sup>	recipients under 21 years of age	(CAD); and		
		who are overweight, obese or	5) Congestive Heart Failure		
	Birth Center Services: Includes	experiencing weight management	(CHF).		
	patient education regarding nutrition	problems. Childhood Nutrition and	These Enrollees will receive		
	with respect to both mother and child. 278	Weight Management Services	additional care management support		
	child. <sup>278</sup>	consist of the following specific	to help improve health outcomes. <sup>281</sup>		
		services: initial and re-assessment;			
		individual, family and group weight			

<sup>&</sup>lt;sup>272</sup> Oregon Division of Medical Assistance, *Pharmacy Rulebook* 8 (2009), <a href="http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0109p.pdf">http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rulebooks/121rb0109p.pdf</a>. OR. ADMIN. R. 410-130-0200 (2010).

OR. ADMIN. R. 410-130-0200 (2010).

274 State of Oregon, Health Services Commission, Prioritized List of Health Services 5 (Oct. 2009 version), <a href="http://www.oregon.gov/OHPPR/HSC/10.01.09FinalChanges/Oct09PList.pdf">http://www.oregon.gov/OHPPR/HSC/10.01.09FinalChanges/Oct09PList.pdf</a>.

275 Pennsylvania Department of Public Welfare, Health Choices Plan Comparison Chart: Southeast Region, <a href="http://enrollnow.net/PASelfService/pdfs/English/HC%20Comparison%20Chart Southeast Eng.pdf">http://enrollnow.net/PASelfService/pdfs/English/HC%20Comparison%20Chart Southeast Eng.pdf</a>.

276 55 PA. CODE § 1140.4 (2010).

278 55 PA. CODE § 1127.51(c)(4) (2010).

Pennsylvania Department of Public Welfare, *Pennsylvania Children's Checkup Program (EPSDT): Periodicity Schedule and Coding Matrix* (2005), : <a href="http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?AttachmentId=1039">http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?AttachmentId=1039</a>; 55 PA. CODE Part III, Ch 1241, Appendix A.

### **PENNSLYVANIA Department of Public Welfare**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
		management and nutritional counseling. <sup>280</sup>			

Pennsylvania Department of Public Welfare, Access Plus Provider Handbook, <a href="http://www.accessplus.org/downloads/ProviderHandbook.pdf">http://www.accessplus.org/downloads/ProviderHandbook.pdf</a> (Note: updated provider manual unavailable online as of August 1, 2010).

282 55 PA. CODE § 1121.54(3) (2010).
283 55 PA. CODE § 1141.59(8) (2010); 55 PA. CODE § 1163.59(4) (2010).
280 Pennsylvania Department of Public Welfare, Medical Assistance Bulletin: Childhood Nutrition and Weight Management Services for Recipients Under 21 Years of Age (2007), <a href="http://www.dpw.state.pa.us/resources/documents/pdf/maacmtgatt/10-07mabulletinonchildhoodnutrition.pdf">http://www.dpw.state.pa.us/resources/documents/pdf/maacmtgatt/10-07mabulletinonchildhoodnutrition.pdf</a>.

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

<b>Preventive Coverage:</b>	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services: Weight loss	Prenatal Care: Rhode Island	EPSDT: Standardized services for	Rhode Island Medicaid does not	Weight Loss Drugs: Covers all	Gastric Bypass: Covers the
centers or diet centers are not	Medicaid does not appear to offer	evaluation of child development,	appear to offer a separate set of	types of anorectics, but limited to a	following:
covered. <sup>284</sup>	services beyond those mandated by	including BMI measurement, blood	covered services for the	three-month supply through prior	1) Gastric bypass, other than with
	Title XIX of the Social Security	pressure screening (if at risk),	management of co-morbidities.	approval only. 287	roux-en-y gastroenterostomy, for
<b>Nutritional Services:</b> Nutritional	Act.	psychosocial/behavioral counseling,			morbid obesity;
services are covered as delivered by		and age-appropriate anticipatory			2) Gastroplasty, any method for
a licensed dietician for certain		guidance. <sup>286</sup>			morbid obesity;
medical conditions. 285					3) Gastric bypass with roux-en-y
					gastroenterostomy for morbid
					obesity. <sup>288</sup>
					Eligibility Criteria: Treatment for
					morbid obesity is covered when:
					1) The individual is 50% above or
					100 pounds over the ideal body
					weight;
					2) The duration of obesity exceeds
					three years (non-consecutive
					years are acceptable);
					3) There is a presence of physical
					trauma caused by excess weight,
					pulmonary and circulatory
					insufficiencies, and/or
					complications related to the
					treatment of conditions such as
					arteriosclerosis, diabetes,
					coronary disease, etc.;

R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*, <a href="http://dhs.embolden.com/ForProviders/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.">http://dhs.embolden.com/ForProviders/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.</a>

<sup>&</sup>lt;sup>284</sup> R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*,

http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.

285 R.I. Dept. of Human Services, Schedule of In-Plan Benefits: Nutritional Services, <a href="http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/ScheduleofInPlanBenefits/tabid/446/Default.aspx">http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/ScheduleofInPlanBenefits/tabid/446/Default.aspx</a>.

286 R.I. Dept. of Human Services, Rhode Island EPSDT Guidelines, <a href="http://dhs.embolden.com/Portals/0/Uploads/Documents/Public/Families%20with%20Children/epsdt\_1pager.pdf">http://dhs.embolden.com/Portals/0/Uploads/Documents/Public/Families%20with%20Children/epsdt\_1pager.pdf</a>.

<sup>287</sup> R.I. Dept. of Human Services, *Pharmacy Coverage Policy: Prior Authorization*, <a href="http://dhs.embolden.com/ForProvidersVendors/ServicesforProviders/Providers

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
					<ul> <li>4) Patient is between the ages of 18 and 60.</li> <li>A second operation to restore the gastrointestinal tract to normal is also covered when medically necessary. 289</li> <li>Non-Covered Services: The following will not be covered:</li> <li>1) Procedures performed for cosmetic reasons due to the weight loss;</li> <li>2) Insertion and/or removal of the gastric bubble, including dietary behavioral modification. 290</li> </ul>

<sup>&</sup>lt;sup>289</sup> R.I. Dept. of Human Services, *Prior Approval (PA) for Criteria for Surgical Procedures: Gastric Bypass Surgery*, <a href="http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.">http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.</a>
<a href="http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.">http://dhs.embolden.com/ForProvidersVendors/MedicalAssistanceProviders/ReferenceGuides/Physician/PriorApprovalCriteriaforSurgicalProcedures/tabid/671/Default.aspx.</a>

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Adults  Obesity Treatment: Reimbursement may not be made for treatment of obesity alone. Services related to the treatment of obesity could be covered services when such services are an integral and necessary part of a course of treatment for one of these illnesses: hypothyroidism, Cushing's disease, hypothalamic lesions, cardiac and respiratory diseases, diabetes, and hypertension. <sup>291</sup>	Pregnant Women  Healthy Mothers/Healthy Futures Newborn Health Initiatives: Includes mother and infant referral to the WIC program at the county health department for supplemental food and nutritional counseling. 292	Children under Age 21  EPSDT Screening: Includes a comprehensive health and developmental history and health education with anticipatory guidance. The child's height and weight should be obtained and plotted on a graphic recording sheet to compare them with the child's age group. The provider should also asses the child's nutritional status at each screening to include eating habits and general diet history. <sup>293</sup>	Co-Morbidities  Diabetes Management Services: Covers ambulatory diabetes management services to beneficiaries with Type I, Type II, or gestational diabetes. Provides medically necessary, comprehensive diabetes management, and counseling services.  Required instruction includes: incorporating physical activities, incorporating nutritional management education, and goal setting to promote health and	Lipase Inhibitors: Coverage needs prior authorization when prescribed for morbid obesity or hypercholesterolemia. Patients must be at least 18 years of age.  Xenical for diagnosis of morbid obesity: Patient must:  1) Have a diagnosis of obesity in the presence of other risk factors (e.g., hypertension, diabetes);  2) Initial BMI > 30;  3) Reduced caloric diet with	Non-Covered Services: The following services are not covered by Medicaid:  1) Intestinal bypass surgery;  2) Gastric balloon for treatment of obesity. 296
			problem solving in daily living. 294	nutritional counseling regarding adherence to dietary	
				guidelines. 295	

South Carolina Department of Health and Human Services, *Hospital Services Provider Manual* 2-55 (Jan. 2010 version), <a href="http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf">http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf</a>.

South Carolina Department of Health and Human Services, <a href="https://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">https://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a>.

South Carolina Department of Health and Human Services, <a href="https://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">https://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a>. <sup>293</sup> South Carolina Department of Health and Human Services, *Physicians Provider Manual* 2-47 (Mar. 2010 version), <a href="http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a>.

<sup>294</sup> South Carolina Department of Health and Human Services, *Diabetes Management Services Provider Manual* 2-2 (Oct. 2009 version), <a href="http://www.dhhs.state.sc.us/internet/pdf/manuals/Diabetes/SECTION%202.pdf">http://www.dhhs.state.sc.us/internet/pdf/manuals/Diabetes/SECTION%202.pdf</a>.

<sup>295</sup> South Carolina Department of Health and Human Services, Pharmacy Services Provider Manual 2-15 (Mar. 2010 version), http://www.dhhs.state.sc.us/internet/pdf/manuals/pharm/SECTION%202.pdf. <sup>296</sup> South Carolina Department of Health and Human Services, Hospital Services Provider Manual 2-55 (Jan. 2010 version), http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf.

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Supplemental Fasting: Not covered by Medicaid. 297  Healthy South Carolina: Statewide initiative that promotes exercise, healthy weight, and smoking cessation. 298	Enhanced Services for Pregnant Women Offered by SCDHEC: Pregnant women are eligible to receive enhanced services through the South Caroling Department of Health and Environmental Control. These Family Support Services include nutritional services by appropriately credentialed nutritionists and dieticians for an assessment followed by treatment that responds to individual patient needs and problems, health education to predispose, enable, and reinforce patient adaptation of behavior conducive to health. 299	Interperiodic Screening: The child may receive interperiodic screening if a suspected problem or condition exists. This must include all of the required screening components appropriate to the child's age. 300	Preventive/Rehabilitative Services for Primary Care Enhancement: Services for patients who exhibit risk factors that directly affect their medical status. Includes the following:  1) Nutritional assessments by dieticians or other professionals;  2) Comprehensive assessments/evaluations of medical, nutritional, or psychosocial needs;  3) Medical nutrition therapy for clients with chronic disease or nutritional disorders; and  4) Coordination of medical services for clients with multiple providers and/or complex needs.  301		Gastric bypass and vertical-banded gastroplasty: Performed for patients with extreme obesity if:  1) It is medically necessary;  2) It corrects an illness that caused the obesity or was aggravated by the obesity;  3) Applies InterQual screening criteria and receive prior authorization from Qualis Health;  4) Individuals participate in annual evaluation, used to assess the long-term effectiveness in treating obesity.  Panniculectomy: Covered if:  1) It is medically necessary for the individual to have such surgery; and  2) The surgery is performed to correct an illness caused by or aggravated by the pannus.  Prior authorization is required and Interqual screening criteria applies.  303

<sup>&</sup>lt;sup>297</sup> South Carolina Department of Health and Human Services, *Hospital Services Provider Manual* 2-55 (Jan. 2010 version), <a href="http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf">http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf</a>.

Healthy South Carolina Department of Health and Human Services, *Hospital Services Trottaer Manual* 2-35 (Jan. 2010 Version), <a href="http://www.denns.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">http://www.denns.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a>.

298 Healthy South Carolina Department of Health and Human Services, *Physicians Provider Manual* 2-90 (March 01, 2010 version), <a href="http://www.denns.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">http://www.denns.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a>.

South Carolina Department of Health and Human Services, *Physicians Provider Manual*, page 2-53 (March 01, 2010 version) available at: <a href="http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf">http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf</a> 301 South Carolina Department of Health and Human Services, *Physicians Provider Manual*, page 2-22 (March 01, 2010 version) available at: http://www.dhhs.state.sc.us/internet/pdf/manuals/Physicians/SECTION%202.pdf.

<sup>302</sup> South Carolina Department of Health and Human Services, Hospital Services Provider Manual, page 2-55 (January 01, 2010 version) available at: http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf.

<sup>303</sup> South Carolina Department of Health and Human Services, Hospital Services Provider Manual, page 2-56 (January 01, 2010 version) available at: http://www.dhhs.state.sc.us/internet/pdf/manuals/Hospital/SECTION%202.pdf.

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services: Weight loss	<b>Baby Care Program:</b> Provides for	<b>EPSDT:</b> EPSDT screenings include	Diabetes Self-Management	Weight Loss Drugs: Covers	Not Covered: Gastric bypass,
programs and activities are not	prenatal education and case	examination and evaluation of a	Education: Outpatient diabetes	Xenical (Orlistat), Phentermine	gastric stapling, gastroplasty, any
covered services. 304	management for pregnant	child's general physical and mental	self-management education is	(generic Adipex), and Meridia	similar surgical procedure, or any
	women. <sup>306</sup>	health, as well as nutritional	covered when one of the following	(Sibutramine). 310	weight loss program or activity. 311
Mental Health Services: No		status. 307	conditions are met:		
coverage for obesity control			1) The individual is a newly		Severe Co-Morbid Conditions
therapy. 305		<b>Health Education:</b> Health	diagnosed diabetic, gestational		Coverage: Prior authorization is
		education is a required component	diabetic, or has received no		available for severe cases in which:
		of screening services and includes	previous diabetes education;		1) Individual is severely obese
		anticipatory guidance. Health	2) The individual demonstrates		with a BMI $> 40$ ;
		education and counseling to both	poor glycemic control;		2) Significant interference with
		parents (or guardians) and children	change in the treatment		activities of daily living;
		is required and is designed to assist	regimen;		3) Documented failure of any
		in understanding what to expect in	3) documentation of acute		sustained weight loss under
		terms of the child's development	episodes of severe		medical supervision;
		and to provide information about	hypoglycemia or		4) Medically appropriate for the
		the benefits of healthy lifestyles and	hyperglycemia occurring in the		individual to have such surgery;
		practices as well as accident and	past year;		5) The surgery has been prior
		disease prevention. 308	4) The individual is high risk		authorized by the department;
			based on the presence of at least		6) There is medical documentation
			one of the following: extremity,		of the following:
			renal, or cardiac complications		a) history of pain and
			or diabetic retinopathy.		limitation of motion in any
			5) Service is limited to ten hours		weight bearing joint or the
			of comprehensive education		lumbosacral spine; or
			and follow-up education		b) hypertension with diastolic
			sessions of two hours per year		blood pressure persistently
			based upon assessment of need		> 100mmHg; or

<sup>304</sup> S. D. ADMIN. R. 67:16:01:08 (2010); S. D. ADMIN. R. 67:16:02:06 (2010).
305 S. D. ADMIN. R. 67:16:41:10 (2010).
306 South Dakota Department of Social Services, Medical Assistance Program Recipient Handbook 13 (Edition 09.02), http://dss.sd.gov/formspubs/docs/MEDSRVCS/MedicalServicesHdbk.pdf.
307 South Dakota Department of Social Services, Medical Assistance Program Recipient Handbook 14-15 (Edition 09.02), http://dss.sd.gov/formspubs/docs/MEDSRVCS/MedicalServicesHdbk.pdf.
308 South Dakota Department of Social Services, Professional Services Manual 26 (Mar. 2010 version), http://dss.sd.gov/medicalservices/docs/ProfessionalServicesManual.pdf.

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

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
			and documented physician order. 309		c) Congestive heart failure manifested by past evidence of vascular congestion such as heptomgaly, peripheral or pulmonary edema; or d) Chronic venous insufficiency with superficial varicosities in a lower extremity with pain on weight bearing and persistent edema; or e) Respiratory insufficiency or hypoxia at rest. 312

Centers for Medicare and Medicaid Services, *Medicaid Outpatient Drugs Coverage: Excluded Drug Coverage Information*, <a href="http://www.cms.hhs.gov/States/Downloads/SouthDakotaEDC.pdf">http://www.cms.hhs.gov/States/Downloads/SouthDakotaEDC.pdf</a>.

311 S. D. Admin. R. 67:16:01:08 (2010); S. D. Admin. R. 67:16:02:06 (2010).

309 South Dakota Department of Social Services, *Provider Information: Diabetes Self-Management Education*, <a href="http://dss.sd.gov/medicalservices/providerinfo/programs/diabetes.asp">http://dss.sd.gov/medicalservices/providerinfo/programs/diabetes.asp</a>.

312 South Dakota Department of Social Services, *Provider Information: Obesity and Gastric Procedures*, <a href="http://www.dss.sd.gov/medicalservices/providerinfo/priorauth/obesity.asp">http://www.dss.sd.gov/medicalservices/providerinfo/priorauth/obesity.asp</a>.

#### **TENNESSEE TennCare**

Dravantiva Cavanaga:	Duorontivo Covoress	Proventive Covers	Coverage Poleted to Co	Dhammacautical Cayanasa	Sungical Coverage
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to Co-	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	morbidities		
Weight Loss Programs: NO	Caring Smart Maternity	<b>EPSDT:</b> TENNderCARE screens	CareSmart Disease Management	Weight Loss Drugs: Excludes from	Covered Services: Bariatric
coverage for physical fitness	Management Program: The	must include a comprehensive	<b>Program</b> : The CareSmart program	coverage agents for weight loss or	Surgery is covered if medically
programs, including:	CaringStart Maternity Management	health (physical and mental) and	partners with providers to improve	weight gain. 318	necessary and in accordance with
1) Dietary programs of weight	program partners with providers to	developmental history in addition to	the health and quality of life for		clinical guidelines established by
loss programs, including, but	improve the health and birth	health education and anticipatory	members with chronic disease and		the Bureau of TennCare. 319
not limited to Optifast,	outcomes of our pregnant members.	guidance. <sup>315</sup>	illness. The programs emphasize the		
Nutrisystem, and other similar	314		importance of primary care provider		Eligibility:
programs or exercise programs.		Assessment of Nutritional Status:	collaboration and involvement. 317		1) Diagnosis or Morbid Obesity –
Food supplements will not be		Accomplished during the			defined as 100lbs above the
authorized for use in weight		examination through:			ideal body weight of 200% of
loss programs;		1) Questions about dietary			the ideal body weight as
2) Health club membership fees		practices to identify unusual			defined by the Metropolitan
(e.g., YMCA);		eating habits or diets which are			Life Insurance tables; or
3) Marathons, activity and entry		deficient or excessive in one or			2) BMI $\geq$ 40; or
fees. 313		more nutrients;			3) BMI $\geq$ 35 and at least 2 of the
		2) Accurate measurements of			following co-morbidities:
		height and weight;			a) Uncontrolled hypertension;
		3) Cholesterol screen for children			b) Hyperlipidemia;
		over 1 year of age, especially if			c) Diabetes under active
		family history of heart disease			treatment;
		and/or hypertension and stroke.			d) Coronary artery disease or
		4) Determining quality and			cardiomyopathy
		quantity of individual diets;			(cardiology evaluation
		5) Preventive, treatment and			required);
		follow-up services, including			e) Disabling musculoskeletal
		dietary counseling and nutrition			dysfunction;
		education. <sup>316</sup>			f) Sleep apnea or pulmonary
					insufficiency; and

<sup>313</sup> TENN. COMP. R. & REGS. R. 1200-13-13-.10.
314 Blue Cross and Blue Shield of Tennessee, Providers: TennCare Programs & Services, <a href="http://www.vshptn.com/providers/">http://www.vshptn.com/providers/</a>.
315 Tennessee Department of Human Services, TennCare Medicaid and TennCare Standard Policy Manual 457-459 (Dec.2009 version), <a href="http://www.state.tn.us/humanserv/adfam/StandardManual.pdf">http://www.state.tn.us/humanserv/adfam/StandardManual.pdf</a>.
316 Tennessee Bureau of TennCare, Memorandum: EPSDT Screening Requirements (Nov. 15, 1999), <a href="http://www.tn.gov/tenncare/forms/tsop36-3.pdf">http://www.tn.gov/tenncare/forms/tsop36-3.pdf</a>.
317 Blue Cross and Blue Shield of Tennessee, Providers: TennCare Programs & Services, <a href="http://www.vshptn.com/providers/">http://www.vshptn.com/providers/</a>.
318 Tennessee Bureau of TennCare Programs & Services, <a href="http://www.vshptn.com/providers/">http://www.vshptn.com/providers/</a>.
318 Tennessee Bureau of TennCare Programs & Services, <a href="http://www.vshptn.com/providers/">http://www.vshptn.com/providers/</a>.

<sup>&</sup>lt;sup>318</sup> TENN. COMP. R. & REGS. R. 1200-13-13-.04.

<sup>&</sup>lt;sup>319</sup> TENN. COMP. R. & REGS. R. 1200-13-13-.04(c)(1).

#### TENNESSEE TennCare

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to Co-	Pharmaceutical Coverage	Surgical Coverage
Adults			morbidities	g	
	Pregnant Women	Children under Age 21		That maccurear Coverage	<ul> <li>4) In addition to (1) – (3) above, all of the following criteria must be met and documented: <ul> <li>a) Patient's PCP recommends bariatric surgery;</li> <li>b) Individualized records by the referring PCP include a history of heights and weights with documentation of morbid obesity for a minimum of 5 years;</li> <li>c) Incapacitation of the patient in performing daily activities or disability due to the obesity, e.g., use of walker or wheelchair;</li> <li>d) Under supervision of PCP, patient must have participated in a structured regimen designed to promote weight loss prior to surgery for a cumulative of six months of longer within 2 years prior to surgery.</li> <li>e) Willingness to comply with pre- and post-operative treatment plans including nutritional, behavioral and exercise counseling, and</li> </ul> </li> </ul>
					lack of a pregnancy during rapid weight loss phase;  f) Individualized assessment by a bariatric surgeon
					includes at a minimum: pertinent history and

#### TENNESSEE TennCare

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co- morbidities	Pharmaceutical Coverage	Surgical Coverage
					physical exam, assessment of co-morbidities, and surgical history; g) Individualized evaluation by a licensed psychiatrist and psychologist not associated with the bariatric surgeon; h) Patient must be at least 18 years old. If less than 10, special consideration must be given including, but not limited to documentation of completed bone growth.  Non-Covered Services: Gastric
					balloons and gastric stapling are not covered services. <sup>320</sup>

<sup>&</sup>lt;sup>320</sup> Tennessee Department of Human Services, *TennCare Medical Necessity Guidelines: Bariatric Surgery* (October 25, 2007 version), <a href="http://www.state.tn.us/tenncare/forms/bariatric.pdf">http://www.state.tn.us/tenncare/forms/bariatric.pdf</a>.

**TEXAS Health and Human Services Commission** 

	~	~			~
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
<b>Obesity Treatment:</b> Treatment for	Maternity Clinic Services:	<b>EPSDT</b> : Comprehensive and	Texas Medicaid Disease	Exclusions: Medicaid may deny a	Bariatric Surgery: Covered
obesity is a non-covered service. 321	Includes risk assessment, case	periodic screenings of nutritional	Management Program:	request if it determines the drug is	service, but subject to prior
	coordination/outreach, education,	status. <sup>325</sup>	Holistic approach to health care	included in one or more of the	authorization and determined on a
	and nutritional counseling as part of		delivery for Fee-for-Service clients	following classes:	case-by-case basis. 331
	covered clinic services. 322	Adolescent Screenings:	who have, or are at risk for	1) Amphetamines, when used for	
		Adolescents should have an in-	developing a targeted chronic	weight loss, and obesity control	Eligibility Criteria Ages 20 and
	<b>Prenatal Care:</b> The initial visit	depth dietary and health assessment	disease. Includes clients with, or at	drugs;	under: Bariatric surgery may be a
	should include an assessment of the	to determine psychosocial morbidity	risk for, the following:	2) Experimental drugs. <sup>330</sup>	benefit for female clients 13 years
	patient's nutritional history, an	and risk for future chronic disease if	1) Diabetes;		of age and older and menstruating,
	assessment of her health. It should	they have a BMI $\geq 95^{th}$ percentile	2) Asthma;		and for male clients 15 years of age
	also result in the development of a	for age and gender. In addition,	3) Congestive Heart Failure;		and older. All clients 20 years of
	plan of care regarding the	adolescents with a BMI between the	4) Chronic Obstructive Pulmonary		age or younger must also have:
	pregnancy, preventive health,	84 <sup>th</sup> and 95 <sup>th</sup> percentile should also	Disease;		1) Reached a Tanner stage IV plus
	medical, and referral. The visit	receive a dietary and health	5) Coronary Artery Disease. 328		95% of adult height based on
	should also include education	assessment to determine			bone age;
	regarding nutrition and preventive	psychosocial morbidity and risk for	Group Clinical Visits for		2) BMI $\geq$ 40;
	health. The visit should also	future chronic disease if:	<b>Diabetes:</b> Texas covers group		3) At least one of the following
	include a risk assessment to classify	1) There is a family history of	clinical visits for diabetes, which		major co-morbid conditions:
	risk and tailor care. 323	premature heart disease,	cover nutrition and exercise. 329		a) Obesity-associated
		obesity, hypertension or			hypoventilation;
	PCCM Services: The PCCM	diabetes mellitus;			b) Sleep apnea;
	community health services provide	2) They express concern about			c) Congestive heart failure,
	management of high-risk	their weight; and			d) hypertension with
	pregnancies in conjunction with the	3) They have elevated serum			inadequate control; and
	client's physician. Women may be	cholesterol levels or blood			4) At least two of the following
	referred into the PCCM program for	pressure. 326			lesser co-morbid conditions:
	prenatal education. 324				a) Adult onset diabetes;

<sup>321</sup> Texas Health and Human Services Commission, Provider Procedures Manual 1-27 (2010), http://www.tmhp.com/TMHP\_File\_Library/Provider\_Manuals/TMPPM/2010 TMPPM.pdf.

<sup>1</sup> Texas Health and Human Services Commission, *Provider Procedures Manual* 1-27 (2010), <a href="http://www.tmhp.com/TMHP">http://www.tmhp.com/TMHP</a> File Library/Provider Manuals/TMPPM/2010 TMPPM.pdf.

322 1 Texas Health and Human Services Commission, *Provider Procedures Manual* 31-3 (2010), <a href="http://www.tmhp.com/TMHP">http://www.tmhp.com/TMHP</a> File Library/Provider Manuals/TMPPM/2010 TMPPM.pdf.

324 Texas Health and Human Services Commission, *Provider Procedures Manual* 7-41 (2010), <a href="http://www.tmhp.com/TMHP">http://www.tmhp.com/TMHP</a> File Library/Provider Manuals/TMPPM/2010 TMPPM.pdf.

325 Texas Health and Human Services Commission, *Provider Procedures Manual* 43-15 (2010), <a href="http://www.tmhp.com/TMHP">http://www.tmhp.com/TMHP</a> File Library/Provider Manuals/TMPPM/2010 TMPPM.pdf.

<sup>&</sup>lt;sup>328</sup> 1 Tex. Admin. Code § 354.1417 (2010).

TEX. Abunit, Copic § 53-4,1417 (2010).

329 Texas Health and Human Services Commission, *Provider Procedures Manual* 36-98 (2010), http://www.tmhp.com/TMHP File Library/Provider Manuals/TMPPM/2010 TMPPM.pdf.

**TEXAS Health and Human Services Commission** 

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
		Nutritional Counseling Services: May be a benefit when:  1) The client is THSteps-CCP eligible; 2) The services are prescribed by a physician; 3) The services are performed by a Medicaid-enrolled dietitian licensed by the Texas State Board of Examiners of Dietitians; 4) Federal financial participation is available. 327			b) Cardiovascular or peripheral vascular disease; c) Increased blood lipid levels resistant to medication; d) Recurrent or chronic skin ulcerations with infection; e) Pulmonary hypertension; f) Accelerated weight-bearing joint disease.  Eligibility Criteria Ages 21 and older: Must meet the following indications: 1) BMI ≥ 35; 2) At least one of the following major co-morbid conditions: a) Obesity-associated hyperventilation; or b) Sleep apnea; or c) Congestive heart failure; d) Uncontrolled hypertension; e) Pulmonary hypertension. 3) At least two of the following lesser co-morbid conditions: a) Adult onset diabetes; b) Cardiovascular or peripheral vascular disease; c) Increased blood lipid levels resistant to medication; d) Recurrent or chronic skin ulcerations with infection; e) pulmonary hypertension; f) Accelerated weight-bearing

<sup>&</sup>lt;sup>330</sup> 1 Tex. Admin. Code § 354.3092 (2010).

<sup>331</sup> Texas Medicaid & Healthcare Partnership, *Texas Medicaid Provider Procedures Manual: Vol.* 2 MD-37 – MD-39 (2010), <a href="http://www.tmhp.com/TMHP\_File\_Library/Provider\_Manuals/TMPPM/2010\_TMPPM.pdf">http://www.tmhp.com/TMHP\_File\_Library/Provider\_Manuals/TMPPM/2010\_TMPPM.pdf</a>.

<sup>327</sup> Texas Health and Human Services Commission, *Provider Procedures Manual* 43-52 (2010), <a href="http://www.tmhp.com/TMHP\_File\_Library/Provider\_Manuals/TMPPM/2010\_TMPPM.pdf">http://www.tmhp.com/TMHP\_File\_Library/Provider\_Manuals/TMPPM/2010\_TMPPM.pdf</a>.

## TEXAS Health and Human Services Commission

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
Tuuris	Tregnant Women	Cinturen under rige 21	CO-MINIBILITIES		joint disease, g) Gastroesophageal reflux disease with aspiration.
					Repeat Bariatric Surgery: May be considered medically necessary in either of the following circumstances:  1) To correct complications from bariatric surgery, such as band malfunction, obstruction, or stricture;  2) To convert a Roux-en-Y gastroenterostomy or to correct pouch failure in an otherwise compliant client.
					Requirements for Providers: The facility in which the surgery is performed must be recognized as a Bariatric Surgery Center of Excellence by CMS as certified by the American Society for Metabolic and Bariatric Surgery, or must be accredited as a Level One bariatric surgery center as designated by the American College of Surgeons or must be a children's hospital with an Adolescent Bariatric Surgery Program.

**UTAH Department of Health** 

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services: Educational,	Nutritional Assessment and	<b>EPSDT</b> : services include a	Utah Medicaid does not appear to	Weight Loss Drugs: Medications	Gastric Surgery: Covered if:
nutritional support programs for the	Counseling: Nutritional counseling	comprehensive physical	offer a separate set of covered	indicated for weight loss are	1) BMI $\geq$ 40;
treatment of obesity or weight are	by a Registered Dietitian consists of	examination, which should assess	services for management of co-	excluded. <sup>335</sup>	2) Patient must be at least 18;
not covered. 332	an individual plan to meet the	and plot height and weight. EPSDT	morbidities.		3) No presence of:
	additional protein and caloric	services should also include an			a) Multi-system failure,
	requirements of pregnancy and to	assessment of nutritional history and			b) Malignant disease which is
	address any dietary deficiencies	status by asking questions about			not in remission,
	(only for high-risk pregnancies). 333	dietary practices to identify unusual			c) Substance abuse or drug
		eating habits or diets with excessive			addiction,
		nutrients. EPSDT services should			d) Psychiatric disorders which
		also include health education and			interfere with long-term
		anticipatory guidance, including			management after the
		nutritional counseling. 334			operation,
					e) Non-compliance with
					current or past medical
					therapies; 4) One of the following:
					a) Alveolar hypoventilation,
					b) Uncontrolled diabetes or
					c) hypertension;
					5) Two of the following
					conditions:
					a) Hypertension > 140/90
					b) Dyslipidemia;
					c) Type II diabetes;
					d) Coronary heart disease;
					e) Obstructive sleep apnea
					confirmed by sleep
					study. <sup>336</sup>

<sup>332</sup> ADD MANUAL SOURCE
333 UT Department of Health, *Utah Medicaid Provider Manual: Enhanced Services for Pregnant Women* sec 2 at 9 (2010),
http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Enhanced%20Services%20For%20Pregnant%20Women/Pregnant7-03.pdf.

334 UT Department of Health, *Utah Medicaid Provider Manual*; Child Health Evaluation and Care sec. 2-2, at 4, (2010),
http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Child%20Health%20Evaluation%20And%20Care/CHEC1-10.pdf.

335 UT Department of Health, "Pharmacy", *Utah Medicaid Provider Manual*, sec. 2-3, p. 11 (2010), http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy1-10.pdf.

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

7					2
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
<b>Nutrition Therapy</b> : Available as a	<b>Prenatal Care:</b> Vermont provides	<b>EPSDT</b> : Comprehensive	Diabetic Counseling: One diabetic	<b>Covered Medications:</b>	Covered Procedures:
component of managed health care	extended care to pregnant women	screenings available through Well-	education course per beneficiary per	1) Alli (OTC);	1) Vertical banded gastroplasty;
and primary care case management	including health education and	Child Conferences. 339	lifetime provided by hospital-	2) Xenical;	2) Gastric bypass, also
services. 337	nutritional counseling if		sponsored outpatient program in	3) Meridia;	laparoscopic;
	indicated. <sup>338</sup>		addition to 12 diabetic counseling	4) Phentermine	3) Laparoscopic placement of
			sessions per calendar year provided	Medications will be authorized for	adjustable band.
			by a certified diabetic educator.	six month period and extended for	
			Additional meetings will require a	an additional six months if patient	Eligibility Criteria:
			prior authorization. 340	meets target goals. 342	1) BMI, height, weight, age;
					2) Duration of obesity, less than or
			Chronic Care Initiative: Vermont	Prior Authorization:	greater than five years;
			Medicaid partnered with APS	1) BMI, height, weight, waist	3) No current substance abuse;
			Healthcare to create a free education	circumference;	4) Impacting factors and co-
			and care coordination service for	2) Hypertension, sleep apnea,	morbidities;
			beneficiaries with chronic disease.	diabetes, dyslipidemia, CAD;	5) Levels of thyroid stimulating
			The initiative brings together	3) Physician-supervised weight loss	hormone;
			nurses, social workers, and care	treatment plan for past six	6) Physician-supervised diet
			coordinators to aid beneficiaries in	months;	program for six months;
			disease self-management and	4) Continued weight loss regimen in	7) Patient understands the surgical
			awareness. 341	conjunction with medicinal	risk and required lifestyle
				therapy. 343	changes and plan is in place. 344

<sup>&</sup>lt;sup>336</sup> UT Department of Health, *Utah Medicaid Provider Manual: Criteria for Medical and Surgical Procedures* 78-79 (2010), <a href="http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospital/Attachments/criteriasurg7-10.pdf">http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospital/Attachments/criteriasurg7-10.pdf</a>.

<sup>337</sup> 13-170-710 VT. CODE R. § 7101 (2010).

<sup>338</sup> Office of Vermont Health Access, Vermont State Plan Under Title XIX of the Social Security Act Medical Assistance Program, Attachment 3.1 at 55, http://ovha.vermont.gov/administration/attachment-3.1-a.pdf.

<sup>&</sup>lt;sup>339</sup> 13-170-740 VT. CODE R. 7410 (2010). <sup>340</sup> 13-170-740 VT. CODE R. § 7203 (2010).

<sup>&</sup>lt;sup>341</sup> Office of Vermont Health Access & APS Healthcare, Vermont Medicaid Chronic Care Initiative, <a href="http://www.vtccmp.com/">http://www.vtccmp.com/</a>.

<sup>342</sup> Office of Vermont Health Access, Vermont health Access Preferred Drug List 24 (Mar. 2010), http://ovha.vermont.gov/for-providers/2010-03-vt-pdl-quicklist-vt-march-2010-final.pdf

Office of Vermont Health Access, Prior Authorization for Anti-Obesity Medications (June 2008), http://ovha.vermont.gov/for-providers/anti-obesity-medications-prior-auth-form-06.08.pdf

Office of Vermont Health Access, Vermont Medicaid Pre-Procedure Request Form (2008), http://ovha.vermont.gov/for-providers/vermont\_medicaid\_pre-procedure\_request\_form\_060208\_final.pdf.

# VIRGINIA Department of Medical Assistance Services

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services: Weight loss clinic programs are not covered. 345	Prenatal Care: Baby Care expanded prenatal case management services for high-risk pregnant women include nutrition services including a nutritional assessment and counseling. 346	<b>EPSDT:</b> services include a complete history of a child's health and nutrition, a growth and development check, and health education. <sup>347</sup>	Healthy Returns Disease State Management (DSM) Program (discontinued as of October 2009 due to state budget cuts): Healthy Returns helps patients better understand and manage five health conditions (coronary artery disease, congestive heart failure, asthma, diabetes, and COPD) through prevention, education, lifestyle changes, and adherence to prescribed plans of care. 348	Weight Loss: Drugs approved by the FDA for weight loss may be covered for recipients who meet specific criteria for being overweight and obesity. Prior authorization is required. 349	Surgery for Morbid Obesity: If a recipient is enrolled in MEDALLION (managed care), the ordering physician must be the MEDALLION primary care provider and there must be a referral for the service from the MEDALLION primary care provider. This type of surgery is only covered when all other treatment has failed. 350

\_

<sup>&</sup>lt;sup>345</sup> Virginia Department of Medical Assistance Services, *Medicaid and FAMIS-PLUS Handbook* 20 (Jan. 2010), <a href="http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid-applicant-handbook famis.pdf">http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid-applicant-handbook famis.pdf</a>.

<sup>346 12</sup> VA. ADMIN. CODE § 30-50-410 (2009); Virginia Department of Medical Assistance Services, Medicaid and FAMIS-PLUS Handbook 10, 16 (Jan. 2010), http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid applicant handbook famis.pdf.

<sup>347</sup> Virginia Department of Medical Assistance Services, *Medicaid and FAMIS-PLUS Handbook* 18 (Jan. 2010), <a href="http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid-applicant-handbook famis.pdf">http://www.dmas.virginia.gov/downloads/pdfs/rcp-medicaid-applicant-handbook famis.pdf</a>.

<sup>348</sup> Virginia Department of Medical Assistance Services, Virginia Medicaid Healthy Returns Disease Management and Chronic Care Management Programs (2009), http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2782009/\$file/RD278.pdf.

<sup>349 12</sup> VA. ADMIN. CODE § 30-50-210 (2009); Virginia Department of Medical Assistance Services, *Provider Manual: Pharmacy* 21-23 (July 2008), <a href="http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/RX/chapterIV\_rx.pdf">http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/RX/chapterIV\_rx.pdf</a>.

<sup>350</sup> Virginia Department of Medical Assistance Services, *Provider Manual: Physicians* 16, http://websrvr.dmas.virginia.gov/providermanuals/manualchapters/phy/appendixD\_phy.pdf.

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

	Г	ſ	ſ	Г	ſ
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services:	Prenatal Care: Extended services	<b>EPSDT:</b> EPSDT services include	Disease Management Services:	Weight Loss Drugs: No coverage	Covered Procedures: Covers all
Washington Medicaid may pay for	for pregnant women include	nutritional counseling. 353	Provided through opt-in to certain	of drugs when used for weight	medically necessary bariatric
an outpatient weight loss program	maternity support services, such as a		populations, including but not	loss. 358	surgery for eligible clients:
only when provided through an	nutrition assessment and/or	Screenings must include a	limited to those with diabetes, heart		1) age of 21-59;
outpatient weight loss facility	counseling visit by a state-certified	comprehensive health and	failure, coronary artery disease, and		2) BMI $\geq$ 35 and a specified co-
approved by the Medical Assistance	dietician, as well as a community	development history, a nutritional	asthma. Includes all Medicaid State		morbid condition such as
Administration. <sup>351</sup>	health worker visit by community	assessment, a health evaluation, and	Plan services, plus disease		diabetes;
	health educators. 352	counseling. If an EPSDT screening	management services and assistance		3) Patients must engage in a weight
		provider suspects or establishes a	in locating a primary care provider		loss program prior to surgery and
		medical need for medical nutrition	for clients in the high-risk group.		must achieve at least five percent
		therapy, eligible clients may be	Disease management services		weight loss to demonstrate
		referred to a certified dietitian to	include a nurse advice line and		adherence to diet and lifestyle
		receive outpatient medical nutrition	education and disease management		changes required after bariatric
		therapy. 354	services. 356		surgery. 359
		Nutrition Services: Outpatient	Diabetes Education: Covers		EPSDT Bariatric Surgery: If
		nutrition services are provided to	outpatient hospital diabetes		bariatric surgery is requested under
		patients who are obese and under	education when referred by a		the EPSDT program, the service
		the age of 20 with an EPSDT	licensed healthcare provider. 357		must be medically necessary, safe
		referral to a certified dietician. 355	pro 11441.		and effective, and not
					experimental. <sup>360</sup>

<sup>&</sup>lt;sup>351</sup> Wash. Admin. Code § 388-550-6450 (1998).

Washington State, *Medicaid State Plan*, Att. 3.1-A 60 (2008), <a href="http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP">http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP</a> Att 3 Services General Provisions.pdf.

353 Wash. Admin. Code § 388-534-0100 (2002).

WASH. ADMIN. CODE § 386-354-0100 (2002).

Washington Department of Social and Health Services, EPSDT Program Billing Instructions (2010), <a href="http://hrsa.dshs.wa.gov/download/BillingInstructions/Physician-Related Services Jan2009/Section%20C Jan2009.pdf">http://hrsa.dshs.wa.gov/download/BillingInstructions/Physician-Related Services Jan2009/Section%20C Jan2009.pdf</a>.

WASH. ADMIN. CODE § 388-550-6300 (1998).

Washington State, Medicaid State Plan, Attachment 3.1-C (2007), <a href="http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP Att 3 Services General Provisions.pdf">http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP Att 3 Services General Provisions.pdf</a>.

<sup>&</sup>lt;sup>357</sup> WASH. ADMIN. CODE § 388-550-6400 (2003).

<sup>358</sup> Washington State, Medicaid State Plan, Attachment 3.1-A at 32a (2009), http://hrsa.dshs.wa.gov/medicaidsp/Attachment%203%20-%20Scvs%20Gen%20Provision/SP Att 3 Services General Provisions.pdf.

<sup>&</sup>lt;sup>359</sup> Wash. Admin. Code § 388-531-1600 (2006).

<sup>&</sup>lt;sup>360</sup> Wash. Admin. Code § 388-531-1600 (2006).

#### WEST VIRGINIA **Mountain Health Choices**

W.V. Dept. of Health and Human Resources, Ch. 519: Practitioners Services 71 (2006), <a href="http://www.wvdhhr.org/bms/Manuals/Common Chapters/bms manuals Chapter 500 Practitioner.pdf">http://www.wvdhhr.org/bms/Manuals/Common Chapters/bms manuals Chapter 500 Practitioner.pdf</a>.

W.V. Dept. of Health and Human Resources, Covered Services, Limitations, Exclusions for Mountain Health Choices 36-37 (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms\_manuals/Common Chapters/bms\_manual

#### WEST VIRGINIA Mountain Health Choices

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
covered under the Basic plan, and some of which are not covered under traditional Medicaid. <sup>363</sup>					Non-Covered Procedures: No coverage for:  1) Mini-gastric bypass surgery; 2) Gastric balloon for treatment of obesity; and 3) Laparoscopic adjustable gastric banding. 370

<sup>&</sup>lt;sup>364</sup> Office of Maternal, Child, and Family Health, West Virginia HealthCheck Provider Manual: Part I 2, 7 (2006), <a href="http://www.wvdhhr.org/healthcheck/manual/Manua

W.V. Dept. of Health and Human Resources, Covered Services, Limitations: Exclusions for Mountain Health Choices 30 (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf">http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf</a>.

<sup>366</sup> W.V. Dept. of Health and Human Resources, Covered Services, Limitations: Exclusions for Mountain Health Choices 53-57 (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf">http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf</a>.
367 W.V. Dept. of Health and Human Resources, Ch. 518: Covered Services, Limitations, Exclusions for Pharmacy Services 19-20 (2010), <a href="http://www.wvdhhr.org/bms/smanuals/Common Chapters/bms manuals Chapter 518Pharmacy.pdf">http://www.wvdhhr.org/bms/smanuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf</a>.

<sup>368</sup> W.V. Dept. of Health and Human Resources, Covered Services, Limitations, Exclusions for Mountain Health Choices 40-43, (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf">http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf</a>; W.V. Dept. of Health and Human Resources, Chapter 519:Practitioners Services 28-30 (2006), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 519:Practitioners Services 28-30">http://www.wvdhhr.org/bms/Manuals/Common Chapters/bms manuals Chapter 500 Practitioner.pdf</a>.

West Virginia Medicaid Program, Exclusions for Mountain Health Choices 34-36 (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf">http://www.wvdhhr.org/bms/manuals/Common Chapters/bms manuals/Common Chapters/bms manuals Chapter 527MountainHealthChoices.pdf</a>; West Virginia Medicaid Program, Provider Manual 34-36 (2006), <a href="http://www.wvdhhr.org/bms/Manuals/Common Chapters/bms manuals Chapter 500 Practitioner.pdf">http://www.wvdhhr.org/bms/Manuals/Common Chapters/bms manuals Chapter 500 Practitioner.pdf</a>.

<sup>363</sup> W.V. Dept. of Health and Human Resources, *Medicaid Program: Member Agreement*, <a href="http://www.wvdhhr.org/medred/handouts/wvmedicaidmemberagrmnt.pdf">http://www.wvdhhr.org/medred/handouts/wvmedicaidmemberagrmnt.pdf</a>.

W.V. Dept. of Health and Human Resources, *Covered Services, Limitations, Exclusions for Mountain Health Choices* 43 (2009), <a href="http://www.wvdhhr.org/bms/manuals/Common\_Chapters/bms\_manuals\_Chapter\_527MountainHealthChoices.pdf">http://www.wvdhhr.org/bms/manuals/Common\_Chapters/bms\_manuals/Common\_Chapters/bms\_manuals/Common\_Chapters/bms\_manuals\_Chapter\_500\_Practitioner.pdf</a>.

Virginia Department of Health and Human Resources, *Provider Manual* 30 (2006), <a href="http://www.wvdhhr.org/bms/manuals/Common\_Chapters/bms\_manuals\_Chapter\_500\_Practitioner.pdf">http://www.wvdhhr.org/bms/manuals/Common\_Chapters/bms\_manuals/Common\_Chapters/bms\_manuals\_Chapter\_500\_Practitioner.pdf</a>.

#### **WISCONSIN ForwardHealth**

Duomontino Comons	Duomantina Carrana	Duomontino Comono	Cawara as Dalated 4	Dharma antical Corres	Crusical Carrays
Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Weight Loss Services: Weight	Nutritional Counseling: Prenatal	<b>EPSDT:</b> Includes a comprehensive	<b>Health Education:</b> Covers health	Weight Loss Drugs: Prescription	Covered Services: Bariatric surgery
management services (e.g. diet	care coordination services are	health and developmental history,	care education on patient self-	drugs prescribed for weight loss	is covered under Wisconsin
clinics, obesity programs, weight	available from the beginning of the	and nutritional assessment to	management for adults with no	require prior approval. Not all	Medicaid in the case of a medical
loss programs) are reimbursable	pregnancy up to the sixty-first day	identify those who need a more in-	dependent children that are	Wisconsin Medicaid plans cover	emergency (non-medical emergency
only if performed by or under the	after delivery to women who are at	depth dietary assessment and	diagnosed with asthma,	weight loss drugs. <sup>375</sup>	bariatric surgery is not covered for
direct, on-site supervision of a	high risk for adverse pregnancy	counseling, especially if other risk	hypertension, or diabetes. The		obesity). <sup>377</sup>
physician and if performed in a	outcomes due to certain factors such	factors exist (i.e. abnormal weight).	education must be tailored to the	Eligibility: Patients must meet the	
physician's office. Weight	as nutrition. This is a covered	All screenings must also provide for	chronic condition(s) and, at a	following clinical criteria:	Eligibility Criteria: Patients must
management services exceeding	benefit when:	health education and anticipatory	minimum, include a description of	1) BMI $\geq$ 30 or BMI $\geq$ 27 but less	have:
five visits per calendar year require	1) Provided either individually or	guidance. 373	the disease and the disease	than 30 with two or more of the	Clinically documented evidence
prior authorization. <sup>371</sup>	in a group setting by a		progression, information on the	following risk factors: coronary	that a continued co-morbid
	qualified professional with		importance of medication	heart disease, dyslipidemia,	clinical status will lead to
	expertise in nutrition		management and adherence,	hypertension, sleep apnea, type	serious impairment of health;
	counseling		description of risk factors associated	II diabetes;	2) Treatment of the co-morbid
	2) Medical need is identified in		with the illness, warning signs and	2) 16 years of age or older ( <i>Note:</i>	condition for a minimum of
	the risk assessment and the		symptoms of illness exacerbation;	Members are required to be 12	three months has not improved
	woman's identified risk factors		and recommendations when to	years of age or older to take	the health risks and
	include: weight and weight		contact a health care provider. 374	Xenical);	impairments
	gain; a biochemical condition;			3) Not pregnant or nursing;	3) A BMI $\geq$ 40 a BMI between 35
	previous or current nutrition-			4) No history of an eating disorder	and 39 with documented high-
	related obstetrical			(e.g., anorexia, bulimia);	risk co-morbid medical
	complications; psychological			5) No medical contraindication to	conditions that have not
	problems affecting nutritional			the selected medication;	responded to medical
	status; dietary factors affecting			6) Participation in a weight loss	management and are a threat to
	nutritional status; and			treatment plan in the past six	life;
	reproductive history affecting			months and continuation of that	4) Attempted weight loss in the
	nutritional status. <sup>372</sup>			participation while taking the	past without successful long-

Wis. Admin. Code § 107.06(2)(b) (2010); Wisconsin Forward Health, *Online Handbooks: Medicine Services, Weight Management Services* (2010), <a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=102&nt=Weight%20Management%20Services">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=102&nt=Weight%20Management%20Services</a>.

<sup>&</sup>lt;sup>372</sup> Wis. Admin. Code § 107.34 (2010).

WIS. ADMIN. CODE § 107.54 (2010).

373 WIS. ADMIN. CODE § 107.22 (2010); Wisconsin Medicaid, HealthCheck (EPSDT) Certification and Ongoing Responsibilities Provider Handbook 79-80 (July 2010),

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=24&s=2&c=61&nt=Description%20of%20Required%20Components%20of%20a%20HealthCheck%20Screening.

374 Wisconsin Forward Health, Online Handbooks: Covered Services and Requirements (2010),

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=61&nt=Core%20Plan%20Health%20Care%20Education%20Benefit.

#### **WISCONSIN ForwardHealth**

Preventive Coverage: Adults	Preventive Coverage: Pregnant Women	Preventive Coverage: Children under Age 21	Coverage Related to Co-Morbidities	Pharmaceutical Coverage	Surgical Coverage
				anti-obesity drug.  Requests for anti-obesity drugs will not be renewed if a member's BMI is below 24. 376	term weight reduction; 5) 18 years of age or older and have completed growth. 6) A BMI of 50 or less is required for approval of laparoscopic adjustable gastric banding. 378

<sup>&</sup>lt;sup>375</sup> Wisconsin Forward Health, Online Handbooks: Prior Authorization for Anti-Obesity Drugs (2010),

 $<sup>\</sup>underline{https://www.forwardhealth.wi.gov/WIPortal/Online\%20Handbooks/Print/tabid/154/Default.aspx?ia=1\&p=1\&sa=48\&s=3\&c=11\&nt=Prior\%20Authorization\%20for\%20Anti-Obesity\%20Drugs.}$ 

<sup>377</sup> WIS. ADMIN. CODE § 107.03 (2010); Wisconsin Forward Health, Online Handbooks: Surgery Services, Bariatric Surgery (2010),

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=50&s=2&c=103&nt=Bariatric%20Surgery

<sup>&</sup>lt;sup>376</sup> Wisconsin Forward Health, Online Handbooks: Prior Authorization for Anti-Obesity Drugs (2010),

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Print/tabid/154/Default.aspx?ia=1&p=1&sa=48&s=3&c=11&nt=Prior%20Authorization%20for%20Anti-Obesity%20Drugs.

https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=2&c=103&nt=Bariatric%20Surgery.

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

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
Adults  Healthy Together: Wyoming  Medicaid contracts with ACS  Healthcare for the state health	Pregnant Women  Prenatal Care: Wyoming Medicaid does not appear to offer services beyond those mandated by Title XIX of the Social Security Act.		9	Weight Loss Drugs: Weight loss drugs are not covered. 382	Covered Services:  1) Gastric bypass (Roux-en-Y);  2) Gastric partitioning (vertical banded gastroplasty or stapling;  3) Surgeries that involve a reduction in stomach size and/or a bypass of the normal sequence of digestion and absorption. 383  Eligibility Criteria: Coverage of gastric bypass surgery on adults is considered on a case-by-case basis if it is medically appropriate for the individual to have such surgery and if the surgery is to correct an illness that is aggravated by the obesity.  1) BMI ≥ 40 or BMI between 35 and 40 with co-morbid conditions;  2) Documented efforts to lose weight by conventional means (at least two non-surgical programs of dietary regimens that include appropriate exercise and a supported behavioral modification

APS Healthcare, Healthy Together, <a href="http://www.wyhealthytogether.com/">http://www.wyhealthytogether.com/</a>.

Wyoming Department of Health, Rules and Regulations, Chapter 6 Health Check (formerly EPSDT) Program, Document # 1526 (1995), <a href="http://soswy.state.wy.us/rules/RULES/1526.pdf">http://soswy.state.wy.us/rules/RULES/1526.pdf</a>; Wyoming Department of Health, Public Health Insurance Program, CMS 1500 Provider Manual 9-31 – 9-45 (2009), <a href="http://wyequalitycare.acs-inc.com/manuals/Manual">http://wyequalitycare.acs-inc.com/manuals/Manual</a> CMS.pdf.

381 Wyoming Department of Health, Public Health Insurance Program, CMS 1500 Provider Manual 9-60 - 9-61 (2009), <a href="http://wyequalitycare.acs-inc.com/manuals/Manual">http://wyequalitycare.acs-inc.com/manuals/Manual</a> CMS.pdf.

<sup>382</sup> Wyoming Department of Health, Public Health Insurance Program, Information for Pharmacists and Medical Providers About the Medicaid Pharmacy Program (2009), <a href="http://wdh.state.wy.us/healthcarefin/pharmacy/medicaidpharmacy.html">http://wdh.state.wy.us/healthcarefin/pharmacy/medicaidpharmacy.html</a>.

<sup>&</sup>lt;sup>383</sup> Wyoming Department of Health, Public Health Insurance Program, CMS 1500 Provider Manual 9-106 - 9-107 (2009), http://wyequalitycare.acs-inc.com/manuals/Manual\_CMS.pdf.

## WYOMING Office of Healthcare Financing

Preventive Coverage:	Preventive Coverage:	Preventive Coverage:	Coverage Related to	Pharmaceutical Coverage	Surgical Coverage
Adults	Pregnant Women	Children under Age 21	Co-Morbidities		
					3) Pre-operative psychological
					evaluation; and
					4) Documentation indicating the
					client is actively participating in
					an ongoing dietary management
					program that has dietary and
					behavior modification
					components, as well as a
					practitioner-supervised exercise
					program. 384

<sup>&</sup>lt;sup>384</sup> Wyoming Department of Health, Public Health Insurance Program, *General Provider Information*, 9-106 – 9-107 (2009), <a href="http://wyequalitycare.acs-inc.com/manuals/Manual\_CMS.pdf">http://wyequalitycare.acs-inc.com/manuals/Manual\_CMS.pdf</a>.