

Objective

- Examine changes in coverage for adult obesity prevention and treatment services in Medicaid and state employee health programs between the 2009/2010 and 2016/2017 plan years.

Background

- Relative to adults without obesity, adults with obesity (BMI ≥ 30 kg/m²) incur 42% higher medical costs¹ and are nearly twice as likely to die before age 70.² Nonetheless, coverage for these obesity treatment modalities is inconsistent across states.
- Nutritional/behavioral counseling, pharmacotherapy, and bariatric surgery are evidence-based strategies that support clinically-significant weight loss ($\geq 5\%$ reduction in body weight).^{3,4}

Methods

- Data were obtained through an extensive review of administrative documents, health plan websites, provider manuals, subscriber handbooks, fee schedules, and drug formularies from Medicaid and state employee health insurance programs in all fifty states and D.C.



Diet/exercise counseling
Medical nutrition therapy
Dietician counseling
Nutrition class



Orlistat, Lorcaserin,
Phentermine-topiramate,
Naltrexone-bupropion,
Liraglutide



Gastric bypass,
Gastric band,
Sleeve gastrectomy,
BPD/DS

Covered	Strong evidence of possible coverage for non-pregnant adults (21+ years) in at least one plan
Non-Covered	Strong evidence that coverage is excluded for non-pregnant adults (21+ years)
Undetermined	Absent or contradictory evidence of coverage for non-pregnant adults (21+ years)

Results

Changes in coverage for obesity treatment services in state-sponsored health insurance programs, 2009–2017

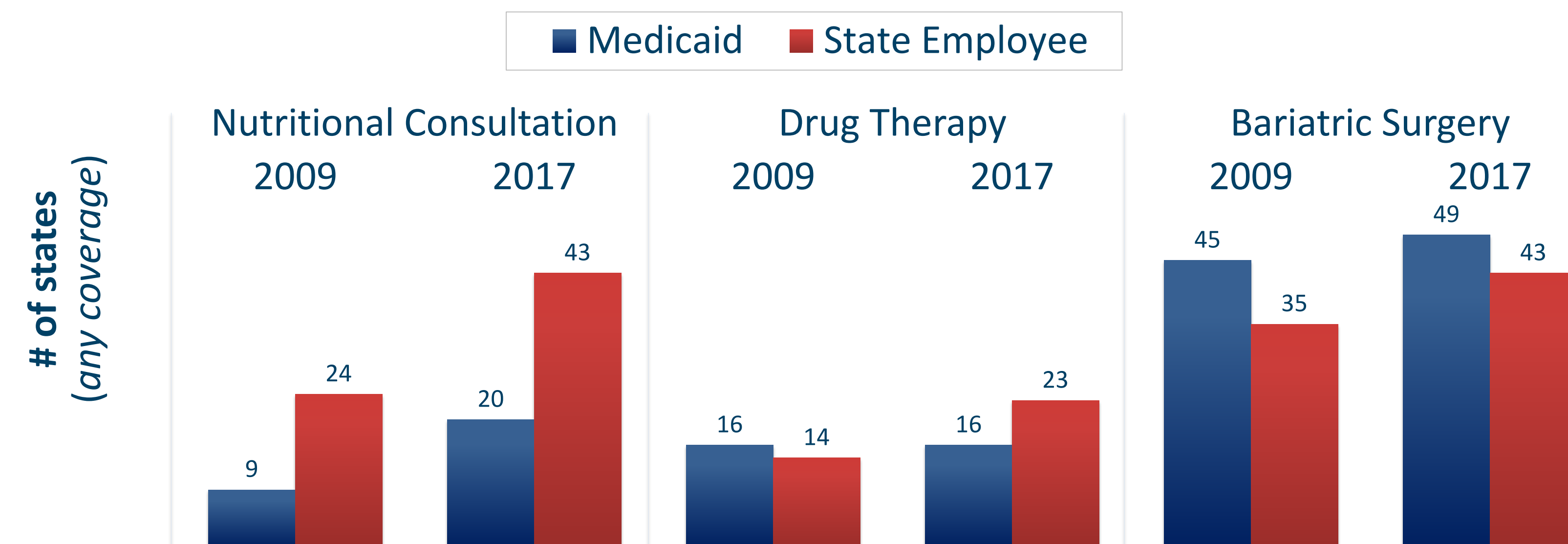


Figure 1. Evidence of coverage for adult obesity treatment modalities increased between 2009 and 2017. Numbers represent states where possibility of coverage was indicated with or without restrictions (see Discussion).

Evidence of coverage for adult obesity treatment services, 2017

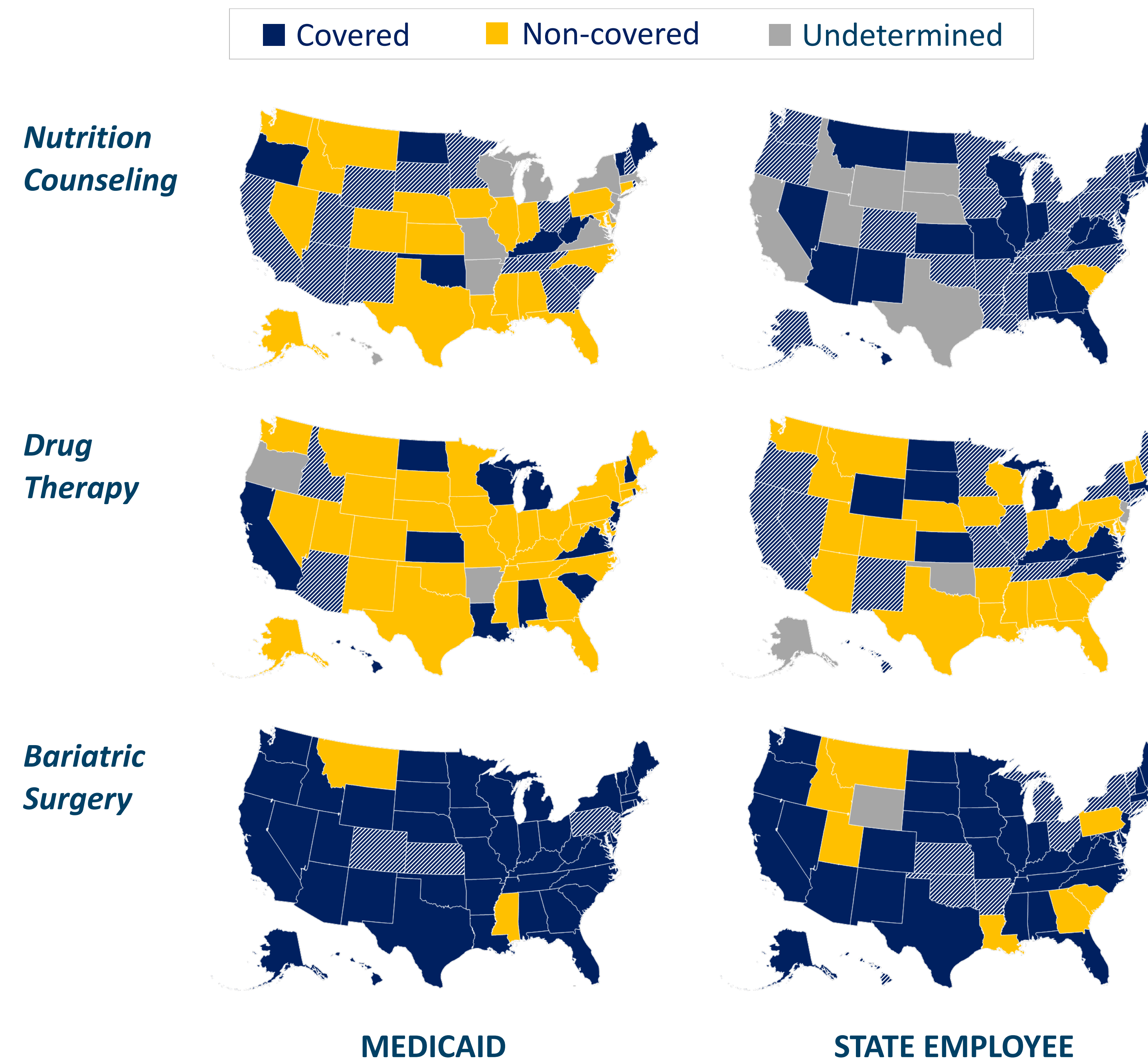


Figure 2. Expected coverage for obesity treatment modalities. Cross-hatching indicates states where evidence changed from “non-covered / undetermined” (PY09/10) to “covered” (PY16/17).

Discussion

- Some states have bolstered coverage for evidence-based obesity treatment modalities since 2009, but many states continued to deny reimbursement for non-surgical obesity treatment options that are supported by clinical consensus and evidence-based recommendations.
- Coverage was frequently restricted by stringent prior authorization criteria and other cost-management strategies.
- Unclear guidance on what constitutes appropriate and reimbursable care for obesity-related services likely prevents providers from referring highly-motivated beneficiaries with obesity to effective care.
- Where reimbursement for evidence-based obesity treatments has expanded, educating providers and beneficiaries about the availability and proper utilization of these services may improve obesity-related health outcomes.

Common coverage limitations for obesity treatment modalities (2017)*

	Nutrition Counseling		Drug Therapy		Bariatric Surgery	
	Medicaid	Employee	Medicaid	Employee	Medicaid	Employee
Not all plans covered	10%	2%	19%	39%	2%	14%
Comorbidity required	5%	7%	25%	4%	45%	2%
Annual / lifetime cap	45%	64%	-	-	-	-

* Percentages based on states that indicated possible coverage for modality in PY16/17

References

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