

# ILLINOIS

Department of Healthcare & Family Services (DHFS) <sup>68, 69, 70, 71</sup>

Assessment & Counseling	Pharmacotherapy		
<p><b>COVERAGE may include:</b></p> <p><b>Preventive Counseling</b> 99401<sup>†</sup>, 99385-99387*, 99395-99397*</p> <ul style="list-style-type: none"> <li>- HFS covers preventive services for adult participants. Health education and nutrition services are considered components of the preventive service encounter and cannot be billed separately.</li> <li>- Maximum of 3 visits payable over a six-month period unless improvement in BMI percentile is evident</li> </ul> <p><b>Behavioral Assessment/Intervention</b> 96150-96154</p> <ul style="list-style-type: none"> <li>- Weight management visit cannot be billed on the same day as a Preventive Medicine visit.</li> </ul> <p><b>Nutritional Consultation &amp; Therapy</b> None</p> <p><i>*Add-on service payable only to PCP or affiliate within the same group.</i></p> <p><i>†Reimbursable only to approved facilities.</i></p> <p><b>NOTE:</b> Preventive, treatment and follow-up services are covered for children (2-20 years) whose routine EPSDT screening suggest dietary inadequacy, obesity, or other nutritional problems.</p>	<p><b>NOT COVERED</b></p> <p>IL Medicaid explicitly <u>excludes</u> coverage for weight loss drugs.</p> <tr> <th data-bbox="730 586 1367 651">Bariatric Surgery</th> <td data-bbox="730 651 1367 1458"> <p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required.</li> <li>- Covered only when physician determines that obesity is exogenous in nature, endocrine disorders have been ruled out, and the recipient has BMI <math>\geq 40</math> kg /m<sup>2</sup> (or <math>\geq 35</math> kg /m<sup>2</sup> with complications) with no success from other therapies.</li> <li>- Must provide medical documentation of review systems, comorbidities, patient weight loss attempts, psychiatric evaluation indicating the patient is an appropriate candidate for the procedure, and nutritional counseling</li> </ul> </td> </tr>	Bariatric Surgery	<p><b>COVERAGE may include:</b></p> <p>Gastric Bypass, Gastric Band, Sleeve Gastrectomy</p> <ul style="list-style-type: none"> <li>- <b>Prior authorization</b> is required.</li> <li>- Covered only when physician determines that obesity is exogenous in nature, endocrine disorders have been ruled out, and the recipient has BMI <math>\geq 40</math> kg /m<sup>2</sup> (or <math>\geq 35</math> kg /m<sup>2</sup> with complications) with no success from other therapies.</li> <li>- Must provide medical documentation of review systems, comorbidities, patient weight loss attempts, psychiatric evaluation indicating the patient is an appropriate candidate for the procedure, and nutritional counseling</li> </ul>
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Adults with obesity: **29%** <sup>3</sup>  
Adults with diabetes: **9%** <sup>3</sup>

**19%** of residents covered by Medicaid/CHIP  
**\$17.0 billion** in total Medicaid spending (2015)

**63%** enrolled in managed care <sup>4</sup>  
**25%** enrolled in fee-for-service  
**12%** enrolled in primary care case management

**Resources & Contacts:**

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

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

**IL Department of Insurance**  
Phone: 312-814-2420