

Blue Cross and Blue Shield of Alabama Bariatric Surgery Network Questions and Answers

Following is a list of questions received from the bariatric surgeon community:

1. What Board Certification meets the qualifications for the Bariatric Surgery Network (BSN)?

Board Certification in General Surgery is required.

2. How will I know that I have been accepted into this network?

A Blue Cross BSN credentialing committee will review applications regarding the first year minimum requirements. All criteria must be met for consideration in the network. Physicians that are accepted into the network will be sent an addendum to their Preferred Medical Doctor (PMD) contract for their signature.

3. Will there be a differential in payment between a PMD physician who is approved to participate in the BSN and a PMD physician who is denied participation?

There will be a 20 percent fee schedule differential with the credentialed physician receiving the highest fee.

4. How will the facility be impacted by this network?

At the present time, facilities will continue to be reimbursed using their current contractual agreement.

5. If I am accepted into the network, how often will I be re-credentialed?

Re-credentialing will take place in 2006 and every two years thereafter.

6. If I am not accepted into the network, when can I re-apply?

You may reapply for the network six-months from the receipt of your denial.

7. Can experience as an assistant surgeon count toward the mandatory 50 surgeries per year?

Peer reviewed literature has documented that the higher the number of bariatric surgeries performed per year by a bariatric surgeon improves his/her outcomes. Therefore, only primary bariatric surgeries apply toward the mandatory requirement.

8. How will the data be collected?

Patient registry and evaluation outcomes are integral parts of this network. Each physician's office should currently be maintaining outcomes information. We will work with the bariatric surgeons in the network to designate a registry with a standardized method of obtaining this data.



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.

9. What does Blue Cross and Blue Shield of Alabama consider a medically supervised diet?

A **physician-supervised program** consists of nutrition and increased physical activity (including dietitian consultation, low calorie diet, increased activity and behavioral modification). There must be documentation in the medical record of program participation by the attending physician of that organized program or the patient's primary care physician. Documentation should include patient progress or lack of progress.

OR

A person may participate in programs such as Weight Watchers, LA Weight Loss, Eat Right, etc. There must be medical supervision that includes visits to the patient's primary care physician, documentation in the medical record that the patient is attending a program and the status of the weight loss attempt.

Letters do not meet the documentation requirement for either method used as a weight loss program. Medical records must be submitted along with the program records from the patient.

10. a. In some areas of Alabama, there is not a medically supervised weight loss program available and many are unable to afford to attend what is available. Is it appropriate to see a physician and be placed on a diet?

Documentation must be present of participation in a physician-supervised program of nutrition and increased physical activity (including dietitian consultation, low calorie diet, increased physical activity and behavioral modification). Documentation of program participation must appear in the medical record by the attending physician. Documentation should include comments by the physician regarding patient progress or lack of progress. A letter does not meet this requirement. There must be medical records to document medically supervised weight loss attempts.

b. What if a person works out of town during the week and is unable to attend a weight loss program?

If the person is unable to attend a medically supervised weight loss program, they are not able to meet Blue Cross and Blue Shield of Alabama's criteria for coverage of bariatric surgery.

c. What if my patient's BMI is high, i.e. 55-60. The prognosis is that in the six months of nutrition/diet/exercise plan, he will not be below the threshold (40 BMI). Do we still have to wait or can the policy be changed for these type patients to meet the criteria?

The same weight loss attempt criteria would apply for this situation. Weight loss prior to surgery makes surgical intervention easier and also provides an indication of the likelihood of compliance with the severe dietary restrictions occurring post-surgery.

Blue Cross and Blue Shield of Alabama
Bariatric Surgery Network Questions and Answers

- 2 -

11. How is a medically supervised diet documented in the medical record?

Height and weight should be recorded with other appropriate vital signs. A statement from the physician should document the program that the patient is participating in and status of their weight loss attempt. This information is to be submitted with the request for predetermination or submitted if the claim is reviewed. In addition, any records the patient has from outside weight loss programs as specified in the coverage policy should be included.

12. When does the six-month weight loss attempt begin?

At least one attempt of a medically supervised diet must be documented for at least six consecutive months in the one year prior to the request (predetermination) or date of surgery if no predetermination is requested.

13. For purposes of Blue Cross and Blue Shield of Alabama coverage, what physicians can medically supervise the dietary attempts to lose weight?

Family practitioners, internal medicine, and other primary care specialties such as OB/GYN can medically supervise a patient's dietary attempts to lose weight.

Dieticians employed by or acting as consultants to the bariatric surgery practice **do not** satisfy the requirements for pre-operative dietary attempts at weight loss.

14. Can the weight maintenance program be monitored by an assistant surgeon (M.D.) who is not performing bariatric surgery?

No. See the response to question 13 for appropriate weight loss monitoring.

15. Some patients were advised that the bariatric surgeon could supervise the weight loss attempt. Is it necessary for the six-months to begin anew?

Clarification of which physician can supervise the dietary programs was recently made. It is appropriate for the patient to see another physician, as described in answer 13, without having the six-month time frame restarted.

16. How does the bariatric surgeon document that the patient was seeing another physician for medical supervision of weight loss?

The bariatric surgeon should list the name of the supervising physician. The records from the supervising physician will need to be included in the predetermination request or when the claim is reviewed.

17. How frequently should visits be made to the physician supervising the weight loss attempt?

Monthly physician visits, or three physician visits during a six-month nutritionist-led intervention, would be sufficient for coverage purposes.

Examples:

If a patient's weight loss attempt is being monitored by the primary care physician there should be no less than monthly visits with documentation for six consecutive months.

If a patient's weight loss attempt is nutritionist-led, such as Weight Watchers, three physician visits during a six-month interval are sufficient along with the documentation from the Weight Watchers' weekly visits.

If the patient is seeing a dietician (not associated with the bariatric surgery practice) for supervision of weight loss attempts, three physician visits during a six-month interval are sufficient along with the documentation from the monthly dietician visits.

18. Does the weight loss program have to be the same for the whole six months or can the patient try different programs for six consecutive months?

The patient is required to be in any approved program for six consecutive months.

19. If a patient presents with a documented three-year history of morbid obesity, undergoes the six consecutive months of weight loss program under the supervision of their primary care physician, and actually loses enough weight to be below a BMI of 40 or 35 with co-morbid factors, does this meet the criteria for bariatric surgery?

A BMI of less than 40 or 35 with co-morbid factors does not meet the criteria for coverage of bariatric surgery. These patients should be encouraged to continue with their successful weight loss program.

20. If a patient met the criteria for BMI requirements five years ago, has lost weight and now the patient is morbidly obese again with recent weight gain, is the review from five years or do we adhere to the three-year morbid obesity requirement?

The condition of morbid obesity (BMI \geq 40 or BMI \geq 35 with co-morbid conditions) must be of at least three years duration prior to being considered for coverage. The three years is considered on the basis of consecutive time at levels of morbid obesity, not total time over extended periods. Any time a patient's BMI falls below the criteria threshold is considered a break in consecutive months. If in the future a patient's BMI again reaches threshold, a new three-year period will begin.

21. Diabetic patients as a rule are on a diabetic diet that is a strict caloric count. Can participation on a diabetic diet that has been documented in the primary care physician's medical record be used as the six months of supervised weight loss period?

Morbidly obese patients on a diabetic diet with strict adherence in many cases would lose weight. Supervision of a diabetic diet does not qualify as satisfying the six-month weight loss attempt. All diabetic diets may not have a goal of weight loss. The support and goals for these two types of programs may differ and therefore are not interchangeable.

22. Can the Internet be used to submit the predetermination for bariatric surgery? When will the new Physicians' *Current Procedural Terminology* (CPT) codes effective January 1, 2005 be added to the form?

Following are instructions on how to locate a printable form through our web site:

- From www.bcbsal.com, look under Provider Resources and choose Forms.
- Under Predetermination, choose Surgical Management of Morbid Obesity.

Currently, a predetermination cannot be submitted electronically for bariatric surgery.

23. What is the length of time to review a submitted pre-determination for bariatric surgery?

It depends on the accuracy and completeness of the information submitted and the volume of requests received. We strive for a 30-day turnaround on requests that contain all needed information.

Following is information that should be included in the patient's medical record for a bariatric surgery predetermination request:

- Letter of request with a brief description of the proposed procedure and appropriate CPT code.
- Complete history and physical performed by the bariatric surgeon to include current height, weight, BMI, co-morbidities and treatment of same (if listing obstructive sleep apnea, please provide the RDI) and patient's smoking history. Has the patient had previous bariatric surgery?
- Medical records from the patient's primary or attending physician with documented weights for the previous three years (not a letter from that physician).
- Diet history

Following is information that is **not** needed:

- Laboratory reports
- Medical records for more than three to four years (We have received records for the past 15-20 years.)

Please encourage your office staff to be familiar with their office fax machine so that records are not received upside down via our FaxPress.

24. If a patient has a Blue Cross and Blue Shield of Alabama PMDPMD plan and elects to pay a cash price for their surgery, does this violate the PMD contract?

The PMD contract requires that the physician submit the clinical information to Blue Cross to determine if the surgery is covered. Only Blue Cross can decide if the proposed procedure is or is not covered **for its members**. If Blue Cross determines the surgery is not a **covered benefit, and the patient chooses to proceed anyway**, the physician **must** have a waiver signed that is specific for the procedure. The member can then elect to continue with the surgery on a self-pay plan.

Please remember that if the procedure is non-covered, there is no coverage for associated facility costs, anesthesia charges, and related expenses.

25. If a patient has Blue Cross and Blue Shield coverage from another state such as Tennessee, Mississippi or Georgia does that state's Blue Cross and Blue Shield determine the criteria for bariatric surgery or does Alabama?

The Blue Cross and Blue Shield state where the member's contract originates is the Plan that determines the criteria for coverage.

26. When does the data collection need to start?

If you have not already started data collection, begin now. Refer to page seven of the credentialing application for reporting elements.

27. How should the data be collected?

There is no standard way of collecting the data at this point. We will be working with members of the network to determine and identify the most efficient methods of reporting.

28. How many post-operative visits are required in the first year?

Four to six follow up visits within 12 months of surgery is appropriate.

29. Clarification of minimum requirements for "Surgeon" regarding pre-operative evaluation and post-surgery protocol.

The services listed on the Multiple-Year Credentialing Process are indicative of services that should be available when determined appropriate.

30. How do you determine the 35 percent of bariatric practice?

The 35 percent component has been removed from the minimum requirements.

31. If I have additional questions where can I submit them for a response?

E-mail questions to **BariatricNetwork@bcbsal.org**.