

# **Bariatric Surgery Frequently Asked Questions**

The following information is provided in an effort to help educate our customers on the medically-supervised dietary programs that are required prior to being approved for Bariatric (Gastric ByPass) surgery.

## **What does Blue Cross and Blue Shield of Alabama (and most insurance companies) consider a medically-supervised diet?**

There are two types of medically-supervised diets:

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

## **In some areas of Alabama, there is not a medically-supervised weight loss program available, and those that are available, are unaffordable. Is it appropriate to see a physician and be placed on a diet?**

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

## **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 unable to meet Blue Cross and Blue Shield of Alabama's criteria for coverage of bariatric surgery.

## **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 should be submitted with the request for predetermination, or submitted if the claim is reviewed. In addition, any records the patient has obtained from other weight loss programs as specified in the coverage policy should be included.

## **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 a one-year period prior to the request (predetermination) or date of surgery if no predetermination is requested (i.e., January – July). Six months does not equate to six physician visits. The first physician visit or visit in a supervised weight loss program does not count as a month. The month of participation ends 30 days later.

## **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.

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

No. Family practitioners, internal medicine, and other primary care specialties such as OB/GYN can medically supervise a patient's dietary attempts to lose weight.

## **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.

## **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.

**Example:** 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 is sufficient along with the documentation from the Weight Watcher's weekly visits.

## **Does the weight loss program have to be the same for the entire 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.

## **If a patient presents a documented three-year history of morbid obesity, undergoes the six consecutive months in a 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.

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 greater than or equal to 40 or BMI greater than or equal to 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.

## **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.

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

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

## **How many post-op visits are required in the first year?**

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

## **What is the difference in a predetermination, a precertification and a referral?**

Predeterminations, Precertifications and Referrals are all mutually exclusive of each other.

- Predetermination by Medical Review determines medical necessity based on coverage criteria for planned procedures.
- Precertification by Health Management determines appropriate hospital/outpatient setting and length of stay for procedures and/or admissions based on criteria.
- A referral must be obtained and/or submitted by the Primary Care Physician (PCP) for recommended specialist or treatment based on specific contract language.

Please refer to Customer Service to determine specific contract requirements.

## **Who do I call if I have additional questions?**

You may call the customer service number on the back of your insurance card if you have additional questions.