

Comments for Bariatric Policy Chapter 519.4 2015

Date Comment Received	Comment	Status Result: C = Change NC = No Change D = Duplicate	Reason
11.07.2014	The proposed BMI criteria would exclude coverage to a substantial number of patients who could benefit from these procedures. It is out of step with the standards set by other insurers and by our surrounding states.	NC	Our research shows other states have similar policies. This is also consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	We request that the criteria for patient with a BMI of 40 or above not include an additional requirement for comorbidity.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	We request that the criteria for “extreme comorbidity” for patient in the 35-39.99 BMI range be changed to “comorbidity or comorbidities associated with obesity.”	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	The proposed BMI history would place an extraordinary, and in some cases impossible burden on patients seeking this care. It would exclude many patients from surgical interventions based solely on the lack of long-term medical documentation, even if their medical need is clearly established.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA). The purpose of the weight loss program and documentation prior to surgery is to show commitment that would be necessary for ongoing success post-surgery.

	We request that the requirement for documented BMI history be eliminated or reduced to a level consistent with other plans (two to three year maximum.)	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	We request that if BMI history is required that the documentation required to establish the history be expanded to include any reasonable and dependable source and not limited to physician documentation.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).The patient must participate in a consecutive 12-month physician <i>supervised</i> nutrition and exercise program within two years prior to the request to ensure commitment to a life-style change necessary for ongoing success post-surgery.
	The proposed 10% preoperative weight loss mandate far exceeds the criteria established by other payers and will exclude patients who have a strong chance of benefits from procedures. In addition, the exclusion of patients whose preoperative weight loss is accomplished through non-medical programs or through medical programs that include a pharmacotherapy component provides a disincentive to patients from using effective non-surgical weight loss programs.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA). Patients must demonstrate they are able to adhere to lifelong behavior changes and the strict diet required after bariatric surgery necessary for ongoing success post-surgery.
	We request that the required duration of preoperative weight loss programs be reduced to three or a maximum six months.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	We request that the disqualification of patients who are prescribed pharmacotherapy agents for weight loss during the preoperative program, under medical supervision be removed from the policy.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).

11.12.2014	Request that you review the medical supervised weight loss form that we are using and tell me what needs to be changed to be compliant with your review (a copy included)? It would be nice for a formal form to be developed by you for the bariatric practice since this is the main thing that gets denied over and over causing the surgeons to stop taking Medicaid.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA). Most of the bariatric facilities have a designated weight loss form. BMS did not want to impose a specific form.
	Regarding the weight management policy from PEIA that is offered to PEIA members. This allows the member to participate in a program that helps them lose the 10% in 12 months. Will this be offered to Medicaid patients because the surgeon's office cannot provide this service to wheelchair bound patients that can't walk? Will Medicaid patients be given the same opportunity for a Weight Management program that PEIA participants have access to?	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
11.18.2014	It seems that coverage is limited to open procedures. Coverage of laparoscopic sleeve gastrectomy would be preferable from both a clinical and cost effective-ness perspective.	NC	Sleeve gastrectomy can be open or Laparoscopic.
	Coverage by select non-COE providers would also be desirable. Case in point, CCMH in Parkersburg has performed over 400 bariatric procedures in the last 6 years with results that consistently exceed national standards, but does not meet COE status due to volume.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).

12.11.2014	BMI of 40 or greater, or BMI of 35 or greater with an obesity related co-morbid which would include but is not limited to diabetes, cardiovascular disease, hypertension, and life threatening cardio-pulmonary problems, i.e., sleep apnea, obesity related cardiomyopathy, Pickwickian Syndrome, etc.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	519.4.1-1 Eliminate the 12 consecutive months for AGB (adjustable gastric banding) and change this to 6 consecutive months. This request is being made secondary to the Banding being a much less invasive procedure, a safer procedure, and an outpatient procedure.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	519.4.1-1A The patient must still meet the mandatory weight reduction, however this should be lowered to 5% in regards to the Banding procedure.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).
	Change the COE status by Bariatric Surgery COE, as defined by the ACS, ASMBS, or MBSAQIP secondary to the fact that Medicare dropped this criterion in September 2013.	NC	BMS has considered your comment; however, our policy consistent with other coverage plans in WV, such as the Public Employees Insurance Agency (PEIA).