



Coverage for Bariatric Surgery

FACT SHEET

Q: Who is eligible for the bariatric surgery benefit?

A: Bariatric surgery will be considered for patients over the age of 18 who are morbidly obese and when conservative approaches to treat obesity have been tried and failed. For the purpose of determining eligibility for this benefit, morbidly obese is defined as an individual with a body mass index (BMI) > 35 with two or more associated complications or a BMI >40.

Q: Which surgical procedures are covered under this bariatric program?

A: BCBSKC medical policy supports and allows coverage for the following procedures: 1) open gastric bypass using a Roux-en-Y anastomosis; 2) laparoscopic gastric bypass using a Roux-en-Y anastomosis; and 3) adjustable gastric banding. All other procedures are considered, by BCBSKC medical policy, investigational and will not be covered under this benefit.

Q: What is the bariatric surgery benefit?

A: Under the Blue-Care HMO Plan, members will be responsible for copays and the benefit is limited to a lifetime maximum of \$20,000. Under the Preferred-Care Blue PPO Plan, members are responsible for deductible and coinsurance and the benefit is limited to a \$20,000 lifetime maximum.

The \$20,000 lifetime maximum includes, but is not limited to, charges as the result of the following expenses: hospital room and board, general nursing care, supplies, laboratory services, x-rays, adjustments and related office when such services are medically necessary in accordance with the BCBSKC medical policy for bariatric surgeries.

However, if a covered person experiences medical complications and expenses related to these complications, the benefits paid for such expenses are not subject to the \$20,000 lifetime maximum. The \$20,000 bariatric lifetime maximum accumulates towards the County's lifetime maximum benefit.

Q: What are "adjustments" and are adjustments covered under the bariatric surgery benefit?

A: Adjustments are related to the adjustable gastric banding procedure, are covered expenses, and are subject to the \$20,000 lifetime maximum.

Q: Can I go anywhere I choose to receive bariatric surgery?

A: The bariatric surgery benefit is limited to services and supplies for bariatric surgery when ordered by a physician and provided at or arranged by a "Blue Distinction Center".

There are no approved Blue Distinction Centers for bariatric surgery in Kansas. The closest Blue Distinction Centers are SSM DePaul Health Center, Bridgeton, MO; St. Alexius Hospital, St. Louis, MO; and University of Missouri, Columbia, MO.

Q: What is a Blue Distinction Center?

A: The Blue Distinction Centers for bariatric surgery are designated facilities within participating Blue Plans' service areas that meet stringent quality criteria. By meeting



these requirements, the Centers demonstrate better outcomes and consistency of care and provide greater value for Blue Cross Blue Shield members.

FACT SHEET

Q: Will there be Blue Distinction Centers in the Kansas City metropolitan area?

A: BCBSKC will be issuing a Request for Proposal to area hospitals to solicit and discover facilities that qualify to be named and designated a Blue Distinction Center. This is a very careful and deliberative process that BCBSKC takes seriously. It is estimated that an area hospital will be available in 2008, if it qualifies as a Blue Distinction Center.

Q: Is nutritional and diet counseling covered in relation to obesity?

A: Members will have coverage for office visits for nutritional and diet counseling for obesity and morbid obesity when received at a facility or from a physician. Covered services under this benefit include 7 visits per Calendar Year. The nutritional and diet counseling benefit does NOT apply to the \$20,000 lifetime max.

Q: Are services related to nutritional and diet counseling subject to copayments?

A: Nutritional and diet counseling visits for Blue-Care HMO members will be covered at 100% after any applicable office visit copays when received at a network facility or physician. Nutritional and diet counseling visits for Preferred-Care Blue PPO members are subject to deductible and coinsurance. If a physician bills for an office visit in addition to counseling, this office visit will pay according to your office visit benefit.

Q: Who is eligible for diet and nutritional counseling?

A: Members who are obese or morbidly obese. Obese is defined as an individual with a body mass index (BMI)>30. Morbidly obese is defined as an individual with a body mass index (BMI) > 35 with two or more associated complications or a BMI >40.

Q: Is nutritional and diet counseling covered in relation to obesity when services are provided by an independent dietary counselor?

A: No. Members will only have coverage for office visits for nutritional and diet counseling for obesity and morbid obesity when received at a network facility or from a network physician.

Q: Are weight loss medications covered under the outpatient prescription drug coverage?

A: Yes. Members may receive appetite suppressants and weight loss medications for obesity and morbid obesity which require a physician's prescription. No weight loss and suppressant Over the Counter (OTC) medications are currently covered.

Q: Does this benefit require a prior authorization?

A: Yes. Prior authorization can be obtained by your physician by calling 816-395-3989 or 800-892-6116.

Q: Does the bariatric surgery benefit include coverage for skin reduction or revision following weight loss surgery?

A: No. Most skin reduction or revision procedures following weight loss surgery are considered cosmetic and are not covered unless medically necessary.*

*Skin reduction surgery can meet medical necessity criteria depending on the circumstances but the Prior Authorization process needs to be followed.