



January 29, 2010

To Our Patients with Medicare,

Bariatric Surgery Program
25 Courtenay Dr., ART 7100A
MSC 290
Charleston, SC 29425-2900
(843) 792-3046 phone
(843) 876-4201 fax
www.muschealth.com/weightlossurgery

In 2006, the Centers for Medicare and Medicaid Services determined that weight loss surgery was reasonable and necessary for those who meet the weight criteria!

However, because Medicare does not precertify patients for weight loss surgery, Medicare may decide not to pay for your surgery, even if you meet the weight criteria and have medical problems that are weight related. They now want documentation that you have tried at least six months of weight loss attempts, monitored by a doctor, during the 18 months immediately prior to the surgery.

T. Karl Byrne, MD
Professor of Surgery
Medical Director

Katherine Morgan, MD
Assistant Professor of Surgery

Megan Baker Ruppel, MD
Assistant Professor of Surgery

Rana Pullatt, MD
Assistant Professor of Surgery

Lisa A. Jackson
Patient Coordinator

Debbie Petitpain, MS, RD
Clinical Dietitian

Nina Crowley, MS, RD
Clinical Dietitian

Diana Axiotis, PA
Physician Assistant

Laura Campbell, PhD
Clinical Psychologist

What does this mean for you?

1. You will have to *prove* that you have tried some attempts at weight loss for at least 6 months within the last 18 months.
2. You will need documentation that you have been counseled regularly about your weight by a doctor or a registered dietitian (RD) over 6 consecutive months, without any breaks, or documentation that you have participated in a medically supervised weight loss program (i.e.: MUSC Weight Management Center or the Metabolic Medical Center) for 6 consecutive months. If you have participated in a program like Weight Watchers or Optifast, you will still need your doctor's notes. You do not need to have actually lost weight over this period of time.
3. We strongly encourage you to gather this information before you submit your packet and your \$250 *non-refundable* application fee.

We have included a letter for you to share with your primary care physician as well. Once you gather your documentation, please turn in your packet to the MUSC Bariatric Surgery Team to start the process of evaluating you as a surgical patient. Be assured we will work with you to advocate for your care.

Sincerely,

T. Karl Byrne, MD
Director of Bariatric Surgery
Medical University of South Carolina



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Dear Doctor,

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Thank you for referring your patient for weight loss surgery. Because your patient has Medicare, there are some issues you need to be aware of prior to evaluation for weight loss surgery. In 2006, the Centers for Medicare and Medicaid Services (CMS) determined that weight loss surgery was reasonable and necessary for Medicare beneficiaries who have a body mass index of greater than 35 kg/m², have at least one medical problem related to obesity, and have been previously unsuccessful with medical therapy for obesity. Unfortunately, this last criterion is open to interpretation and very nonspecific.

Recently, we received a directive from the Carolina Center for Medical Excellence regarding weight loss attempts prior to bariatric surgery for Medicare recipients. (This board apparently includes "practicing physicians from North and South Carolina"). Their determination was that the criterion would be met if the patient had a documented period of "at least six months of failed medical weight loss attempts during the 18 months immediately prior to the scheduling of the bariatric surgery procedure". Because Medicare does not precertify patients for weight loss surgery, on review of your patient's hospital and professional charges AFTER the weight loss procedure, Medicare may decide not to pay for the surgery, if they determine that this weight loss criterion is not met.

What this means is that your patient will have to *prove* that they have tried some attempts at diet and medical manipulation for weight prior to surgery, supervised by you, the patient's family physician. There are no directives from Medicare as to what constitutes a medical weight loss program. We have not been informed if programs such as Weight Watchers, Jenny Craig, and Optifast are acceptable if done in conjunction with physician supervision and detailed documentation of participation is available for review. We presume that documentation of weight, blood pressure, diet, exercise, nutritional counseling and perhaps even medications under the direct and regular supervision by a physician will be necessary. We think that physician-supervised programs consisting exclusively of pharmacological management will not be sufficient to meet the requirement of a physician supervised weight management program.

You should understand that those of us who practice bariatric surgery disagree completely with this policy. There are no good reliable scientific data to suggest that dietary manipulation or medical attempts at weight loss prior to a surgical weight loss procedure make any difference in the outcomes for patients. All it does is to prolong your patient's ability to receive what in many cases is life-saving surgery. You can be assured that efforts are underway to try to overturn this decision.

Sincerely,

T. Karl Byrne, MD
Director of Bariatric Surgery
Medical University of South Carolina