

Insurance Approval for MBS

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MSCHONYP

APSA AMS Committee Monthly meeting

10 Sept 24

No financial disclosures

Insurance management

- Picking the appropriate patient
- Best shot first
- Appeals & beyond

INSURANCE PAYMENT FOR ADOLESCENT LAPAROSCOPIC GASTRIC BANDING--IT ISN'T EASY BECOMING LEAN

- 105 consecutive adolescents for LAGB
 - Specialist letters, labs, studies
 - Visit documentation
- 44 approved (42%)
 - 40 Additional material requested
 - Additional testing 6
 - Case letters 16
- 32 more approved (68%)
 - Additional letters, Peer-to-peer, letter from lawyer; 1 self-pay
- 24 more approved (96%)
 - 2 denied
 - 2 found that insurance did not cover MBS

Picking the appropriate patient

- BMI and/or 95th percentile measurements
- Comorbid conditions
- Criteria of the policy of the insured
 - Is MBS covered? Has it been carved out?
 - Bring this up EARLY before the patient progresses through the program!
 - What evaluations are needed?

Initial application for approval

- Docs faxed to insurance (90-200+)
- Dates of visits (surgeon, GI nutrition, endocrine, psych)
 - Cover sheet table of dates of visits
 - Letters from surgeon, medical director, mental health evaluator, nutritionist
 - All visit notes from the above
- All testing
- All imaging
- All labs
- Possibly supplemental letter from LMD

Our program is a physician/nutritionist supervised program. All visits include nutrition and exercise counseling as documented by written accounts in the notes of dietary information and exercise information. All visits are discussed at our weekly supervisory meeting attended by nutritionists, nurse practitioners, and physicians listed on this table. This documentation has been supplied to you. We have submitted 7 consecutive months of physician-directed supervision.

	Dr. Zitsman, NP L. Lynch	Endocrine Dr. Fenoy	GI/Nutrition Dr. J. White Baidal, NP K. Parkinson, RD E. Bank, RD Katie Johnson
MONTH 1	12/5/23		
MONTH 2			1/30/24
MONTH 3			2/22/24
MONTH 4			3/23/24
MONTH 5			4/23/24
MONTH 6		5/7/24	5/14/24
MONTH 7			6/25/24
MONTH 8			7/30/24

*** PLEASE NOTE: Dietary and exercise screening and counseling is routinely done by each team member at each visit ***

Initial application for approval

- Keep record of receipt
- Keep packet together until approved
- Allow a MINIMUM of 2 weeks (may be shorter if ≥ 18 yr)
- Call after 1 week for status update
- IF URGENT, call first and speak to nurse manager

DOB: 12/1/06

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MONTH	Dr. Zitsman, NP L. Lynch	Endocrine Dr. Fenoy	GI/Nutrition Dr. J. White-Baidel, NP K. Parkinson, RD E. Bank, RD Katie Johnson
MONTH 1	12/5/23		1/30/24
MONTH 2			2/22/24
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MONTH 4			4/23/24
MONTH 5			5/14/24
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MONTH 7			7/30/24
MONTH 8			

*** PLEASE NOTE: Dietary and exercise screening and counseling is routinely done by each team member at each visit ***

Initial application outcome

- Surgery approved:
 - Written (printed) denial sent to family/facility/surgeon
- Surgery approved but EGD part of the bundle
- Surgery approved as 23-hr admit
 - Accept and document need to stay longer if applicable (e.g., inadequate PO intake, pain)
- Request for additional document (e.g., medical director letter, nutrition visits, drug screen)—usually has been part of package sent
- Request for repeat of remote testing (1 yr)--*rare*

Initial application **denied**

- Written (printed) denial sent to family/facility/surgeon
- Expect family to contact you, upset
- Be confident; advised that there will be more work to be done
- Peer to peer
 - Have the faxed record with you
 - Have the EMR open
 - The reviewer is *not* the enemy. They are matching what they see with their criteria for approval
 - If you can identify the reason(s) for denial from the letter sent, be prepared to rebut them with evidence
 - Example: no documentation of 6 months consecutive visits (help them find it)

Initial application **denied**

- Peer review does not approve-
 - You can ask for a specialty specific peer reviewer, e.g., a bariatric and metabolic surgeon
 - You can ask for an outside specialty reviewer
- Family initiated appeal
 - Sometimes required by the policy. You can guide them
 - Obtain additional support from the pediatrician
- Letter from you indicating that insurance company is denying standard acceptable medical and surgical care in your expert opinion. Include literature (ASMBS guidelines, AAP GCP summary)

All appeals unsuccessful

- Family can seek help through employer's HR
- Family may contact a lawyer to file suit against the insurance company
- Self pay with reduced fees
 - Hospital expenses
 - Anesthesiologist
 - Surgeon
- Medication

INSURANCE PAYMENT FOR ADOLESCENT LAPAROSCOPIC GASTRIC SLEEVE

- 100 consecutive adolescents for SG (7/2021-6/2024)
 - Specialist letters, labs, studies
 - Visit documentation
- 95 approved (95%)
- 3 approved (98%)
 - Missing documentation
 - <5% peer-to-peer
- 2 denied
 - Age criteria

THE IMPACT OF PUBLISHED DATA!!!!

Summary

- Make sure the patient meets criteria and that the insurance covers their surgery
- Send ALL of the necessary documentation and keep handy to resend
- Resend if they say something is absent
- Work with the P2P person – they will often suggest how to escalate
- Maintain dialogue with the family – confidence and patience
- Legal action as a last resort before self-pay