

Cosmetic Surgery Times

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Wary of gastric bypass 'lessons learned,' carriers limit MWL coverage

Sep 1, 2007
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Cosmetic Surgery Times



Dr. Oliver

As the number of bariatric procedures performed in the United States has grown, so has post-bariatric patients' desire for cosmetic surgery to correct its aftereffects, experts say. However, they tell **Cosmetic Surgery Times**, insurance coverage for these procedures is limited and generally growing tighter.

'BLINDSIDED' When the gastric bypass explosion occurred following the late 1990's advent of laparoscopic techniques, "The insurers didn't see it coming. The expenses to their companies blindsided them," says Rob Oliver, Jr., M.D., a Birmingham, Ala.-based plastic surgeon board-certified in general surgery. As a result, he says carriers are "determined not to let that happen again" when bariatric patients later seek coverage for cosmetic revisions. Accordingly, he says carriers typically might cover only post-bariatric abdominal panniculectomies — if any post-bariatric procedures at all. "Insurers almost universally consider procedures for the arms, thighs, face and everything else cosmetic.

And with the abdominal surgeries, their criteria — and how they enforce them — have gotten dramatically more rigid in the last two or three years," to the point where only about one of six patients he sees truly qualifies, Dr. Oliver states.

PICTURE WORTH 1,000 WORDS To help patients navigate their insurance, Dr. Oliver first recommends making sure their policies don't specifically exclude massive weight loss (MWL)-related surgeries. If a patient wants abdominal surgery to be covered, he adds, "Usually they must have some history of related problems — such as yeast infections and chronic active panniculitis — that has been well documented by their primary care doctor," *not* their cosmetic surgeon. Specifically, patients must have a pannus that hangs well below their pubic bone onto the mid-thigh, says Dr. Oliver, "And it must be visually impressive to get it easily approved." Insurers furthermore tend to require documentation of treatment-resistant panniculitis symptoms persisting at least three to six months, adds Michael S. Wong, M.D., assistant professor, Division of Plastic Surgery, and director, Body Contouring after Weight Loss, University of California Davis Medical Center. "Some might consider that strict," he says, "but if one knows about it ahead of time, it's no surprise." Dr. Wong adds, "Another reason one might get a panniculectomy covered is if it's so big it hangs between a patient's thighs, causing difficulty in ambulation."



Dr. Kluska

Similarly, says Michael S. Kluska, D.O., a dual board-certified plastic and reconstructive surgeon and general surgeon in private practice in Greensburg, Pa, "I dictate a letter to the insurance company documenting the problems these patients are having," including chronic irritation and hygiene issues caused by the overhang of skin. "I also document with photography the irritation they have underneath that fold," he says. If one documents these problems well, Dr. Kluska says, "Usually, one can get the panniculectomy covered." Fortunately, Dr. Wong says insurers are covering infraumbilical panniculectomies more readily since the 2007 debut of a separate CPT code (15830) for this procedure. Through 2006, he says, "They used code 15831 for both panniculectomy and abdominoplasty, despite the fact they are very different procedures." Now, he says, "Having a distinct CPT code specifically for infraumbilical panniculectomy has cleared some confusion on the part of insurance carriers. Today, if one does an abdominoplasty, there's an add-on code [15847] for this procedure."

Combining panniculectomies with open abdominal surgeries also can increase patients' chances of obtaining coverage, says Dr. Oliver. "Even though many contracts say a panniculectomy wouldn't be covered if it weren't covered under normal circumstances," he explains, "insurers seem more willing to cover it if you're going in there to fix a hernia simultaneously." But that's not so with hysterectomies, he adds. Likewise, he says chronic back pain is "usually not going to do it — there's no evidence insurers will accept that removing an abdominal pannus will improve back pain."

TUCK VARIANCE In consultations, Dr. Oliver says it's important to educate patients that "Not all tummy tucks are created equal." Smaller-framed patients closer to ideal body weights are generally easier to treat, while those still weighing 250 pounds to 300 pounds typically require \$5,000 or more in surgical services (plus another \$4,000 in hospital and anesthesiologist fees). Patients also must know that, in order to get insurance coverage, "It depends when you operate," says Dr. Kluska. Most bariatric patients maximize their weight loss in 12 months to 18 months, at which point they often don't require sufficient cosmetic reductions to gain insurance approval, he explains. However, he says, "If one catches them in the tenth to twelfth month after gastric bypass surgery, many times they still have a little excess weight on them, and they meet [insurers'] criteria."

By contrast, Dr. Wong says, "I generally recommend patients reach weight stability before doing any contouring surgery. At 10 to 12 months after bariatric surgery, they are still losing weight," which could impact their wound healing ability and create other complications. For breast reductions, Dr. Kluska says most insurance carriers require removing at least 350 g of breast tissue per side. However, he says about 25 percent of MWL patients have lost so much weight they don't meet this criterion. Patients may receive coverage for breast reductions if heavy breasts are causing problems such as neck, back and shoulder pain resistant to other treatments or shoulder-strap grooving, adds Dr. Wong. The lowest weight-removal figure he's seen is 300 g per side, he says. "But more insurance companies are pushing this minimum up closer to 500 g, depending on a patient's height and body habitus." Several carriers now require 650 g to 700 g removal per side, adds Dr. Oliver.

BE NONCOMMITTAL Similarly, Dr. Kluska says, "I've had only one patient in seven years get a gluteal or lower-body lift covered. Her excess skin actually hung into the toilet." Accordingly, he says, "Don't promise any patient you're going to get anything covered. Patients also need to understand that there is a cosmetic fee usually associated with this to get the optimum result."

"The insurance company contributes between \$1,200 and \$1,500" toward an abdominoplasty, adds Mark Foglietti, D.O., a board-certified plastic surgeon who is plastic surgery residency director, South Pointe Hospital, Cleveland, Oh., and director of the Cosmetic Surgery Institute. "So if we have insurance authorization to do that, we discount it by that much and charge around \$7,500 for the cosmetic fee." However, he says, "Sometimes a provider may have to say 'I can't do this as a reconstructive procedure — it's a cosmetic procedure.' I don't know established surgeons who are willing to spend four to five hours in the operating room to do a beautiful job and get paid \$1,500."

Still, Dr. Wong says, "One nice thing about combining insurance-covered procedures with out-of-pocket procedures is, insurance companies tend to cover some important parts of the costs." For example, he says if a patient covered for a panniculectomy wants a belt lipectomy — which takes about six hours — "We subtract out the first two hours of anesthesia and room charges, which are the most expensive." In such cases, insurers frequently pay for hospitalization and the cost of complications, he adds. "We have found that MWL patients are at a much higher risk for intra-operative or post-operative complications," particularly if their body mass index is higher than 30 or 32, says Dr. Kluska. Another challenge with post-bariatric surgeries is that these patients' problems defy traditional techniques, Dr. Oliver says. "Because there's so much skin to work with," he explains, "typically they're much bolder, more aggressive surgeries" than the norm. Going forward, he adds, "It will become increasingly hard to get any of these operations covered. That's clearly the trend." "Because healthcare costs are so out of control," adds Dr. Kluska, "the insurance companies cover less for the patient and pay the physician less each year." Eventually, he says, "We'll run into the crisis where no physician will accept insurance, and no patients will be able to afford insurance." Already, sources say many surgeons won't take any insurance for post-bariatric patients. "We'll see that increasingly," predicts Dr. Oliver. "These are long, very physically difficult operations. And the reimbursement with insurance rates for an abdominal panniculectomy is about \$.20 on the dollar for what you would normally charge for a tummy tuck."

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