SASSO

POSITION STATEMENT

Coding for Metabolic Surgical Procedures and Ethical Practice

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A. INTRODUCTION

The executives of SASSO are aware of patients being offered bariatric surgeries, for which authorization is obtained from medical funders as a *"Partial Gastrectomy."* The subsequent sleeve gastrectomy is fraudulently performed due to the fact that the surgery's bariatric nature is not divulged.

In addition, it is clear that administrative staff members at medical aids allow the process to unfold as they do not process the request for authorization thoroughly enough. This is clearly a criminal offence as medical aids that do not provide any bariatric surgery benefits for members are paying for fraudulent procedures unknowingly. The discovery of the actionable offenses by a specific medical aid has led to the termination of its bariatric benefits for members, approximately two years ago.

Outside the field of bariatric or metabolic surgery there are only distinct indications for a gastrectomy and partial gastrectomy:

1. Gastric cancer and primary gastric melanoma
2. Persistent or recurrent ulcer disease regardless of prolonged best medical treatment and H pylori eradication.
3. Large duodenal perforations
4. Life threatening gastric bleeding or ulcers
5. Acute or Chronic gastric ischemia and mesenteric angina
6. Gastrointestinal stomal tumors (GISTs)
7. Corrosive stricture of the stomach
8. There may be one or two other valid indications

B. IFSO AND SASSO ACCREDITED BARIATRIC PROCEDURES

1. Restrictive

    -   Lap-band
    -   Sleeve gastrectomy

2. Combined

    -   Gastric bypass

3. Malabsorptive

    -   BPD-DS / Scopinaro procedure
    -   SADI

C. HISTORY OF CURRENT CODING FOR BARIATRIC SURGERY

When SASSO embarked on the task of obtaining metabolic surgery acceptance and funding, we were required to provide relevant codes that could be used to authorize such procedures. This was due to the lack of existing codes that could describe the various bariatric procedures and their linked fees. Currently, we still have only one accepted SAMA code which is that of "Gastroscopy"- 1566. Medical aids are all insisting on the use of the SAMA coding system that is available today.

Hence, we decided on the following code system in 2012 which has been accepted by Discovery Health and is being used today for the registration of bariatric benefits.

The codes are as follows:

    a.   Lap-band (1566 + 1807 + 0008 + 0018)

Gastroplasty with placement of a band	-1566
Laparoscopic procedure	-1807
Operation on patient with BMI > 35 = 0018	-0018
Specialist surgical assistant	-0008

    b.   Sleeve Gastrectomy (1617 + 1807 + 0008 + 0018)

Partial gastrectomy	-1617
Laparoscopic procedure	-1807
Operation on patient with BMI > 35 = 0018	-0018
Specialist surgical assistant	-0008

    c.   Laparoscopic RY Gastric bypass operation (1617 + 1613 + 1641 + 1807 + 0008 + 0018)

Partial gastrectomy	-1617
Laparoscopic procedure	-1807
Operation on patient with BMI > =	-0018
Specialist surgical assistant	-0008

    Laparoscopic RY Gastric bypass operation (1617 + 1613 + 1641 + 1807+ 0008 + 0018)

Partial gastrectomy	-1617
Gastro-enterostomy	-1613
Entero-enterostomy	-1641
Laparoscopic procedure	-1807
Specialist surgeon assistant	-0008
Operation on patient with BMI > 35	-0018 + 50% of total

According to Modifier 0005 rule: charge 100% first, 75% second, 50% third and 25% fourth procedure. Fifth is 25% as is sixth. Assistant's fee is thus calculated by taking 33% of the total. Of all the various codes at their respective values.

    d.   Laparoscopic Bilio-pancreatic diversion procedure (1617 + 1639 + 1761 + 1641 + 1807 +0008 + 0018)

Partial Gastrectomy	-1617
Resection of small bowel with enterostomy	-1639
Cholecystectomy	-1761
Entero-enterostomy bypass	-1641
Laparoscopic procedure	-1807
Specialist assistant surgeon	-0008
Operation on patient with BMI > 35	-0018

For the SADI procedure the code for entero-enterostomy (1641) falls away, since it is a single anastomosis Duodeno-ileostomy.

<u>D. Consensus</u>

The subsequent consensus is that the beforementioned practice is not only fraudulent, but also unethical since the patients are not seen, evaluated nor prepared for the pending surgery by an accredited bariatric team. If such patients are participating in metabolic surgery, the funder or administrator should be able to conclude and determine that this is, in fact, a bariatric procedure.

The illicit occurrences deteriorate the earned perception of bariatric surgery in South Africa, and thereby threatens the sustainability of the current bariatric program. Consequently, funders can unilaterally cancel the program without SASSO being able to counter the decision.

Documentation should be available to explain the need for a *"Partial Gastrectomy"*.

This would include:

- Histology results
- Radiological imaging results
- Endoscopy reports
- Treatment history
- Prescription and medication data
- Anthropometric data – BMI

It is the responsibility of funders and administrators to assess a request for a partial gastrectomy according to documented evidence, as mentioned above, prior to providing authorization for such a procedure. Funders, administrators, and hospitals must be made aware of this practice. Additionally, hospital management must understand that if it allows such practices, they are complicit in criminal activity.

SASSO members involved with such practices will notably have their **accreditation revoked**. In addition, a formal complaint will be lodged with the HPCSA by the Board of SASSO against such a member for unethical behavior. SASSO will furthermore not represent any such doctor in any medico-legal matter arising from such activity.

SASSO is firm in its resolve that this practice must be stopped, and that all the relevant role players must be informed of this fraudulent practice. This document will be distributed to medical aids, funder administrators, SAMA, HPCSA, BHF, HASA, ASSA, SASES and the membership of SASSO. SASSO members are moreover individually tasked as ambassadors of metabolic surgery to inform the Board of any such activities.