

# A Guide to Seeking Weight Loss Surgery

Working with your insurance provider



## Appealing a Denial

In the event you are denied a prior authorization do not panic. It is common that an insurance company will deny as a “first response” to giving an approval. Just remember, you have the right to appeal any denial and our office will work with you to gather all the necessary information.

- Request the details of your denial. Most denials are considered to be either “Not Medically Necessary”, “Experimental Procedure”, or an “Excluded Procedure”.
- Review your billing codes to make sure that the correct ones were used.
- Request a letter from your surgeon stating that the procedure you are seeking coverage for is “medically necessary” and not experimental.
- Pay attention to any timeframe for submitting the appeal so you submit your information on time.
- Some states will limit the number of appeals you are able to make to the insurance provider. It is helpful to know this number because , once you reach the maximum number of appeals, you may be eligible for an external review.

## Terms to Know

### Pre-Determination

Insurance company will determine:

- A patients eligibility
- Covered service amounts payable
- Deductibles, co-payments, and maximum out of pocket.

**Deductible:** A fixed amount of money you have to pay before most, if not all, of the policy's benefits kick in. Before you meet this amount, you are required to pay for health care.

**Co-Pay:** Is a specific amount that you pay at the doctor's office before you meet your deductible.

**Co-Insurance:** Is a percentage of a provider's charge that you may be required to pay after you've met the deductible.

**Out of pocket maximum:** The most money that an insurance customer has to pay per year out of their own pocket. After that, the insurance company will pay for all covered services to the policy maximum for the remainder of the year.

**Pre-Certification:** Insurance company must review the medical necessity of the proposed service and provide a certification number before the treatment is initiated.

**Pre-Authorization:** Insurance will not pay for a service unless they give the provider permission to provide the service.

**Diagnosis Code:** The reason you are seeking

## Insurance Codes

### DIAGNOSTICS

Morbid Obesity: 278.01

### CPT

Gastric Bypass: 43644

Gastric Band or Lap Band: 43770

Sleeve Gastrectomy: 43775

...with Duodenal Switch: 43845

## Reviewing Your Policy

It is important to take your time and read your insurance policy carefully to make sure you understand what services are covered and what are not covered related to bariatric /weight loss surgery. It is also essential to know any requirements you may need to meet before surgery and this information is also helpful when planning for expenses you might have related to your surgery.

### **MOST COMMON REQUIREMENTS:**

- BMI > 40.
- BMI > 35 with comorbidities (ex: high blood pressure, diabetes).
- Must be 18 years or older.
- Documentation of failed diet and exercise.
- Participation in a physician-supervised weight loss program for extended time periods (this can vary from 3 to 12 consecutive months, depending on your insurance plan).

### **POLICY INCLUSIONS**

If your policy has an inclusion for weight loss, this means that you are covered for bariatric/weight loss surgery. You will need to find out any requirements for coverage so you can be sure to meet them as you move forward.

### **POLICY EXCLUSIONS**

Exclusions are medical services not covered by an individual's insurance policy. If you determine that the policy has an exclusion for weight loss surgery, you should contact your employer to encourage them to add the benefit.

## Helpful Tips for Speaking with Your Insurance Representative

- Have your card ready so you can give the representative your ID number and group number.
- Speak slowly and clearly.
- Ask for the name of the representative and WRITE IT DOWN.
- Ask for a specific phone number or email for the representative.
- Keep a record of every conversation you have with a representative with date of call and call details.
- Don't be afraid to let the representative know when you do not understand what they are saying. Ask to have them explain in terms that you can understand.

**You will be required to fill out the Benefit Verification Form in the back of this booklet.**

## Understanding Your Benefits

Understanding your benefits for weight loss surgery is an important part of the surgical process. You will be required to contact your insurance company to make sure your policy provides coverage for bariatric/weight loss surgery for morbid obesity. This is referred to as a pre-determination. Many insurance companies have specific requirements that must be met before your surgery is approved. It is important to know these requirements, as a failure to meet them may result in a delay of your surgery.

It is your right and responsibility as a member to know and understand your benefits.

### FOR MORE INFORMATION

To find health information, or for convenient and secure access to your medical record through MyHealth Online, please visit **[UVMHealth.org/MedCenter](http://UVMHealth.org/MedCenter)** or call us at **(802) 847-0000**.

### BARIATRIC SURGERY

353 Blair Park Rd  
Williston, VT 05495

### HOURS

Monday – Friday  
8:00 am – 5:00 pm

### PHONE

(802) 847-3330  
(800) 358-1144

### FAX

(802) 847-0733



THE  
**University of Vermont**  
MEDICAL CENTER



**[UVMHealth.org/MedCenter](http://UVMHealth.org/MedCenter)**

## Benefit Verification Form

This form is to help you determine whether or not your insurance policy has benefits for weight loss surgery.

Understanding your benefits for weight loss surgery is an important part of the process. Many insurance companies have specific requirements that must be met before surgery is approved. It is your right and responsibility as a member to know and understand your benefits.

### INSTRUCTIONS:

1. If your primary insurance is VT Medicaid (Green Mountain Care) or Medicare : You do not have to fill out this form.
2. If you have any other insurance: Call the customer service number located on your insurance card and speak to a customer service representative.
3. Tell the representative that you would like to check policy benefits for weight loss surgery for morbid obesity.
4. Ask the following questions to get the necessary information. The questions provided to you should be read word for word to the customer service representative to insure the most accurate information possible.
5. Tear off this form and **bring this completed and signed form to your appointment with the psychologist.**

### Fill in this information before you call the insurance company.

Patient Name	
Patient Date of Birth	
Insurance Name	
ID Number	
Group Number	
Subscriber Name	
Subscriber Employer	
Subscriber Date of Birth	

	Question for Representative	Answer from Representative
1	Please look in my current certificate of coverage. Do I have a Bariatric Benefit? <b>Note:</b> you are not asking for “prior authorization”, you just want to know, if medically necessary, does your policy cover Bariatric Surgery.	Yes (Continue with this form.) No (Complete # 19, then end the call.) **See explanation on page 3.
2	<b>If yes: What types of bariatric surgeries are covered? (see page 3 for surgery codes)</b>	Gastric Bypass: _____ Lap Band: _____ Gastric Sleeve: _____ Duodenal Switch: _____
3	Do I have a requirement to complete a medically supervised weight management program? If so, how long does it have to be?	
4	Do I have to see a surgeon/physician for all of my medically supervised weight management visits or can I see a Nurse Practitioner or Physician Assistant?	



5	Do I have a pre-operative weight loss goal that I must attain?	
6	Do I need consecutive monthly visits?	
7	Is a referral required?	
8	What is the start date of my policy?	
9	What is the end (renewal) date?	
10	What is the deductible per calendar year?	
11	How much have I met towards my deductible?	
12	What is the maximum out of pocket per calendar year?	
13	How much have I met towards my maximum out of pocket?	
	<b>What are my co-pays for:</b>	
14	Outpatient visits?	
15	Outpatient testing (diagnostic testing and labs)?	
16	Inpatient hospital stay?	
17	Inpatient surgeon and anesthesia?	
18	Do I have dietitian/nutritionist coverage?	
19	Do I have a life time maximum benefit for Bariatric Surgery?	
20	What is the fax number for pre-determination?	
21	What is the phone number for the pre-certification department?	
22	Name of the representative/Date you spoke to representative.	

**Disclaimer:**

University of Vermont Medical Center Bariatric Surgery Program is not responsible for incorrect information that the insurance company may provide to you.

Completion of this form does not mean a guarantee of payment for services that may be rendered to you. Should the insurance company deny any services, you will be responsible for 100% of the charges.

Completion of this form also does not mean that you are approved for weight loss surgery. A surgical pre-approval can only be obtained once the necessary documentation is sent to the insurance company by a

**By signing below, I certify the following:**

I have read and understand the instructions that were provided to me

I have read and understand the disclaimer which includes that I am not approved for surgery.

I have spoken to my insurance company and answered the above referenced questions to the best of my abilities.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_ MRN: \_\_\_\_\_