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## **HOW DO I KNOW IF I HAVE INSURANCE BENEFITS?**

### ***EXTREMELY IMPORTANT INFORMATION!!!!***

When preparing for bariatric surgery, it is important that you understand the benefits of your individual insurance policy. Some insurance plans exclude bariatric surgery as a benefit for their members. All insurance policies are different, and your specific benefits and requirements for approval will depend upon your individual policy.

There are several ways to find out if you have weight loss surgery (bariatric) benefits under your health insurance policy. Our suggestions are as follows:

- ✓ Call the customer service telephone number on your insurance card
- ✓ Check with your Human Resources department if you have insurance through your employer
- ✓ Check your plan booklet/certificate
- ✓ Check your insurance company's website

Questions that you will need to ask are:

- ✓ Does my benefit plan cover weight loss (bariatric) surgery? (If you are interested in the lap band, ask for coverage for CPT code 43770. If you are interested in the sleeve gastrectomy, ask for coverage for CPT code 43775.)
- ✓ How can I get a list of clinical requirements and criteria for approval?
- ✓ What is my deductible? How much has been met?
- ✓ What is my co-insurance (the portion of the surgical fee that you will be responsible for)?
- ✓ Is the doctor in my network or out of my network?
- ✓ Will my follow-up visits be covered? Will I have a co-pay?

In addition, there is a new resource for those patients that are interested in the adjustable gastric banding surgery. The LAP-BAND REIMBURSEMENT SOLUTIONS HOTLINE is now available Monday through Friday from 9:00AM until 8:00PM Eastern Standard Time. Their specialists are able to provide you with all sorts of valuable services, such as coverage criteria, assistance in obtaining insurance verification, and appeal services for the adjustable gastric banding surgery. Please feel free to contact the Lap-Band Reimbursement Hotline at 1-800-LAP-BAND (1-800-527-2263), and choose OPTION 3.

If you do have benefits for weight loss surgery, Phoebe Bariatrics Americus will assist you in getting preauthorization or precertification. This process will be started at the time of your initial consultation with one of our surgeons. We will need to submit to your insurance company a letter of medical necessity, proof of a psychological screening and nutritional counseling. Additional documentation may also include:

- List of all your medications and dosages
- Physician supervised diet information and documentation
- Personal diet histories documentation (i.e., Weight Watchers, Jenny Craig, etc.)
- Copies of previous surgery records (operative reports, anesthesia reports, discharge reports, lab reports within 45 days, results of cardiac and pulmonary tests)

Again, as mentioned above, all insurance companies are different and have different documentation requirements. We work with each of our patients on an individual basis during this precertification process to submit the necessary documentations to get approval for surgery. Attached please find a worksheet for you to utilize when contacting your insurance carrier. This worksheet is intended to be used as a tool to assist you while you are determining whether your plan covers weight loss surgery.

### **My Record of Insurance Verification**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

My Insurance Carrier is: \_\_\_\_\_

The phone number for customer service is: \_\_\_\_\_

My ID/Policy # is: \_\_\_\_\_

My Group # is: \_\_\_\_\_

I spoke to \_\_\_\_\_ (Cust. Svc Rep's Name)

Is weight loss (bariatric) surgery covered under my policy? (CPT 43770 or 43775)  
 \_\_\_\_\_

Is my doctor in or out of my network? \_\_\_\_\_

What is my deductible? How much has been met? \_\_\_\_\_

What is my coinsurance portion? \_\_\_\_\_

Are my follow-up visits and/or lap band adjustments covered? \_\_\_\_\_

Where can I get a list of the criteria and requirements for approval? \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
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