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INSURANCE AUTHORIZATION

Though insurance coverage of the surgery is often the least expensive option for you, obtaining insurance authorization for weight loss surgery can be frustrating and time consuming. Despite the fact that weight loss surgery is endorsed by the National Institutes of Health as the only effective treatment for morbid obesity, some insurance policies do not cover any weight loss surgery. Obtaining insurance authorization usually involves the following steps:

1. Determine if weight loss surgery is a covered benefit in your policy.
2. Determine the criteria for coverage (such as weight, BMI, previous weight loss attempts, etc.).
3. Determine which weight loss procedure(s) your policy covers.
4. Obtain **documentation** (such as chart notes from previous doctor visits) that you may need to meet all the criteria for coverage by your insurance policy.
5. We will then prepare a comprehensive letter of medical necessity outlining your situation and send it to your insurance company requesting approval for your weight loss surgery.

You need to take an active role in gathering this information. We have outlined the process in detail within this handout to make it as simple and efficient as possible. We recommend that you document every step of the way. It is becoming increasingly difficult to obtain coverage for weight loss surgery with some insurance companies. Many Insurance companies' criteria require participation in a physician monitored weight loss program to qualify. Your chances of being approved for weight loss surgery by your insurance company will be greatly improved if you gather the information they require. We submit a complete package of information covering all the insurance policy requirements together with our letter of medical necessity.

**We are currently contracted with the following companies:
Premera Microsoft, First Choice and Aetna.**

Educate yourself

1. **Research:** The internet is a useful place to gather information about weight loss surgery and insurance coverage. Walter Lindstrom's website, www.obesitylaw.com has some useful articles such as, "So you want to get your insurance company to cover surgery?" He also has a "Top Ten" list of what to do. Inform yourself about both the insurance issues and the surgical issues. Attending at least one support group is strongly encouraged. This is where you can ask important questions of other patients who have had similar experiences. We have support groups at our center twice a month, and there are multiple groups that meet at various places and times around the Pacific Northwest.
2. **Personal information:** You will need to know your *height, weight, BMI, diet history and medical problems related to obesity*. Some primary care physicians will write a supportive letter detailing the medical necessity for you. There is a BMI calculator on our website. Bring your insurance card with you to your appointment. We recommend obtaining a copy of your medical record from your primary care physician to help document your weight over the last five years and your prior weight loss attempts.
3. **Understand the codes for weight loss surgery:**

ICD-9 Diagnostic Code for Morbid Obesity is 278.01

CPT Procedure Code is 43770

Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)

Call your insurance company

1. Call the benefits coordinator at your human resource office and/or call the customer service line on your insurance card.
2. State "I am inquiring about my policy benefits regarding the surgical treatment of morbid obesity. Is surgery for morbid obesity a covered benefit?"

If they say no, there are two choices:

- 1.) Once you are denied by your insurance, you may hire an attorney to help you prove that it is medically necessary. We recommend you contact Walter Lindstrom at www.obesitylaw.com.
- 2.) Self pay. Please feel free to contact us for further information on financing options that may be available to you.

