

## Call your Insurance Company to Verify Benefits for Bariatric Surgery

- Call the benefits coordinator at your human resource office and/or call the customer service line listed on your insurance card
- Once you are connected to a representative, ask the following questions to determine your policy benefits
- Please note that even if the representative states that bariatric surgery is a covered benefit, this is not a guarantee of coverage or payment

Consider this list to help you ask all the questions and to document the answers received:

Telephone number and extension called:	Phone #: _____ Extension: _____ Person you spoke with: _____
"I am inquiring about my policy benefits regarding the surgical treatment of morbid obesity. Is surgery for morbid obesity a covered benefit?"	Yes or No: _____
Which CPT codes/surgical procedures are covered?	<input type="checkbox"/> 43775 – sleeve gastrectomy <input type="checkbox"/> 43644 – gastric bypass <input type="checkbox"/> 43845 – duodenal switch <input type="checkbox"/> Other: _____
Is MUSC in-network with this insurance plan?	Yes or No: _____
Do you have a policy on surgery for morbid obesity that I can obtain?	Ask to have it sent/mailed to you or direct you to webpage
Ask what other requirements the insurance company has for you to complete in order to approve surgery.	<input type="checkbox"/> Medically supervised weight loss attempt? Yes or No? _____ <input type="checkbox"/> How many months? (3-6?): _____ <input type="checkbox"/> How long ago must these monthly visits be? <i>Typically, within past 6-24 months:</i> _____ <input type="checkbox"/> Who must the visit be with? <i>Typically, MD or RD supervised by MD:</i> _____ <input type="checkbox"/> Weight history of having obesity for certain # of years? _____ <input type="checkbox"/> Does my Primary Care Provider have to refer me or provide a recommendation to have surgery? Yes or No? _____ <input type="checkbox"/> Do I need other clearances? <i>Some require heart and lung clearances, checking TSH, or negative H Pylori test:</i> _____ <input type="checkbox"/> Letter of medical necessity? Yes or No? _____ <input type="checkbox"/> Weight or BMI requirement? <i>Usually it is BMI&gt;40 kg/m2, or BMI&gt;35 kg/m2 with associated medical problems:</i> Yes or No? _____ <input type="checkbox"/> How many medical comorbidities if BMI is between 35-40? _____