



More Experience Better Care

Puget Sound Surgical Center
21911 76th Ave W. Suite 106
Edmonds, WA 98026

Attn: Insurance Coordinator
Fax: (425) 275-5158 Phone: (425) 778-2220

Congratulations on taking this very important step towards obtaining a healthy, life-long changing lifestyle. At Puget Sound Surgical Clinic we want you to know that you are partnered with a team of medical experts that will help educate, support, and navigate you through the entire surgical process. One key element to understand and navigate is your insurance coverage and the criteria necessary for you to be covered by your provider. *This step is necessary to complete before surgery can be scheduled.*

It will be your responsibility to find out if weight loss surgery is covered under your insurance plan and to obtain all necessary documents that are needed by the insurance company. It is also important to know that this process is not necessarily routine or systematized across all insurance companies—chances are your particular case will be unique and may require a multitude of components before you are able to get approval for surgery. That being said, let’s first understand the insurance verification process.

STEP 1:

Understanding the insurance verification process

First, you will need to identify (from your insurance company) if you have benefits for weight loss surgery. Simply looking it up in your benefits booklet or going online to your provider’s website is typically not enough to verify your coverage. We recommend calling your provider and asking them a series of questions:

A. Is weight loss surgery a covered benefit in my policy? Yes/No

B. If yes, which procedure is covered?

Insurance providers typically work from billing codes which identify a procedure and should match the covered benefit. The codes are:

CPT Codes for Lap Band

43770 Unlisted laparoscopy procedure, stomach

Fills for the Lap Band

90799 Unlisted therapeutic, prophylactic, or diagnostic injection

76003 Fluoroscopic guidance for needle placement

CPT Codes for Laparoscopic Bypass Procedure

43644

C. What are the criteria for coverage? (Such as weight, BMI- Body Mass Index, past history of formal weight loss attempts, and/or co-morbidities such as diabetes, sleep apnea, etc.)

D. Are there any other documents that will be required to meet the criteria for coverage? (This could mean a 5 year weight history, previous documented diet, nutrition assessment...) Once you know what documents are required, be sure to request a fax number or mailing address for those documents to be sent into.

E. Some insurance companies may require you to set up pre-certification with them at this time. They will then assign a nurse to your case that will be looking over all of your documents once they are received and determining whether or not you will be approved. If that is the case, they may request a Diagnosis Code which is 278.01 (morbid obesity) to set up your request. Make sure that you find out the name of the nurse assigned to your case and their contact info.

STEP 2:

So, you have determined that you have the benefits, now what?

The next step is to determine how to become eligible to take advantage of this benefit. (Note: Simply having the benefit in your plan does not guarantee or imply that you will be covered). Acquiring the eligibility requirements may take some time, and each plan is unique to the individual, but it is critical that you understand and work towards completion of these requirements to ensure that payment will be made for your surgery. As you collect these documents to send to insurance you will also need to make sure that a copy is sent to our office for our records. (Our address and contact info is located on the front page of this packet)

Typically, most insurance companies will require enough documentation to prove that this is a procedure that you have consulted about with your primary care physician; have tried and failed at other diet programs; have come to the decision with a serious and mature attitude; have a strong program to assist you through the process; and that ultimately you are mentally healthy enough to endure a surgery of this kind. The types of documents then tend to be:

- A letter from your Primary Care Physician that supports your candidacy for surgery based on your historical weight, medical issues that may have been based on your weight and of course your previous weight loss attempts.
- One chart note per year showing your weight and the date on it for 5 different years prior to 1998.
- A nutritional assessment from a certified dietician about your current diet and the future potential risks/needs you may have after surgery
- A psychological evaluation assessing your candidacy
- A letter of necessity by a surgeon once the other assessments have been gathered and reviewed
- Other documents as needed

Finally, once the requirements have been gathered and are complete in our file, you can submit these to your insurance provider and obtain authorization to have the surgery. (It is in our experience that most insurance providers require all documentation be submitted together and at once. Therefore, you should only submit your application for approval when all necessary components are complete).

The next page contains a simple checklist that you can use to verify and confirm the required documents needed for your provider. It is important to know that this process can be long, and unfortunately, insurance companies reserve the right to have 30 days to process your request, although often times you will receive a response sooner than that.

Insurance verification Checklist

In order to help make this process easier for you, we have including a checklist of the most commonly asked for list of items necessary to obtain approval. This list is not inclusive, and most likely, other criteria will be required for your coverage.

<p>Necessary?</p> <p>Yes No</p>	<p>1) Letter of recommendation for weight loss surgery from the primary care provider. This letter needs to support the need for weight loss surgery by mentioning:</p> <ul style="list-style-type: none"> • The length of time the patient has suffered from obesity • The medical conditions the patient suffers from due to his/her weight • Mention of diets or weight loss attempts.
<p>Necessary</p> <p>Yes No</p>	<p>2) Chart notes documenting the last five years history of being over weight. This specifically is a copy of one chart note from each year for the last five years. The chart notes need to clearly state the date and weight of the patient. (Example provided)</p>
<p>Necessary</p> <p>Yes No</p>	<p>3) Nutrition Assessment: A full screening of the patients diet history, current diet and risk for weight loss surgery needs to be documented by a registered dietitian. (This will be submitted by us and provided to the Insurance company)</p>
<p>Necessary</p> <p>Yes No</p>	<p>4) Psychological Assessment: A full psychological assessment screening for risk needs to be completed. (A list of the Recommended providers & screening requirements is attached)</p> <p>Necessary</p>
<p>Necessary</p> <p>Yes No</p>	<p>5) Letter of medical necessity: The surgeon will generate a letter of medical necessity based on the information received at your consultations. This will be automatically generated and included in your packet.</p>

Additional items needed:

Additional items may be needed to submit to your insurance provider. An example of this may be the requirement for further documentation to back-up co-morbidities (Ex. Diabetes, Other labs, etc.) Use this space to identify and track your progress.

Please send a copy of all documents to:

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An authorization code from your insurance will be required to schedule your surgery date. Once you have received that, give us a call and we'll get all of your final appointments set up!

Insurance has declined your eligibility?

The reality of being declined is something that you may have to face and be prepared for. Unfortunately, this often occurs after a month or more of document gathering and planning, and it is a very difficult and frustrating outcome to have to endure. We know that making this decision wasn't easy in the first place, and we know that waiting to have the procedure once you've made this decision can be even worse. So what are your options?

- 1) You have the right to appeal your insurance company's decision. However, doing so will require even more documenting and a lot more time. We have not seen a lot of success with the appeal process, but there are also legal actions that you can take that may assist you through the appeal process. We've provided you with references at the bottom of the page for law groups and online support groups if necessary.
- 2) You can self-pay for the procedure. Obviously, this is the quickest and most direct way of having your surgery procedure. Many of the assessments would still be required for the procedure regardless if you were going to pay with insurance or out of your pocket, so the time spent on them is not lost. The benefits outlined below indicate what is covered under a self-pay model, and essentially, our service is "all inclusive" for the first year.

(Self-Pay Price for the Lap Band Program: \$16,430)

Discounted for self-pay patients ONLY

We are proud of our comprehensive program and know that we are the most competitively priced program in the Sno-King Region. Our program includes the most complete follow-up support with monthly visits to track and enforce your progress. By working with us, you have joined a great team!

Price* includes:

- Hospital/Facility fees
- Anesthesiology services
- Surgeon/Procedure fees
- Band adjustment and monthly follow-up appointments for one year
- Nutritionist services
- Adaptive exercise program established by physical therapists
- Support group access

*This price does not include the intake appointment, pre-screening and diagnostic testing fees. These are commonly billed to insurance companies due to medical necessity or paid out of pocket for those who do not have coverage. Program details and costs are explained in detail during your intake appointment.

Online Support Groups

- Yahoo Group: Bandsters Insurance, for those trying to get approval from insurance.
BandstersInsurance-subscribe@yahoogroups.com
- Yahoo Group: Bandster Insurance Fighters, for those fighting insurance denial.
BandsterInsuranceFighters-subscribe@yahoogroups.com
- www.Obesityhelp.com/forums/insurance

Law Groups

- Viscio Law Firm: www.obesitylawyers.com
- Obesity Law and Advocacy Center: www.obesitylaw.com

****IMPORTANT DISCLAIMER****: Obtaining approval from your insurance company is ultimately your responsibility. We will help as best we can to move that process forward. However, the coordination, process and outcome are not the responsibility of PSSC doctors or staff.