

Insurance Benefit Investigation

Important Information: Not every Health Insurance Policy will cover Weight Loss Surgery, and in most cases the ones that do will have out of pocket costs that will be your responsibility. It is important that YOU as a patient verify your insurance benefits and ask about your out-of-pocket costs BEFORE you begin your journey.

***Please contact your insurance company to ask the following questions, any time you change your insurance companies, your plan changes, or a new enrollment year. Benefits and network affiliations can and do change without notice. Once you determine if you have coverage, Dr Monash will determine if you meet the requirements.

Contact your insurance company, be sure to document the following information:

Date of call: _____ Time: _____

Who you spoke with: _____ Call Reference Number: _____

Questions to ask when you call:

Is Dr Jeffrey Monash in my network? Yes ___ No ___

Does my plan cover Telemedicine? Yes ___ No ___

Does my plan cover physician assisted weight loss management? Yes ___ No ___

Does my plan cover Bariatric Surgery for Morbid Obesity? Yes ___ No ___

***Codes that may assist in the determination of coverage are:

CPT code 43644 Gastric Bypass

CPT code 43775 Sleeve Gastrectomy

ICD-10 code E66.01 Obesity

If you do have Bariatric coverage, please continue with the following questions:

My annual deductible is: Individual _____ Family _____

How much of my deductible has been met? _____

Do I have coinsurance after my deductible is met? _____

My max out of pocket is. _____

Is there maximum Bariatric Surgery Benefit? _____

WHAT IS THE NEXT STEP?

Please contact your insurance company to confirm that Laparoscopic Sleeve Gastrectomy (43775), and/or Laparoscopic Gastric Bypass (43644) are covered benefits under your individual insurance plan. ALL requirements **MUST** be fulfilled PRIOR to submission for authorization from your insurance company.

REQUIREMENTS

Past Medical Records: Most insurance companies require 2 (two) years of Medical Records, at least one (1) progress note per year is required. Documentation should include changes in height and weight as well as any medical issues that you have due to your morbid obesity.

Psychological Evaluation and Clearance: For your convenience we work with several Psychiatric Mental Health Nurse Practitioners available for consultation. Please contact **Carol McLean** 480-405-1003, (takes AHCCCS plans) **Jennifer Jacobsen** at 520-219-0178, **COPE**, or **La Frontera** to make an appointment. You may also contact your insurance company for a list of contracted providers.

Month Medically Supervised Weight Loss Program: 6 (Six month) Documentation must include weight, height, health issues, and that the visits are in preparation for surgical weight loss. Nutrition and Exercise recommendations are also required. Per: Insurance **and** Surgeon Requirements you are required to do the following:

ARIZONA COMPLETE HEALTH, ALLWELL AND AMBETTER: You **MUST** have **ALL** Requirements completed within a **6-month timeframe**.

Aetna: You need 12 (twelve) visits, and you are **NOT** allowed to **gain ANY weight** during this process. Your twelve (12) visits may be scheduled every week or two if desired.

Mandatory Nutrition Counseling with a registered dietitian: You are required to have one preoperative visit and we recommend Suzette Kroll, RD her fee is \$99.00. She can be reached at 520-275-2854. This appointment is scheduled within the last month or two of your medically supervised weight loss visits.

Lab Work Requirement: You will be required to have an initial FULL set of **FASTING labs** drawn upon starting the program. We will send in a Lab order directly to your lab or in some cases, give you a hard copy order to take with you. Most insurance companies also require labs drawn prior to surgery.

Chest x-ray: If you have Aetna, Allwell, Ambetter, or AZ Complete Health you are required to have a Chest x-ray prior to surgery.

Smoking: If you are smoking, you **MUST** quit. If you have Allwell, Ambetter, or AZ Complete Health they require documentation that you are smoke free for at least **8 weeks**. If you have **BCBS-FEP** they require documentation that you have been smoke free for **6 (six) months**.

Minimize NSAID Usage (Tylenol is ok)

Cardiac Assessment/ Optimization and Clearance: If you are not established with a cardiologist, we will refer you to one. If you are established with a cardiologist, you will need to contact their office and make an appointment to obtain clearance, or please let us know and we can send in a referral for Cardiac Eval and Clearance.

Sleep Study and Titration: If you have already been diagnosed with sleep apnea and are using your CPAP, please have the report faxed to our office. (If you have trouble obtaining these records, we can help by requesting them on your behalf with a signed medical release. I can email you the form, you will need to sign it and send it back.)

If you have **NOT** been diagnosed with sleep apnea, you will need to call the office to schedule a sleep study evaluation. Once this appointment has been completed, Authorization will be obtained from your insurance company to have the sleep study done and you will be called for an appointment. This can take anywhere from 4-6 weeks.

Endoscopy (EGD): If you have had one done in the last six (6) months, please fax the EGD report w/ pathology (We can obtain these records on your behalf with a signed medical release. I can email one to you.) If you have not had an EGD, we will send out the referral and their office will contact you to set up an appointment.

PFT'S/ PULMONARY FUNCTIONS TESTING: If you are **ARIZONA COMPLETE HEALTH, ALLWELL, or AMBETTER** or, you **MUST** have PFT's done during the beginning of your 6-month program. These are extremely difficult to get scheduled in a timely manner and there are VERY limited Providers in Tucson. We will set these appointments for you to ensure they are scheduled within the 6-month timeframe.

If any other testing needs to be done, we will order and/or send out the referral.

Please call our office with any questions you may have concerning the Insurance/Surgeon Requirements.

Office phone: 520-319-6000
Office fax: 520-319-6001
Jeffrey B. Monash, MD, FACS