



Bariatric Surgery Insurance Questionnaire

Call your insurance company to ask the following questions before your first appointment.

For your insurance company:

Procedure codes:

- *Lap roux-en-y gastric bypass:*
CPT code: 43644
- *Lap adjustable banding:*
CPT code: 43770
- *Lap sleeve gastrectomy:*
CPT code: 43775

Diagnosis code:

Morbid obesity:
ICD-9 code: 278.01

1. Representative at insurance company (Name): _____
2. Do I have benefit coverage for medically necessary *weight loss surgery* for morbid obesity from my insurance company? Yes No
3. Are above procedures (codes listed above) covered if I have surgery at the University of Michigan? Yes No
4. What is my insurance benefit or exclusion? _____

5. Does my weight loss surgery benefit require a medically supervised weight loss trial program?
 Yes- Length of program? _____ No- skip to next question.
6. Is a primary care physician required to complete the weight loss documentation or can a specialty doctor recommend and follow the weight loss trial program? _____
7. What is my co-pay for a primary care office visit? \$ _____

8. What is my co-pay for a specialist care office visit (example: lap band adjustment)? \$_____ (*adjustments for the lap band: cpt code: hcpcs s2083*)
9. How many nutrition appointments will be covered with the diagnosis of morbid obesity? Individual _____ Group _____
10. When is the effective date of the policy? _____(mm/dd/yyyy)
11. When is the renewal date? _____ (mm/yyyy)
12. Do I have a pre-existing clause? Yes No-**skip to question #14**
13. When is the end date of the pre-existing clause? _____ (mm/dd/yyyy)
14. Is a referral required from my insurance company? Yes No
15. What is my deductible per calendar year? \$ _____
How much has been met? \$ _____
16. What is the maximum out-of-pocket cost per calendar year? \$ _____
How much paid to date? \$ _____
17. What is the co-insurance for my policy? _____
18. What is my in-patient surgical co-pay to the doctor? \$ _____
19. What is my out-patient surgical co-pay to the doctor? \$ _____
20. What is my in-patient surgical co-pay to the hospital? \$ _____
21. What is my out-patient surgical co-pay to the hospital? \$ _____

My employer:

My occupation or type of work performed:

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