QUESTIONS FOR YOUR INSURANCE COMPANY

You are required to call your insurance company and ask the following questions:

<u>Diagnosis Code (ICD-10 code):</u> Morbid Obesity E66.01

Procedure CPT Codes:

Laparoscopic Roux-en-Y Gastric Bypass: 43644 Laparoscopic Sleeve Gastrectomy: 43775

1.	Representative name at insurance company:
2.	Date of call:/ (MM/DD/YY)
3.	Do I have benefit coverage for medically necessary weight loss surgery for morbid obesity from my insurance company? \Box YES \Box NO
4.	Are the above procedure codes (listed in box above) covered if I have surgery at the University of Michigan?
5.	If you have BCBS Insurance: Do you require a Blue Distinction Center?
6.	Does my weight loss surgery benefit require a Medically Supervised Weight Loss Trial Program? ☐YES ☐ NO ☐ If yes, how many months is the program? ☐ If yes, am I required to lose weight during the program? How much weight loss? ☐ If yes, is the program waived if my BMI is 50 or greater? ☐ YES ☐ NO
7.	Is a primary care physician (PCP) required to complete the weight loss documentation or can another provider (PA, NP, RDN, etc.) complete the documentation? What is my co-pay for a PCP office visit? \$ What is my co-pay for a specialty office visit? \$
8.	What is my deductible per calendar year? \$ How much has been met? \$
9.	What is the maximum out-of-pocket cost per calendar year? \$ How much has been paid? \$
10.	What is my in-patient surgical co-pay to the doctor? \$
11.	What is my out-patient surgical co-pay to the doctor? \$
12.	What is my in-patient surgical co-pay to the hospital? \$
13.	What is my out-patient surgical co-pay to the hospital? \$
14.	***Reference Number for the Call:***

One month prior to completing your requirements: Call your insurance company again. Ask the above questions (again) and verify that there have not been changes to your policy.