

# Southern Surgical Associates, PA

## Benefit Verification Form

This form is to help you determine whether or not your insurance policy has benefits for weight loss surgery. Understanding your benefits for weight loss surgery is an important part of the process. Many insurance companies have specific requirements that must be met before surgery is approved. Please make every effort to complete the form below. It is your right and responsibility as a member to know and understand your benefits.

**Instructions:**

1. Medicare patients: You do not have to fill out a form for Medicare, but if you have any other insurance, this form will be very helpful to fill out.
2. Call the customer service number located on your insurance card and speak to a customer service representative.
3. Tell the representative that you would like to check policy benefits for weight loss surgery for morbid obesity. (codes are at the bottom of this form)
4. Ask the following questions to get the necessary information. The questions provided to you should be read word for word to the customer service representative to insure the most accurate information possible.
5. Please do not leave any fields blank.
6. Please sign the form when complete.
7. If you have more than one insurance a form must be filled out for each policy. Therefore, make as many copies as needed before writing on this form.
8. Keep this form for your records!

**Disclaimer:**

- Southern Surgical Associates, PA is not responsible for incorrect information that the insurance company may provide to you.
- Completion of this form does not mean a guarantee of payment for services that may be rendered to you. Should the insurance company deny any services, you will be responsible for 100% of the charges.
- Completion of this form also does not mean that you are approved for weight loss surgery. A surgical pre-approval can only be obtained once the necessary documentation is sent to the insurance company by a bariatric surgeon.

**Please write clearly**

**Fill in this information before you call the insurance company.**

Patient Name	
Patient Date of Birth	
Insurance Name	
ID Number	
Group Number	
Subscriber Name	
Subscriber Employer	
Subscriber Date of Birth	

#	Question for Representative	Answer from Representative
1	Please look in my current certificate of coverage. Do I have benefits for weight loss surgery for morbid obesity if medically necessary?	<input type="checkbox"/> Yes (Continue with this form.) <input type="checkbox"/> No (Complete #s 2, 8, & 9, then end the call.) **See explanation at bottom of page.
2	Do I have a requirement to complete a medically supervised weight management program? If so, how long does it have to be?	
3	Please have the representative read the benefit or exclusion to you. Write it down word for word (may need an additional sheet of paper). Ask that a copy be sent to you via mail or fax.	
4	What is the effective date of my policy?	
5	What is the calendar year renewal date?	
6	Do I have a pre-existing clause?	
7	If yes, what is the end date of the pre-existing clause?	
8	Is a referral required?	
9	Name of the representative.	
10	Date you spoke to representative.	

**By signing below, I certify the following:**

- I have read and understand the instructions that were provided to me.
- I have read and understand the disclaimer which includes that I am not approved for surgery.
- I have spoken to my insurance company and answered the above referenced questions to the best of my abilities.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*An exclusion occurs when the policy purchased does not come with weight loss surgery benefits. If the insurance company representative told you that you have a contract exclusion in your policy, that means that surgery will not be paid for even if it is medically necessary. The insurance company is not saying you don't need weight loss surgery, they are simply saying that it is not covered in your contract and they will not pay for it.

If asked about diagnosis codes or CPT codes, please refer to the following information:

Diagnosis code:	Morbid Obesity	278.01
CPT codes:	Lap Band 43770	
	Laparoscopic Gastric Bypass 43644	
	Open Gastric Bypass 43846	
	Sleeve Gastrectomy 43775	

If your insurance company requires a physician supervised medical weight management program before surgery is approved, there are options available. Your family physician can assist you with this. It is important that you have monthly appointments with your physician, and there is a documented treatment plan that includes height, weight, and discussion/recommendations for diet and exercise plan.

## Most Common Insurance Company Requirements/ Polices:

Insurance Company	Requirements and Qualifications
Aetna <a href="http://www.aetna.com/cpb/medical/data/100_199/0157.html">http://www.aetna.com/cpb/medical/data/100_199/0157.html</a>	Requires a 6-month physician supervised low calorie diet and exercise program.
BCBS NC <a href="http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/surgery_for_morbid_obesity.pdf">www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/surgery_for_morbid_obesity.pdf</a> (this includes State and Blue Options plans)	Documented 3-5year weight history from your doctor, Weight Watchers, etc. Labwork to include TSH and Urinalysis.
BCBS of Georgia <a href="http://www.bcbsga.com/medicalpolicies/policies/mp_pw_a053317.htm">http://www.bcbsga.com/medicalpolicies/policies/mp_pw_a053317.htm</a>	Documented 3-5 year weight history from your doctor, Weight Watchers, etc. Labwork to include TSH and Urinalysis.
BCBS Federal <a href="http://www.fepblue.org/benefitplans/2011-sbp/bcbs-2011-RI71-005.pdf">http://www.fepblue.org/benefitplans/2011-sbp/bcbs-2011-RI71-005.pdf</a> (page 53)	Require a 4 month physician supervised program and a 5 year weight history.
BCBS Texas <a href="http://medicalpolicy.hcsc.net/medicalpolicy/home?ctype=POLICY&amp;cat=Surgery&amp;path=/templatedata/medpolicies/POLICY/data/SURGERY/SUR716.003_2011-03-15#hlink">http://medicalpolicy.hcsc.net/medicalpolicy/home?ctype=POLICY&amp;cat=Surgery&amp;path=/templatedata/medpolicies/POLICY/data/SURGERY/SUR716.003_2011-03-15#hlink</a>	Requires a 6-month physician supervised program and a 3-5 year weight history.
BCBS Alabama <a href="https://www.bcbsal.org/health/important/bariatric.cfm">https://www.bcbsal.org/health/important/bariatric.cfm</a>	Require a 6-month program. Contact to find out the stipulations on the program. Contact your insurance company to find out more about the stipulations of your plan
BCBS Minnesota <a href="http://notes.bluecrossmn.com/web/medpolman.nsf/8178b1c14b1e9b6b8525624f0062fe9f/d2dad81f23f3c3b862567fb00815660/\$FILE/ATTJHPTF.pdf/Bariatric%20Surgery.pdf">http://notes.bluecrossmn.com/web/medpolman.nsf/8178b1c14b1e9b6b8525624f0062fe9f/d2dad81f23f3c3b862567fb00815660/\$FILE/ATTJHPTF.pdf/Bariatric%20Surgery.pdf</a>	Require a 6-month program. Contact to find out the stipulations on the program. Contact your insurance company to find out more about the stipulations of your plan
BCBS Highmark <a href="https://secure.highmark.com/ldap/medicalpolicy/wpa-highmark/G-24-035.html">https://secure.highmark.com/ldap/medicalpolicy/wpa-highmark/G-24-035.html</a>	Require a 6-month program. Contact to find out the stipulations on the program. Contact your insurance company to find out more about the stipulations of your plan
BCBS Illinois <a href="http://medicalpolicy.hcsc.net/medicalpolicy/home?ctype=POLICY&amp;cat=Surgery&amp;path=/templatedata/medpolicies/POLICY/data/SURGERY/SUR716.003_2011-03-15#hlink">http://medicalpolicy.hcsc.net/medicalpolicy/home?ctype=POLICY&amp;cat=Surgery&amp;path=/templatedata/medpolicies/POLICY/data/SURGERY/SUR716.003_2011-03-15#hlink</a>	Require a 6-month program. Contact to find out the stipulations on the program. Contact your insurance company to find out more about the stipulations of your plan
BCBS Tennessee <a href="http://www.bcbst.com/mpmanual/!SSL!/WebHelp/Bariatric_Surgery_for_Morbid_Obesity.htm">http://www.bcbst.com/mpmanual/!SSL!/WebHelp/Bariatric_Surgery_for_Morbid_Obesity.htm</a>	5 year weight history, must lose 10% of initial body weight during preop process

BCBS NJ (Horizon) <a href="https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf">https://services3.horizon-bcbsnj.com/hcm/MedPol2.nsf</a>	Weight history, must have participated in previous weight loss attempts.
BMS (City of New Bern Employees)	Documented 5-year weight history. A 6-month program with your physician to be placed on a low calorie diet and exercise regimen. Labwork to include a TSH level.
Cigna <a href="http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0051_coveragepositioncriteria_bariatric_surgery.pdf">http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0051_coveragepositioncriteria_bariatric_surgery.pdf</a>	Cigna requires a 6-month program, 2 year weight history and letter of clearance from your PCP. <i>*Please note that PCMH is not a Center of Excellence with Cigna at this time, therefore Cigna will pay at an out of network rate.</i>
Mailhandlers	Requires a 3 month diet and exercise program. Also cardiac and pulmonary evaluation.
Medcost with PCMH	Documented 3-year weight history from your doctor. A doctor visit to include discussion of obesity, exercise/nutrition and other health problems. A 3-month program with a licensed professional to discuss nutrition, exercise, document weight (You can also use Weight Watchers or Jenny Craig for this). You must also exercise bi-weekly for the 3 month period. Contact ViQuest Rewards to be set up and receive additional information. <i>*Please note that band adjustments are only covered up to one year.</i>
Medicare	MUST have a documented 6-month program with a doctor. You must be seen once a month for six months in a row to discuss diet AND exercise (see example sheet in your packet). You must have diabetes, cushings syndrome, sleep apnea, hypertension, CAD, CHF, asthma, or osteoarthritis.
Medicaid	<i>Our office is no longer participates with Medicaid as a form of payment.</i>
United Healthcare <a href="https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Bariatric_Surgery.pdf">https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Bariatric_Surgery.pdf</a>	5 year weight history, do not normally require 6 month program
Tricare	Documented 3-5-year weight history from your doctor, Weight Watchers, etc. Labwork to include at TSH.

**Important:**

**\*Please keep in mind that these are general requirements that you will need to do in addition to the appointments Southern Surgical Associates will schedule for you.**

**\*\*These are just guidelines that our office is aware of; it is still your responsibility to contact your insurance company to verify your requirements. Please note that policies can vary depending on your plans requirements, your employer, etc.**