

Weight Loss Center

Paying for Weight Loss Surgery

At the UC Health Weight Loss Center, we understand that for many patients, cost can be the deciding factor on moving forward with bariatric surgery. Weight loss surgery is expensive, and understanding your insurance coverage can be complicated. We work hard to make sure that everyone who is a qualified candidate and desires weight loss surgery is able to receive this life-changing procedure. Our goal is to help you understand your specific benefit coverage and to educate you on your covered benefits, out-of-pocket expenses and our cash pay options.

Navigating Insurance Coverage

Our dedicated patient advocates are here to help you with understanding your specific insurance coverage and benefit information. To qualify for surgery, common insurance approval requirements may include any or all of the following:

- BMI of 40 or greater
- BMI of 35 to 40 with 1 or 2 serious co-morbid conditions
Hypertension, diabetes, severe obstructive sleep apnea
- 2 to 5 years of medical records
Must have at least 2 office visits with recorded weights per year.
- 3 to 12 (or sometimes longer) consecutive months of physician supervised weight loss attempts
(must be completed within the last 2 years)
Office notes must list patient’s weight, diet, exercise and behavior modifications.
- Letter of recommendation/medical clearance from primary care physician
- Sleep study
- Clearance for any co-morbid conditions
Cardiac, renal, pulmonary, vascular
- Psychological evaluation – may require psychologist, or psychiatrist
- Bloodwork as necessary

Our program accepts a variety of health insurance plans, but coverage varies widely. We will work with you to determine what your specific policy covers.

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Cash Pay Options

If insurance is not an option, you may choose to pay for surgery on your own. Our patients fund the cost of the procedure through a variety of methods including:

- Cash payments
- Gifts from family and friends
- Credit cards
- Loans from financial institutions

Regardless of which option is used to pay for weight loss surgery, our patients overwhelmingly tell us the decision to have weight loss surgery was well worth the investment.

Educate Yourself

Bariatric surgery insurance coverage is very complicated and even if bariatric benefits are provided, each insurance policy and employer has specific requirements that must be completed in order to obtain coverage.

Many patients prefer to contact their providers to understand what their benefits will or will not cover. This guide is to help you with your conversations with your insurance provider when checking your specific insurance benefits and coverage.

Before contacting your insurance company, calculate your BMI. You can use the BMI calculator found on our website at: [UCHealth.com/Weightloss](https://www.uchealth.com/Weightloss).

If your BMI is 40 or higher, or if your BMI is 35-40 and you have one or more of the following obesity related co-morbidities (diagnosed hypertension treated with medication, sleep apnea or diabetes), you may qualify for insurance coverage and should proceed with calling your health insurance company. If your BMI is below 35 or you do not have diagnosed comorbid conditions, there will likely be no insurance coverage for bariatric surgery.

PLEASE NOTE

- The information given to you by the insurance company is not binding and there is no guarantee of payment.
- The UC Health Weight Loss Center will check your benefit coverage and discuss with you your specific coverage prior to your enrollment into our surgical program.
- **Information given to you and to the practice may be different. We default to the practices interpretation of benefit coverage and explanation of benefits.**
- All information will be verified by our office before we submit an insurance claim.

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Questions to ask your insurance provider:

1. Do I have insurance coverage for bariatric surgery (lap band, laparoscopic gastric sleeve or laparoscopic gastric bypass)?
2. What criteria do I need to meet in order to be considered for bariatric surgery?
For example, a certain BMI or documentation of co-morbid conditions such as diabetes, sleep apnea or hypertension, a referral or prior authorization from primary care physician, documentation of weight loss efforts over two years, etc.
3. Do I meet this criteria?
4. Is there a requirement for a medically supervised weight loss program and if so, how long must I be in the program?
5. What medical documentation must be submitted in order to be considered for bariatric surgery?
6. Is there an exclusion on my policy? (If bariatric surgery is excluded, there are no benefits, no matter what your health conditions.)
7. Is there a pre-existing conditions clause on my policy?
8. Is there a lifetime maximum of benefits for bariatric surgery?
9. Do I need to have surgery at a Blue Distinction Center (for ANTHEM/BCBS) or an otherwise insurance certified hospital?
For your information, West Chester Hospital is an MBSAQIP facility.
10. Is there a reference number provided for this benefits check?

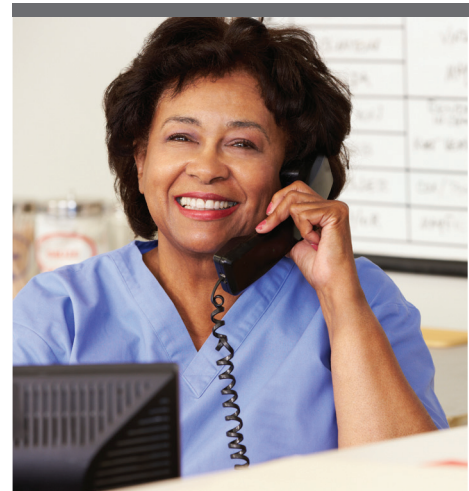
Other information your insurance company may need:

Diagnosis Code - 278.01 for Morbid Obesity

Procedure Code for Lap band - 43770

Procedure Code for Gastric Sleeve - 43775

Procedure Code for Laparoscopic Gastric Bypass - 43644



We Can Help

When in doubt, call us. It is not just our job to help you achieve your weight loss goals, it is our passion. Our dedicated patient advocates can walk you through every step, answer your questions, and help you get the information you need. Call our office at **(513) 939-2263**.