



Insurance Verification Tool for Patients

The purpose of this document is to assist you with contacting your insurance company to verify bariatric surgery coverage and the requirements set by your health plan.

Prior to Your First Appointment

It is important that you verify your insurance coverage for bariatric surgery benefits and requirements. Not all policies are the same. Here are some examples of how policies can differ:

- An employer may govern your plan, which means they will set the requirements.
- Affordable Care Act (ACA) and all insurances purchased through the Marketplace in the state of Pennsylvania currently exclude bariatric surgery coverage.
- Employers with less than 100 employees follow the ACA requirements. Therefore, insurance companies will not offer employers bariatric surgery coverage for their employees.
- Some smaller companies may be part of a larger group and may offer bariatric surgery coverage.
- The Pennsylvania Employee Benefit Trust Fund (PEBTF) through Aetna requires patients to have Type II diabetes and a six-month physician-supervised nutrition/exercise program.
- Aetna plans require four consecutive months (no less than 90 days) of nutrition counseling.

Questions to Ask Your Insurance Company

When contacting your insurance company, start by calling the member services number on the back of your card and ask the following questions:

1. Do I have a bariatric exclusion on my personal policy? Yes _____ No _____
 - a. If yes, follow up with your Human Resources Department
 - b. If no, does my plan cover the following CPT surgical codes: 43644, 43775, 43845
2. How much are my copays/fees for specialists _____ and facilities _____?
3. Do I have a lifetime maximum limit that my insurance will pay? _____
4. In order to have the surgery covered, what are the requirements for approval? For example:
 - a. Nutrition counseling? (i.e. 90 days/ 6 months) _____
 - b. BMI (body mass index) requirement (i.e. over 50) _____
 - c. Comorbid condition requirements (i.e. must have diabetes, etc.) _____
5. Do I need referrals and/or authorizations for specialist office visits, such as surgeons, cardiology, pulmonary, psychiatrists, etc.? _____
6. Do I have nutrition counseling benefits for pre and post-surgery? If yes, please ask the following:
 - a. How many visits per year? _____

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