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## Preoperative Information Database

### 1. Personal Weight Loss History

Please complete this in detail and bring, email or fax it back to us. Do not wait to complete this at the time of your visit. We need to review this before your visit. You should also carry a printed copy with you. We will use this and our office visit to prepare a comprehensive note and Letter of Medical Necessity that will be used for insurance authorization and to return to your primary care physician. Remember, it is very helpful to have a letter of support and medical clearance from your primary care doctor.

### 2. Preoperative evaluations

Your primary care physician should refer you for this visit. These evaluations can be done in your home town or we can refer you to the appropriate physicians. Please be sure copies of reports are faxed to us and get a hard copy for yourself for extra security. Do not rely on physician's offices or hospitals to relay test results as this can sometimes lead to a long delay. A copy for the hospital pre-admitting appointment will help prevent delays and cancellations on the day of surgery. All tests should be done within 90 days of surgery. The following information will help expedite the entire process and improve your chances of getting authorized for surgery:

- a. **All patients need psychological clearance.**
- b. **All patients need lab tests** a Complete Blood Count with Platelets (CBC/plt), PTH, lipid profile and Comprehensive Chemistry Panel is all that is needed unless you have a bleeding history, in which case you should also have a Protime and INR done. This should be done within 1 month of surgery. These tests are generally done at the hospital's preadmission visit. Tell your Primary Care physician about these tests. They can coordinate the tests.
- c. **Select patients will need more:** Patients who are over the age of 40 or have any history related to their heart or lungs will need a chest X ray and EKG. These should be done within one month of surgery. Patients who are super obese(BMI>50), have limited mobility, used Phen-Fen for more than two months or have a history of heart problems may also need an Echocardiogram. Should you have an abnormal EKG and/or Echocardiogram you may need to have a complete cardiac evaluation by a Cardiologist which may include a cardiac stress test.
- d. **Sleep studies:** Sleep studies can diagnose Obstructive Sleep Apnea. This is a condition in which air cannot flow into or out of the nose or mouth, resulting in pauses in breathing (apnea) during sleep. These events can lead to low levels of oxygen that can lead to heart attacks, high blood pressure, stroke and even death. Treatment for this prior to surgery can

reduce the chances of having a complication. Treatment involves the use of CPAP or BI-PAP which involves wearing a mask, while you sleep, that forces air through the nose. After surgery, sleep apnea will usually resolve with weight loss. There are two main reasons to have a sleep study. If you answer yes to the sleep apnea questions in the Personal Weight Loss History then you should have the study and may possibly need CPAP. Ask your Nurse Practitioner or Physician. If your BMI is between 35 and 40 Kg/M2 and you are concerned that you do not have enough medical co-morbidity to get your insurance company to authorize the surgery, then a sleep study may diagnose sleep apnea and help support the need for surgery. Your primary care physician or our offices (if your insurance lets us) can simply write a prescription referral for a Consultation, Diagnostic and Therapeutic (CPAP/BIPAP) Sleep Study.

3. **Insurance Authorization:** Please see the guidelines that we have compiled to assist you in obtaining insurance authorization. This is usually the most time-intensive process, and if you are able to complete this prior to seeing us in consultation, we will be able to expedite the scheduling of your surgery.
4. **Payment (see payment policy below):** The surgery will be cancelled if payment has not been received two weeks prior to the date of surgery. Please read this policy several times and be sure that you understand it as you will be asked to sign it in the office.

## **PAYMENT POLICY AND INSURANCE ISSUES**

Payment for your initial visit is \$130 and is expected at the time of the appointment. A Fee Structure is enclosed in the Patient Booklet. It is useful to check with your insurance plan to see if they cover weight loss surgery (many do). If there are any problems, it may still be worth your time to make an appointment with us and we can try to sort out the insurance issues.

The codes you will need are as follows:

### **ICD-9**

278.01 Morbid Obesity

### **CPT**

43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm)  
Roux-en-Y gastro enterostomy.

We participate with most insurance companies, and they generally cover the cost of surgery and the first few follow-up visits. We charge an additional program fee of \$1,200 that covers two years of follow-up, the organized exercise program for one year and unlimited support group meetings. All financial arrangements must be completed prior to the surgery.

We have additional contacts with financial specialists that concentrate on healthcare financing at competitive rates. We are not associated with these companies, and receive no fees as a result of the referral. Any options you may wish to explore are equally acceptable. All financial plans must be complete prior to scheduling of your procedure.

## **INSURANCE AUTHORIZATION**

We are committed to providing the highest level of care possible, but we also realize that it is difficult for many patients to pay for the costs associated with this quality of care. Therefore, we make every effort to work with your insurance company and you to try to maximize reimbursement for any out-of-pocket expenses you may incur. This involves careful planning both before and after surgery. To do this we need your help. We ask that you follow the steps below to help facilitate the entire process. Please document, document, document every step of the way

### **Prepare yourself**

1. **Be informed:** Go to the internet and gather useful tips on how to be prepared. You should review [obesitylaw.com](http://obesitylaw.com). Go to the articles section and review “so you want to get your insurance company to cover surgery?” Walter Lindstrom has a “top ten” list of what to do and he knows. This article is also included in your packet. You can also review [obesityhelp.com](http://obesityhelp.com). There is a sample letter of medical necessity. Be sure you are informed on the insurance issues but also on the surgical issues. Attending at least one support group is critical. This is where you can ask important insurance questions of other patients who have had similar experiences.
2. **Personal information:** You should *know your height, weight, BMI, diet history and medical problems related to obesity*. Most primary care physicians will write a supportive letter detailing the medical necessity for you, but you can also write your own. Remember that BMI calculators are on many websites. Have your insurance card with you.
3. **Your Personal Letter:** This will help you outline the history of your struggle with your weight and the resulting effect on your life. We ask you to write this as a way to assess the expectation you have for success. Be honest with yourself.

It is important that you are the first person to make contact with your insurance company to find out if weight loss surgery is a covered benefit, what procedures they will approve, and if you can select the surgeon you want. Use the checklist below to help you, and be sure to document below every number you call and every individual you speak to (bring this with you to your office appointment as we will need copies for our insurance experts).

### **Step 1. Making the call to the insurance company**

You should call your benefits coordinator at your human resource office and/or call the customer service line on your insurance card. State “I am inquiring about my policy benefits regarding the surgical treatment of morbid obesity. Is surgery for morbid obesity a covered benefit?” If they say no, you may need an attorney to help you prove that it is medically necessary. We recommend you contact Walter Lindstrom at [Obesitylaw.com](http://Obesitylaw.com). If they say yes, then ask them what CPT procedure codes they cover. The procedure that you would be inquiring about is the Roux-en-Y gastric bypass (CPT 43846). Don’t forget to document this phone call. Finally, ask for a copy of their policy on the surgical treatment of morbid obesity (ICD 9 code 278.01).



- e. Letter of Medical Clearance from your Primary Care Physician. Since you need to do this within about 3 months of surgery, the most efficient approach is to go to your doctor and tell him/her that you are trying to undergo surgical weight reduction. Ask your doctor if he/she would be kind enough to detail your weight-related medical problems and to indicate that he/she feels the surgery is medically necessary. Bring your questionnaire with you, as this will help your doctor. Also bring the prescription for laboratory testing with you so your doctor will know what blood tests to order. If your doctor needs more information on what surgical weight reduction is let them know that they can call us.

**Date and time of appointment:** \_\_\_\_\_

\* Be sure to ask all of the individuals you see to fax copies of the reports to our office at (859)-426-7010. It is also a good idea to obtain hard copies for your records.

### **Step 3: What we do**

After your second appointment with your surgeon a note will be made that will be sent to your insurance company requesting authorization for surgery. We will also try to give you an approximate date for surgery, usually within about 3-6 weeks of your appointment, provided all of the necessary items are completed.

### **MEDICARE AND MEDICAID**

*Advanced Bariatric Centers, PLLC*<sup>®</sup> does not accept assignment from either Medicare or Medicaid. The Center is not registered as a Provider with either program.