

Bariatric Insurance Worksheet Form

Name: _____ Date of Birth: _____

Insurance Company Name: _____ Number: _____

This worksheet can assist you with planning for possible insurance copayments and deductibles prior to your surgery. By calling the 1-800 number on the back of your card, you can obtain these answers. We are here to assist you, but ultimately it is your responsibility to determine the pre-op requirements necessary to proceed with surgery and to verify coverage.

If you have a HMO, remember you will need a referral for your care.

The diagnosis codes for all bariatric procedures are:

E66.01 Morbid Obesity (BMI 40 or >)

Severe Obesity (BMI 35 – 39)

Do I have Bariatric coverage?

Procedure code:

Laparoscopic Roux-en-Y gastric bypass 43645 _____ Yes _____ No

Laparoscopic Sleeve Gastrectomy 43775 _____ Yes _____ No

Laparoscopic Adjustable Gastric Banding 43770 _____ Yes _____ No

Will the adjustments be covered? _____ Yes _____ No

S2083 – Adjustment of the gastric band diameter via port by injection of saline

77002 – Fluoroscopic guidance for needle placement

Do I have a deductible? _____ Yes _____ No Amount: _____

Are the following covered benefits?

Procedure code:

Psychological Evaluation No Code _____ Yes _____ No

Bariatric Fitness Evaluation 97039 _____ Yes _____ No

Do I need documented medical supervised weight loss? _____ Yes _____ No

If yes, how many months? _____

Is **Covenant Healthcare** in your Insurance Company Network for bariatric surgery?

_____ Yes _____ No

- **If your insurance changes at anytime throughout this process – you must alert your surgeon's office.**