



Metabolic and Bariatric Surgery

Insurance Questionnaire

Print this form to write the answers from your insurance company or write the answers on the PDF.

Important information for your insurance company:

Procedure codes:

- Laparoscopic roux-en-y gastric bypass CPT code: 43644
- Laparoscopic sleeve gastrectomy CPT code: 43644

Diagnosis code:

- Obesity non otherwise specified ICD-9 code: 278.00
- Obesity unspecified ICD-10 code: E66.9

Call your insurance company to ask the following questions about whether metabolic and bariatric surgery (weight loss surgery) is covered under your insurance plan:

- What is the name of the insurance company representative: _____

Questions related to insurance coverage:

- Am I covered for medically necessary weight lost surgery for morbid obesity under my insurance plan:
 Yes No

- Are the below procedures covered if I have surgery at Marshfield Medical Center in Marshfield, Wisconsin:

Laparoscopic roux-en-y gastric bypass: Yes No

Laparoscopic sleeve gastrectomy: Yes No

- What is my insurance benefit or exclusion: _____

- If there is coverage, what specific medical criteria is required to be met for coverage: _____

- Prior to having weight loss surgery, do I need to complete a medically supervised weight loss program:
 Yes No If yes, what are the requirements: _____

- Is there a specific type of doctor that has to complete the weight loss documentation for the program? For instance, does it need to come from a primary care provider or a specialist: _____

- Is there a preexisting clause in my policy: Yes No If yes, what is the end date of the preexisting clause:

- Is a referral required from my insurance company: Yes No

Questions related to cost:

- What is my co-pay for the following types of visits:
 Primary care office visit: _____ Specialty care office visit: _____
- How many nutrition appointments are covered annually for each type below if I am diagnosed with morbid obesity:
 Individual appointments: _____ Group appointments: _____
- When is the start date of my policy (m/d/y) _____ / _____ / _____
- When is the end date of my policy (m/d/y) _____ / _____ / _____
- What is my deductible every year _____ How much has been used this year _____
- What is my maximum out-of-pocket cost every year _____ How much has been used this year _____
- What is the co-insurance on my policy: _____

- What is my inpatient surgical co-pay for the below groups: For the doctor _____ For the hospital _____
- What is my outpatient surgical co-pay for the below groups: For the doctor _____ For the hospital _____