



Name: _____

Date of Birth: _____

Insurance Information Worksheet for Prospective Bariatric Patients

Procedure Codes:

Lap Roux-en-Y Gastric Bypass:
CPT Code 43644

Diagnosis Code:

Morbid Obesity: ICD-10 Code E66.01

Lap Sleeve Gastrectomy:
CPT Code: 43775

You will need to call your insurance company to ask the following questions before your first appointment at Sparrow. Please bring this form with you to your first appointment.

Representative at Insurance Company:

Name: _____

Date of Call: _____

1. Is bariatric surgery a covered benefit? Yes No

2. Are above procedures (codes listed above) covered if I have surgery at Sparrow?
 Yes No

3. What is my insurance benefit or exclusion?

4. Does my weight loss surgery benefit require a medically supervised weight loss program?
____ Yes If so, length of program? _____ No (if no, skip to question #7)

5. Is a primary care physician required to complete the weight loss documentation or can a specialty doctor recommend and follow the weight loss program?



6. What is my co-pay for a primary care office visit? \$ _____
7. What is my co-pay for a specialist care office visit? \$ _____
8. How many nutrition appointments with a registered dietitian are covered with the diagnosis of morbid obesity?
- _____ Individual (procedure code: 97803)
- _____ Group (procedure code: 97804)
9. How many appointments with a behaviorist are covered with a diagnosis of morbid obesity?
- _____ Initial visit (procedure code: 96150)
- _____ Follow up visits (procedure code: 96152)
10. When is the effective date of the policy? (MM/DD/YYYY) _____
11. When is the renewal date? (MM/DD/YYYY) _____
12. Do I have a pre-existing clause?
- _____ Yes If so, explain: _____
- _____ No (if no, skip to #15)
13. When is the end date of the pre-existing clause? (MM/DD/YYYY) _____
14. Is a referral required from my primary care physician? Yes No
15. What is my deductible per calendar year? \$ _____
- How much has been met? \$ _____
16. What is the maximum out-of-pocket cost per calendar year? \$ _____
- How much has been paid to date? \$ _____
17. What is the co-insurance for my policy? \$ _____
18. What is my in-patient surgical co-pay to the doctor? \$ _____
19. What is my out-patient surgical co-pay to the doctor? \$ _____
20. What is my in-patient surgical co-pay to the hospital? \$ _____
21. What is my out-patient surgical co-pay to the hospital? \$ _____
22. Is prior authorization required for bariatric surgery? Yes No



Insurance Information Worksheet for Prospective Weight Management Patients

You will need to call your insurance company to ask the following questions before your first appointment at Sparrow. Please bring this form with you to your first appointment.

Representative at Insurance Company:

Name: _____

Date of Call: _____

- 1. Is a medical weight management program a covered benefit? Yes No
- 2. Is Sparrow Health System a participating provider? Yes No
- 3. What is my co-pay for a primary care office visit? \$ _____
- 4. What is my co-pay for a specialist care office visit? \$ _____
- 5. The following appointments are possibly scheduled during a weight management program - are these procedure codes a covered benefit billed under a diagnosis code of Morbid Obesity (278.01):

History & Physical Exam	99215	<input type="checkbox"/> Yes <input type="checkbox"/> No
EKG (23 lead)	93005	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietitian – Initial Visit	97802	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietitian – follow up visit	97803	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Support Visit	99211	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician/PA follow-up visit	99212	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviorist Initial visit	96150	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviorist follow-up visit	96152	<input type="checkbox"/> Yes <input type="checkbox"/> No

If an authorization is needed before your first appointment, we will work with you to get the authorization. Please remind us that you need an authorization before we schedule consultations, tests, or appointments otherwise, the scheduled appointment or testing will not be covered by your insurance and you will be responsible for paying the bill. In addition, please notify us of any changes with your insurance.

I understand it is my responsibility to know the coverage guidelines of my insurance policy for weight management and bariatric surgery services as provided in this worksheet. I understand that my insurance company may not provide coverage for certain services offered by Sparrow Hospital’s Weight Management and Bariatric Surgery Services Program. If I proceed with receiving services through Sparrow Hospital’s Weight Management and Bariatric Surgery Services Program, I will be responsible for any costs related to any service I receive that may not be covered by my insurance company.

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____