

Insurance Information for Lap Band Surgery Approval

Each insurance company requires different specific documentation to be met for approval of the Lap Band surgical procedure. The following requirements outlined are only a general list. Each health plan may require more or less documentation.

1. At least a 5 year history of morbid obesity supported and documented by physician medical records. Please obtain and forward all pertinent medical records to document your history of obesity and co-morbidities.
2. BMI.> 40 or BMI > 35 with at least one or two co-morbidities (health problems).
3. Recent history and physical exam by your primary care physician (PCP).
4. Nutritional consultation with a dietician – the purpose of this evaluation is to assess current eating habits and to educate you on the pre and post operative nutritional requirements. Making good healthy nutritious food choices along with the proper mechanics of eating will make for a more successful weight loss outcome. It is also important to learn how to maximize the use of your new “tool” (your band). This visit with the dietician is required by Dr. Fox and most insurance companies.
5. Psychological evaluation and screening – the purpose of this evaluation is to determine your motivation and commitment to make the required lifestyle and behavioral changes that accompany weight loss surgery. In addition, we want to assess your emotional preparedness and intellectual ability to follow the necessary guidelines that will result in the transformation of all aspects of your life into a “new you”. This psychological clearance is required by Dr. Fox and most insurance companies.
6. Some insurance plans, such as Aetna and Cigna, may require a 3, 4 or 6 month medically supervised weight loss program as one of their requirements for approval. This may be done through your PCP or by our diagnostic center that incorporates a multidisciplinary program that includes nutritional therapy by a dietician, psychological evaluation with behavioral modification counseling, instruction on exercise and increase physical activity to lose fat and maintain muscle mass and tone, pharmacologic therapy if appropriate and ongoing support to maintain the ongoing lifestyle changes that will reduce health risk factors and improve overall quality of life. Some insurance companies may reduce the number of months required if members initially enter and participate in this type of program. Even if you complete this program, it is essential that you follow up with your PCP long term. This is **mandatory**. Some insurance plans only require a clinically supervised program of weight reduction attempts such as a Weight Watchers or Jenny Craig type of program. It is important to have certificates and/or receipts from these programs for documentation to satisfy the insurance companies.

7. If you proceed with a medically supervised weight loss program thru your PCP, the following information is suggested to maximize your likelihood of a speedy and uncontested approval. You may want to copy this section and bring it to your PCP on your next appointment.

- Monthly office visits with your PCP. Go back every 3 to 4 weeks for an office visit. These monthly office visits must be dedicated to weight loss only; it cannot be in conjunction with any other medical complaint, e.g. sore throat, cold, UTI. Some insurance companies require office visits to be in consecutive months; others just cumulative, e.g. six monthly office visits over two years.
- Get weighed and make sure it is documented in your chart at every monthly visit.
- Have your PCP recommend a diet plan to you, such as South Beach Diet, The Zone Diet, Medifast or Optifast , Weight Watchers, etc (These are just examples, not recommendations). Or, suggest healthier food choices with more protein, fruits, and vegetables and lower carbs, fats, and sugars. Have your physician record the recommendations in your chart and your agreement to try them.
- At your monthly office visit, make sure your physician records your progress with your “diet”. For example, patient compliant with diet and lost ‘X’ pounds, or inadequate weight loss, unchanged or no progress with this diet plan. If there is a change in the diet, be sure it is documented, e.g. will switch to x, y or z diet today.
- Have your physician recommend an exercise program to you, e.g. walking 30 min each day, treadmill, stationary bike, elliptical machine, water aerobics, etc. Results of compliance and progress or lack of progress must be noted. Any changes in recommendations also must be documented in your chart at each visit. Have him/her encourage you to increase the frequency and length of your exercise routine, etc.
- Have your physician document in your chart at each visit that he/she discussed behavioral modification and lifestyle changes with you at length. These could include: decreased portion size, stop eating when full, don’t clean your plate, don’t eat if not hungry, decrease snacking, avoid fast food, as well as increase active lifestyle, e.g., wash your car, mow your lawn, don’t sit in front of the computer for long periods, etc. He also could suggest keeping a food and exercise log. At these visits, also have your physician note your general progress and make recommendations or alternative plans as to how to proceed with improving your progress.

- Have your physician document in your chart at each visit a list of your co-morbidities and whether they are unchanged, worsened or improved/resolved. Any adjustments in medication including the addition/deletion of medication should be noted.
 - At the end of the program have your physician indicate in the chart that he/she feels that weight loss surgery is medically necessary.
 - Most insurance companies now require copies of the physician's actual office notes from your chart. Just a letter from your PCP will not suffice. This is why documentation in your chart at each visit is **mandatory**. If you do not have a PCP, we can recommend one for you.
 - If this required information is not provided, a denial may be anticipated. Appeals may be lengthy.
 - Please note – most likely, the initial weight and BMI at the beginning of a weight reduction program will be the “qualifying” BMI used to meet the BMI criteria for the definition of morbid obesity.
8. A letter of medical necessity will be written and submitted to your health insurance provider to obtain authorization for surgery. Approval may take up to 1 to 2 months or longer.