



**RETOOL**

**QUESTIONS ABOUT WEIGHT MANAGEMENT TREATMENT  
FOR YOUR INSURANCE COMPANY**

Many state agencies and employers now cover weight management treatments including medical management of overweight/obesity. Coverage varies considerably from person to person, so the best place to start is by calling the number on the back of your insurance card. The representative may ask for specific diagnostic codes which you can obtain from your physician. Common diagnostic codes are noted here.

**Diagnosis Code (ICD-10 code):**

**Class 3 Obesity E66.01**

**Your provider may provide you with additional codes weight related health conditions.**

**Bariatric Surgery Procedure CPT Codes:**

**Laparoscopic Roux-en-Y Gastric Bypass: 43644**

**Laparoscopic Sleeve Gastrectomy: 43775**

**Adjustable Laparoscopic Gastric Band: 43770**

**Take notes on your conversation with your insurance provider.**

1. Representative name at insurance company: \_\_\_\_\_

2. Date of call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY) Time of call: \_\_\_\_\_ AM/PM

3. Do I have benefit coverage for medically necessary treatment for Class 3 obesity? If yes, what are the benefits?

4. Are the above CPT procedure codes covered if I have bariatric surgery?

5. Do I need a referral to a bariatric surgery clinic from my primary care provider?

6. Are there special requirements for surgery coverage? (Examples: evidence of previous weight loss attempts, psychological assessment)

7. Does my weight loss surgery benefit require a Medically Supervised Weight Loss Trial Program?

If yes, how many months is the program?

Is the program waived if my BMI is 50 or greater?

Is a primary care physician (PCP) required to complete the weight loss documentation or can another provider (PA, NP, RDN, etc.) complete the documentation?

What is my co-pay for a PCP office visit?

What is my co-pay for a **specialty** office visit?

8. What is my deductible per calendar year?
9. How much has been met?
10. What is the maximum out-of-pocket cost per calendar year?
11. How much has been paid?
12. What is my in-patient surgical co-pay to the doctor?
13. What is my out-patient surgical co-pay to the doctor?
14. What is my in-patient surgical co-pay to the hospital?
15. What is my out-patient surgical co-pay to the hospital?

NOTE: Most hospitals/bariatric surgery centers have financial navigators who will guide you through the more detailed process of coverage requirements and they will also confirm your coverage. It is helpful to find out as much as you can before you start the process. If you do not have insurance coverage, these financial navigators can help you understand the costs (and benefits) of self-pay (including payment plans). Self-pay options may have special benefits including reduced cost, same access to comprehensive weight loss program, and reduced wait times for surgery.

### **Weight Loss Medication Coverage**

Your doctor may prescribe you medicine to treat your obesity if you have:

1. A BMI of 30 or greater.
2. A BMI of 27 or more and you have a disease or condition that may be related to your weight (this could include diabetes or high blood pressure).

Ask your customer service representative:

1. Does my insurance cover FDA approved weight reduction medications? If so, are there restrictions?
2. Which medications are covered?
3. Is there a limit to the amount of time my plan will cover the medication?
4. If my weight drops below a certain BMI will my insurance company provide coverage for weight maintenance?