

Bariatric Insurance Worksheet Questionnaire

THIS MUST BE COMPLETED BEFORE YOUR VISIT

What should I ask my insurance company?

1. Name of Insurance company, representatives name, and reference number:

2. Does my plan cover Bariatric Surgery? (Please ask representative if the codes below are covered for the different types of bariatric procedures).

➤ YES or NO

Procedure Codes (CPT):

Sleeve Gastrectomy: 43775

Gastric Bypass: 43644

Gastric Band: 43770

Diagnosis Code (ICD-10):

Morbid Obesity: E66.01

3. Do I have mental health coverage for a Bariatric Psychological Evaluation?(Codes below)

➤ YES or NO

Codes (CPT):

Psychological Evaluation: 96130

Outpatient Psychotherapy: 90834

4. Is the Surgery covered at Troy Beaumont Hospital? Location NPI: 1306825997

➤ YES or NO

5. Is Dr. Kerry Kole In-Network with my plan for bariatric surgery? Physician NPI-1912996166

➤ YES or NO

6. Most insurances require a medically supervised weight loss program before surgical approval. Does my plan require this?

) If yes:

- How many consecutive months? 3 months, 6 months, 12 months or other: _____

7. What bariatric requirements must be met prior to surgery?

PLEASE CALL OFFICE WITH THIS INFORMATION PRIOR TO SCHEDULING YOUR APPOINTMENT

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