GRAND HEALTH PARTNERS

TRANSFORMATIONS HAPPEN DAILY

Frequently Asked Insurance Questions

- *How long does it take to get insurance approval?*

Once you have completed your appointments, and we have all the documentation that is needed, we will send in to your insurance an authorization request for surgery. Once it is sent in to your insurance, it can take anywhere from 4-6 weeks before an authorization is received, depending on your insurance. Some insurance companies require the documentation to be reviewed by their medical director. Because of this, they can get backed up on reviewing the documentation. Most insurance companies have specific requirements when it comes to bariatric surgery. They will, on occasion, request additional information from either you or your primary care physician. You should contact your insurance company to see what their requirements are and gather any additional documentation that might be needed such as documentation of weight loss attempts.

- *How can they deny insurance payment for a life-threatening disease?*

Payment may be denied because there may be a specific exclusion in your policy for obesity surgery or "treatment of obesity." If you feel this is not correct, you should contact the Human Resource Department at the employer that the insurance is through. They will have to make the correction with your plan. If this exclusion is correct, you would need to work with your Human Resource Department to see if they will make an exception.

Insurance payment may also be denied for lack of "medical necessity." A therapy is deemed to be medically necessary when it is needed to treat a series of life-threatening conditions. In the case of morbid obesity, alternative treatments- such as dieting, exercise, behavior modification, and some medications- are considered to be available. Medical necessity denials usually hinge on the insurance company's request for some form of documentation, such as 6 months or more of physician-supervised weight loss attempts illustrating that you have tried unsuccessfully to lose weight by other methods. They may also have a stipulation that you have been morbidly obese for a certain time frame such as 5 years.

- *If my insurance company denies me for surgery after I have had my initial visits, what would my next step be?*

Once we receive the denial letter from your insurance company, we will begin to work on the appeal process. We will contact you to let you know what additional information they have requested. You may need to contact your primary care physician to request the information and have it sent to us.