



Welcome to the Midwest Institute of Advanced Laparoscopic Surgery™.

Through the last several years, we have answered many questions regarding the prior-approval process. This handbook was developed to help answer questions you might have from insurance coverage, the surgery process, co-insurance, referrals, etc.

This is the *first* great tool to get you started in the program and our surgeons will give you the *second* great tool to start a new and healthy lifestyle.

Thank you in advance for choosing the Midwest Institute of Advanced Laparoscopic Surgery™, and we look forward to working with you.





# Insurance Information Handbook

## TABLE OF CONTENTS

Surgery Process Checklist .....	5
Program Fee .....	7
Insurance Referral vs. Prior-Approval .....	7
Approval from Insurance .....	8
Physician Supervised Diet & Exercise Program .....	9
Why and When Do I Need a Psychiatric Evaluation? .....	10
Dietician Consultation .....	10
Insurance Requirements .....	10
Requirement Policy Changes .....	10
How to Fill Out the Authorization to Disclose Information ....	11
Wellmark Physician Certification Form .....	11
Wellmark Blue Cross Blue Shield of Iowa .....	12
First Administrators .....	13
United Healthcare Services Company of the River Valley, Inc.	14
Iowa Medicaid .....	15
Iowa Department of Human Services.....	16
Medicare .....	17
Coventry Health Care / Coventry XIX .....	18
United HealthCare .....	19
Iowa Health System and Principal .....	20
Commercial Insurance .....	21
UMR-Wheaton Franciscan Healthcare Associates .....	22
AETNA .....	23
CIGNA .....	24
Medical Associates Health Plan .....	25
Self Pay Financing Options .....	26
APPENDIX A	
Medical Weight Loss ProgressNotes .....	27
APPENDIX B	
Authorization to Disclose Health Information .....	29
APPENDIX C	
Physician Certification for Morbid Obesity Surgery .....	33



# Midwest Institute of Advanced Laparoscopic Surgery™

## Surgery Process Checklist

- \_\_\_ 1. Attend required Seminar, and turn in completed 24-page assessment packet.
- \_\_\_ 2. Contact your insurance company by calling the toll free number on your insurance card to make sure that your individual policy will cover weight loss surgery, and also what requirements you must meet for approval. For example:
  - Will you need documentation of physician supervised diets and treatment of obesity related illnesses?
  - Does your insurance carrier require a written referral letter from your primary care physician?
  - Patients who have United Heritage **Premier** (John Deere Premier) insurance must have their primary care physician send an out-of-network referral form to United Healthcare before attending their consultation.
- \_\_\_ 3. The Midwest Institute for Advanced Laparoscopic Surgery™ will contact you regarding appointment scheduling or next steps.
- \_\_\_ 4. Before your consultation, begin collecting past medical records, including:
  - previous surgery records
  - results of recent stomach or bowel X-rays
  - results of recent stress tests
  - documentation from past 3 years of physician supervised diets and weight related health problems
  - specific documentation required by your insurance carrier

**\* Note: We are unable to submit to your insurance without this information!**
- \_\_\_ 5. Attend consultation to evaluate health problems and determine required testing
  - Roux-en-Y gastric bypass versus LAP-BAND® system procedure
  - Risks of surgery and how to condition your body in preparing for surgery
- \_\_\_ 6. Attend consultation with our program's Registered Dietician to review:
  - Diet phases before and after surgery
  - What you will and will not be able to eat following weight loss surgery
- \_\_\_ 7. The Midwest Institute of Advanced Laparoscopic Surgery™ office will submit your insurance requirements for prior approval upon receipt of all documents. Once submitted, approval process can take your insurance carrier up to 6-8 weeks.
- \_\_\_ 8. Insurance approval:

Upon receiving an approval decision letter from your insurance company, we will proceed to:

  - Make sure you have no bad debt with Wheaton Franciscan Healthcare-Iowa (formerly known as Covenant Health System). Bad debt must be paid in full before proceeding.
  - Contact your insurance company to determine your out-of-pocket maximum.



If your prior-approval is denied, you have not met the requirements of your insurance carrier, but have several options:

- Appeal the insurance decision through the appeal process
- Self-pay or utilize financing option

- \_\_\_ 9. Pre-operative testing will be scheduled.
  - Overnight Pulse Oximetry to check oxygen levels
  - EKG
  - Chest X-ray
  - Abdominal Ultrasound
  - Blood Work
  - Any other testing needed based on individual medical history. This may include: sleep study, stomach or colon studies, etc. You may also require clearance from physician specialists in heart, lung or other body systems.
- \_\_\_ 10. Pre-Admission Teaching will occur at Sartori Memorial Hospital approximately 1-2 weeks before surgery. The Pre-Admission Teaching nurse will:
  - Review medical history
  - Provide information regarding expectations of patient before surgery, while in the hospital, and after surgery.
  - Review instructions and overview of surgery day.
  - Assist you in completing lab work.
- \_\_\_ 11. On the same day as your Pre-Admission Teaching, you will meet with the surgeon performing your surgery for a pre-operative visit. If you are unable to make the following payments at time of pre-operative visit, your surgery will be postponed.
  - Co-insurance payment of 80% of your out-of-pocket maximum
  - Program Fee
- \_\_\_ 12. Surgery Day! Following your surgery, expect to remain in the hospital for 2-3 days.
- \_\_\_ 13. Attend all follow-up appointments. They will be scheduled as follows:
  - One week following surgery
  - Two weeks following surgery
  - Three months after surgery
  - Six months after surgery (lab work completed)
  - Nine months after surgery
  - One year after surgery (lab work completed)
  - Annual visits (lab work completed)



## Program Fee

We at the Midwest Institute of Advanced Laparoscopic Surgery™ are dedicated to your success. Education is a vital component in reaching your goals. The education process begins with the information seminar and is continued through the evaluation, pre-operative work-up, hospitalization and during your lifetime follow-up.

Our multidisciplinary program provides the following to meet this important element:

- Monthly Support Groups
- Quarterly newsletters
- Nutritional Guidelines
- Dietary Modifications
- Vitamin supplement requirements
- On-going communication with your primary care physician

A one-time program fee of \$128 is required prior to your pre-operative appointment. This can be paid with cash, cashier's check or credit card.

## Insurance Referral vs. Prior-Approval

### Insurance Referral

- An insurance referral is sent by the primary care physician's office to the insurance company to inform the insurance company of your plans to see a specialist.
- The insurance referral will help ensure the claim will be paid according to your benefits. If a referral is not sent into the insurance company, and no benefit is paid, the patient is responsible for the bill.
- To verify if a referral is needed, please call your insurance company prior to making an appointment at the Midwest Institute of Advanced Laparoscopic Surgery™.

### Prior-Approval

- A prior-approval is when The Midwest Institute of Advanced Laparoscopic Surgery™ notifies your insurance company of your plans to undergo bariatric surgery, and submits medically documented information to justify need for surgery. After this information is submitted, your insurance company will review the information and either approve or decline the request for coverage.
- Remember that a prior-approval does not guarantee that your surgery will be paid for, so keep up on any policy changes that may have occurred while going through the process.



# Approval from Insurance

## Filing an Approval

Our office asks that you have all documentation showing you have met your insurance requirements forwarded to our office. This may include: medical records of the past three years pertaining to weight-related health conditions and physician supervised diets; psychiatric evaluation; and a letter of medical necessity from your primary care physician. Please find your specific requirements in the following pages of this handbook, or speak with a representative from your insurance company. When all documents have been received by our office, we will compile your request for prior-approval and forward to your insurance company.

If the requirements of your insurance company have been met and they feel you are an appropriate candidate, you will be approved. If you do not meet the insurance requirements, you will be denied, but you do have the opportunity to file an appeal with your insurance company. Our office will provide you copies of our records for your appeal and assist if needed, but it is the patient's responsibility to request further review through the appeal process.

If the appeal is denied, you have the option of being a self-pay patient. Please inform our office if you would like to be a self-pay patient, or would be interested in a financing option.

## Approval

Congratulations, you have been approved for weight loss surgery! We know that you are anxious, but you have already completed half the battle. Once our office has received confirmation in writing from your insurance company regarding your approval, we will determine if you have prior bad debt with Wheaton Franciscan Healthcare-Iowa. We will also go through the benefits to determine if an 80% out-of-pocket co-insurance is needed.

If you have bad debt with Wheaton Franciscan Healthcare-Iowa, it will need to be paid in full before you can go onto the next step for surgery.

- If you owe co-insurance, you will receive a letter explaining what will be due at your pre-operative appointment. The co-insurance is based on 80% of your out-of-pocket maximum. This will be applied to the pre-operative testing within Wheaton Franciscan Healthcare-Iowa, surgery (physician and hospital charges), and any post-operative appointments that may be needed. This will not cover any physicians that are seen outside of the Wheaton Franciscan Healthcare-Iowa system. These bills will be paid separately.

- This co-insurance does not mean that this is all that you will owe, additional payments may be required. If all of your co-insurance is not used, a refund will be made to the patient. The refund will not be sent until all claims have been paid by the insurance company.

- Once this process is complete, your name will be given to the nursing staff, who will contact you to schedule your surgical testing. A surgery date will be set after all of your pre-operative testing has been completed and reviewed by one of our providers.

## Physician Supervised Diet & Exercise Program

A physician-supervised diet and exercise program documents that an effort was made to try to lose weight without surgical weight loss methods. This physician-supervised program should include nutrition education to learn about low calorie foods, healthy eating habits and a life-long exercise plan.

The purpose of establishing this documentation is to show that the patient understands lifestyle changes, comprehension of healthy food choices, and the responsibilities that must be adhered to in order for surgical weight loss to be successful.

Physician-supervised diet and exercise program should include:

- Monthly appointments with primary care physician to: monitor weight, discuss lifestyle/behavioral changes, and discuss food changes for healthy weight loss
- Documentation of each visit in patient health record that shows weight changes and progress on goals established by you and your health care provider
- Working with a dietician through primary care physician
- Exercise

Almost all insurance companies require that you have been on at least a 6-month physician-supervised diet within the past three years, but some require up to a 12-month program (please verify this requirement with your insurance company). If your primary care physician is unable to complete this program with you, ask him/her for a referral to a dietician or a nutritional counselor in your area. The Midwest Institute of Advanced Laparoscopic Surgery can also assist you in finding a primary care physician who will work with you to complete a supervised diet and exercise program.

If you have not been on a physician-supervised diet and exercise program in the past three years, now is a great time to get started! In Appendix A, we have attached a form titled “Medical Weight Loss Progress Note” which is an excellent tool to help you and your primary care physician get started on your supervised diet and exercise program. If you choose to use this form, you will need to make additional copies for each month in which you must show documentation for your supervised diet and exercise program.



## Why and When Do I Need a Psychiatric Evaluation?

The required psychiatric evaluation helps to determine the capability of adapting to the lifestyle change required after having surgical weight loss. This evaluation is mandatory at the Midwest Institute of Advanced Laparoscopic Surgery™, and is a requirement for most insurance companies.

Your evaluation must be complete with one of the two physicians listed below. They each have extensive experience in evaluating a patient's ability to adapt to lifestyle changes that are necessary for life long success.

Dr. P. B. Raju  
2750 St. Francis Drive  
Waterloo, IA 50702  
319.272.8922

Dr. Matthew Targoff  
2802 Orchard Drive  
Cedar Falls, IA 50613  
319.268.9700

## Dietician Consultation

On the day of your initial consultation with the Midwest Institute of Advanced Laparoscopic Surgery™, you will also see our dietician. The dietician will review with you the diet phases from the pre-operative stage to the post-operative stage. This consultation will help you to recognize the changes that may need to be made in your nutritional habits, in regards to protein intake and meal planning, as well as answer any questions you may have. This consultation is required by the Midwest Institute of Advanced Laparoscopic Surgery™, but the consultation is not paid for by most insurance companies. If the consultation is not covered by insurance, it is the responsibility of the patient. Wheaton Franciscan Healthcare-Iowa accepts payment arrangements, which can be set up through the Cashier's Office, whose number will be listed on your billing statement.

## Insurance Requirements

Every insurance company has different requirements. We have compiled a list of the most common insurance requirements, which are in the back of this booklet. If your insurance company is not listed, please use the guidelines for "Commercial Insurance Requirements" to get you started. Once you have been seen for your initial consultation in our office, we will call your insurance company to see what other information is needed. Each insurance company develops their own specific requirements, if you have any questions about these requirements, please call your insurance company for help. A better understanding of your insurance requirements will help expedite the prior-approval process.

## Requirement Policy Changes

- Patients with Blue Cross Blue Shield with Tyson Foods do not have coverage for weight loss surgery with this employer.
- Patients with Medicare as their primary insurance and Medicaid/Title XIX as their supplemental insurance must meet the Medicaid/Title XIX requirements in order for Medicaid/Title XIX to pick up any costs that are not covered by Medicare.

## How to Fill Out the Authorization to Disclose Health Information

- This form is REQUIRED to release your records to our office.
- This form will be COMPLETED BY YOU.
- Please fill out the following sections:
  - Patient Name
  - Patient Address
  - Social Security Number
  - Date of Birth
  - From (This is your primary care physician’s name and full address)
  - Signature of the Patient (back of form)
- If this information is not complete, it will delay your approval process.
- Take or send this form to your primary care physician’s office, so they can copy and mail the records to our office. **Please do not have your records faxed to our office**, as our fax machine will not keep up with the large amount of incoming documents.
- Most insurance companies require documentation of a physician-supervised diet and exercise program.
- All insurance companies require documentation of co-morbidities, obesity-related health problems, and treatments. These can include conditions such as high blood pressure, back pain, diabetes, etc.
- It is the patient’s responsibility to make sure that your records have been sent to our office.
- If your physician’s office has questions, please do not hesitate to have them contact our office.
- In Appendix B of this handbook, please find two copies of the “Authorization to Disclose Health Information” form.

## Wellmark Physician Certification Form

- This form is REQUIRED by Wellmark Blue Cross Blue Shield of Iowa, First Administrators, and CMS, Inc (for Wheaton Franciscan Healthcare insurance).
- This form needs to be completed by your primary care physician.
- Once this form is completed, please have your primary care physician’s office either fax or send to our office.
- In Appendix C of this handbook, please find the Wellmark Physician Certification form to be filled out by your primary care physician and return to our office.



# Wellmark Blue Cross Blue Shield of Iowa

## Requirements

- Patient must be at least 18 years old
- Documented medical history from past three years of failure to sustain weight loss with medically supervised dietary and conservative treatment. This must include a minimum of six months within the 2 years preceding surgery. A medically supervised diet consists of a physician documentation of the assessment of the patient, what health interventions are prescribed, and their on-going assessment of patient's progress toward a goal of weight loss or control of an obesity related co-morbidity.
- Psychiatric evaluation
- Physician Certification Form for Morbid Obesity, which is included in this handbook
- BMI of 40 kg/m<sup>2</sup> at least 3 years; or BMI >35 kg/m<sup>2</sup> in conjunction with at least one of the following:
  - Hypertension requiring treatment for at least 1 year.
  - Type II Diabetes requiring medication for at least 1 year.
  - Obstructive Sleep Apnea, confirmed by sleep study, which does not respond to conservative treatment.
  - Documented cardiovascular disease.
  - Pulmonary hypertension of obesity.

Or

- Super obesity described as a BMI >50kg/m<sup>2</sup> for gastric Roux-en-Y gastric Bypass
  - Wellmark Blue Cross Blue Shield of Iowa will only cover the Lap-Band procedure for patients who have a BMI between 35kg/m<sup>2</sup> and 49kg/m<sup>2</sup>. It will not be covered for patients with a BMI of 50kg/m<sup>2</sup> or higher.

## Patient Responsibilities

- Forward medical records of physician-supervised diets to our office
- Forward medical records of weight related health problems and treatment to our office
- Psychiatric evaluation must be scheduled and completed
- Physician Certification Form for Morbid Obesity must be completed by primary care physician and returned to our office

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be completed with Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.
- Physician Certification Form
  - This form will need to be completed by your primary care physician in order for Wellmark Blue Cross Blue Shield of Iowa to review your request for prior-approval.
- Medical Records
  - Complete the attached “Authorization to Disclose Health Information” form(s), and take to your primary care physician, to ensure the appropriate information will be released to our office.

# First Administrators

## Requirements

- Medical Records of Physician-Supervised Diets
- Medical Records of weight related health problems and treatments
- Letter of Medical Necessity
- Wellmark Physician Certification Form
- Psychiatric Evaluation

## Patient Responsibilities

- Forward medical records of physician-supervised diets and treatments to our office.
- Forward medical records of weight-related health problems to our office.
- Psychiatric evaluation must be scheduled and completed.
- Wellmark Physician Certification Form for Morbid Obesity must be completed by your primary care physician and returned to our office.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be completed with Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.
- Medical Records
  - Complete the attached “Authorization to Disclose Health Information” form(s), and take to your primary care physician, to ensure the appropriate information will be released to our office.
- Physician Certification Form
  - This form is included in this handbook and is required by First Administrators. They will not accept your request for review without this form. This will need to be filled out by your primary care physician and sent back to our office.



# United Healthcare Services Company of the River Valley, Inc.

## (Formerly John Deere Healthcare)

### Patient Requirements for Roux-en-Y Gastric Bypass & Lap-Band

- Body Mass Index (BMI) exceeding 40 for at least 5 years, or:
- BMI greater than 35 for at least 5 years in conjunction with any of the following severe co-morbidities:
  - Coronary Heart Disease
  - Type 2 Diabetes Mellitus
  - Hypertension (High Blood Pressure)
  - Obstructive Sleep Apnea
  - Severe Respiratory Insufficiency (Breathing Problems)
- Patient has completed growth, 18 years of age, or documentation of completion of bone growth for primary procedure (not to exceed age 65).
- Documentation in the medical records of participation in a physician-supervised nutrition and exercise program for a cumulative total of six months within the last year prior to the surgery, and at least three consecutive months of continuous participation prior to the date of surgery.
- Member's participation in a physician-supervised nutrition and exercise program must be documented in the medical record by an attending physician who supervised the member's participation. The nutrition and exercise program may be administered as part of the surgical preoperative regimen, and participation in the nutrition and exercise program may be supervised by the surgeon who will perform the surgery or by some other physician. Medical records to support prior nutrition and exercise program participation should be available upon request.
- Pre-operative psychological evaluation and clearance is required of member who has a history of severe psychiatric disturbance or who is currently under the care of a psychologist/psychiatrist or who is on psychotropic medications in order to exclude members who are unable to provide informed consent or who are unable to comply with the pre- and postoperative regimen.
- Premier plan holders (Heritage/John Deere Premier) are required to obtain an out-of-network referral from your primary care physician for insurance coverage of your initial consultation. If this is not obtained, you will be asked to sign a self-pay waiver and you will be billed the balance not covered by your insurance company.

### Patient Responsibilities

- Forward medical records of physician-supervised diets to our office
- Forward medical records of weight related health problems and treatment to our office
- Psychiatric Evaluation (can be scheduled with either Dr. Targoff or Dr. Raju after you have been cleared as a surgical candidate by our office).

### How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be completed with Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.
- Medical Records
  - Complete the attached "Authorization to Disclose Health Information" form(s), and take to your primary care physician, to ensure the appropriate information will be released to our office.

# Iowa Medicaid/Title XIX

## Requirements

- Medical Records of Physician-Supervised Diets
- Medical Records of health problems and treatments
- Patient must be between the ages of 25 years and 55 years.
- Psychiatric Evaluation

## Patient Responsibilities

- Obtain medical records of physician-supervised diets and treatments of health problems by completing your “Authorization to Disclose Health Information” form and submitting to your primary care physician.
- Psychiatric Evaluation can be scheduled with either Dr. Targoff or Dr. Raju, after being cleared as a surgical candidate by our office at your initial consultation.
- Medipass patients must have primary care physician call our office with a referral number prior to your surgical weight loss consultation.

## How to Obtain Information Needed for Approval

- Medical Records
  - Complete the attached “Authorization to Disclose Health Information” form(s), and take to your primary care physician, to ensure the appropriate information will be released to our office.
- Psychiatric Evaluation
  - This can be completed with Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.

**\*\*\*NOTE\*\*\* The LAP-BAND® procedure is not a covered benefit, unless you are denied for the Roux-en-Y gastric bypass. In this case, the patient must appeal Medicaid’s decision and request that the Laparoscopic Adjustable Banding (LAP-BAND® procedure) be approved.**

**Please see following page for more information on the Iowa Department of Human Services Criteria for Pre-procedure Review of Bariatric Surgery.**



# Iowa Department of Human Services

## Iowa Medicaid Criteria for Pre-Procedure Review of Bariatric Surgery

- 1) Physician referral is mandatory for bariatric surgery for morbid obesity. Information to support the following indications should be provided prior to review
  - a. Complete history and physical examination, including height, weight, and BMI.
  - b. Medical evaluation of endocrine and emotional status. When there has been a history of psychiatric illness or related condition, a psychiatric evaluation will be required.
  - c. Laboratory, including routine laboratory analysis such as CBC and urinalysis; liver function studies; SMA; triglycerides; thyroid function tests, where indicated; arterial blood gases; pulmonary function studies, when indicated; electrolytes; and EKG
  - d. Documentation that the patient is less than 55 but older than 25 years of age.**
  - e. Clinically Severe Obesity is defined as:
    - i. **BMI of greater than 40; or**
    - ii. **BMI between 35-40** with current evidence of at least one of the following life-threatening conditions:
      1. Respiratory compromise related to obesity, such as hypoxemia, hypercarbia related to hypoventilation; and/or
      2. Pickwickian syndrome tests, confirmed by blood gases and pulmonary function (study); or
      3. Hypertension which is related to obesity;
      4. Non-insulin dependent diabetes related to obesity;
      5. Cardiovascular disease in the presence of a waist-to-hip ratio greater than 1.0 in males and greater than 0.8 in females; or
      6. Other medical condition(s) that have a morbid effect on their clinical course and are related to or accentuated by obesity.
- 2) Formal written documentation must be provided to the IME-Medical Services from all attending physicians regarding weight-loss programs, which will include:
  - a. Detailed diet and weight history** documenting formal attempts at weight-loss once a year for at least two years prior to surgery. This must include length of time on diets, compliance to dietary restrictions, amount of weight-loss, length of time weight-loss maintained, and reason for regaining weight, if applicable. Gastric surgery for morbid obesity is contraindicated in the presence of a current binge eating disorder. There must be evidence of evaluation for this condition prior to consideration for surgery. If found to be a current problem, the patient must be in treatment and this must be confirmed in writing by his/her therapist. Treatment must be ongoing or the patient must be controlled (relatively binge-free) for six months prior to surgery. **NOTE: This component is critical to establish satisfaction of the requirement regarding a recipient's participation in a physician-supervised weight-loss program.**
  - b. Documentation of patient compliance in maintaining scheduled pre-surgical office visits, at a minimum of once a month, for three months prior to surgery.
  - c. Documentation of discussion of specific life-long dietary restriction requirements after surgery and patient's willingness/ability to comply.

NOTE: Documentation must be provided to confirm that a medical condition or complication currently exists and that weight-loss will reverse or improve this condition. This documentation is to include pertinent lab, x-ray, and/or procedure reports, or any other reports that confirm findings regarding any other medical condition or complication.

# Medicare

## Requirements

- Patient must have a Body Mass Index (BMI) exceeding 40, or greater than 35 with a weight related health problem.
- At least one co-morbidity related to obesity (such as sleep apnea; Type 2 diabetes; high blood pressure; gastroesophageal reflux/GERD).
- Previously unsuccessful with medical treatment for obesity.

## Patient Responsibilities

- Forward medical records to our office that address weight related health problems and any diet history.
- Psychiatric Evaluation must be scheduled and completed after your initial consultation in our office.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation can be scheduled with either Dr. Targoff or Dr. Raju after you have had your initial consultation in our office, and have been cleared as a potential surgical candidate.
- Medical Records can be obtained after you complete the “Authorization to Disclose Health Information” form and then submit it to your primary care physician, so they can forward your records to our office.



# Coventry Health Care/ Coventry XIX

## Requirements

- For at least 5 years, patient must have a Body Mass Index (BMI) exceeding 40, or greater than 35 with a weight related health problem.
- Patient must not be older than 55 years of age.
- Within the past three years, the patient must have participated in a supervised diet program for at least six months, and have the accompanying documentation from the patient’s primary care physician.
- Medical records of the following
  - Cardiac and pulmonary evaluation
  - Dietary consultation
  - Psychiatric evaluation
  - Endocrinopathy evaluation to determine if patient has problems with their thyroid, pancreas, adrenal glands, etc.
  - One of the following evaluations to exclude peptic ulcer disease
    - EGD – endoscopic evaluation of the interior of the esophagus, stomach and small bowel
    - UGI – X-ray exam of esophagus, stomach and small bowel
    - *H. pylori* negative – specific test looking for a certain type of bacteria in the intestinal tract that can cause digestive problems
  - Documentation of no drug and alcohol abuse.
  - Documentation relating to behavior health disorders (or documentation that patient does not have a behavioral health disorder).

## Patient Responsibilities

- Forward medical records of all the above stated supervised diet history, evaluations and medical documentation to our office.
- Coventry Title XIX patients must have your primary care physician call our office with a referral number prior to your weight loss consultation.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation can be scheduled with either Dr. Targoff or Dr. Raju after you have had your initial consultation in our office, and have been cleared as a potential surgical candidate.
- Medical Records can be obtained after you complete the “Authorization to Disclose Health Information” form and then submit it to your primary care physician, so they can forward your records.
- Dietician Consultation will be completed in our office on the same day as your initial consultation.
- Please give a copy of these requirements to your primary care physician, so he or she knows exactly which types of testing you will have to complete before the request for prior authorization can be submitted.

# United HealthCare

## Requirements

- For the past five years, patient must have a Body Mass Index (BMI) of 40 or more, or a BMI of 35 with weight-related health problems.
- Medical documentation of any physician-supervised diet and exercise program in the past 3 years.
- Three years of medical documentation of weight-related health problems and treatment.
- Psychiatric Evaluation

## Patient Responsibilities

- Psychiatric Evaluation must be scheduled and completed
- Medical records of the past three years, relating to current medical conditions and treatments, as well as the physician-supervised diet program must be forwarded to our office.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be scheduled with either Dr. Targoff or Dr. Raju after you have had your initial consultation in our office, and have been cleared as a potential surgical candidate.
- Medical Records
  - Complete the “Authorization to Disclose Health Information” form(s) and submit to the office of your primary care physician, so they may forward documentation for insurance requirements to our office.



# Iowa Health System and Principal

## Requirements

- For more than three years, patient must have either Body Mass Index (BMI) 40 or more, or a BMI of 35 with weight-related health problems.
- Psychiatric Evaluation
- Medical records of the past three years relating to a 12 month physician-supervised diet and exercise program, and weight-related health problems and treatments.
- Plans for post-operative program to make lifestyle changes in areas of diet and exercise.

## Patient Responsibilities

- Psychiatric Evaluation must be scheduled and completed.
- Medical records of the past three years, relating to current medical conditions and treatments, as well as the physician-supervised diet program must be forwarded to our office.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be scheduled with either Dr. Targoff or Dr. Raju after you have had your initial consultation in our office, and have been cleared as a potential surgical candidate.
- Medical Records
  - Complete the “Authorization to Disclose Health Information” form(s) and submit to the office of your primary care physician, so they may forward documentation for insurance requirements to our office.



# Commercial Insurance

## Requirements

- Medical records of physician-supervised diets
- Medical records of weight related health problems and treatment
- Psychiatric Evaluation
- Current lab results
- Clearance from primary care physician

## Patient Responsibilities

- Medical records of physician-supervised diets, health problems and treatments must be forwarded to our office.
- Psychiatric Evaluation must be completed and scheduled.
- Ask primary care physician to write a letter of medical necessity stating that he/she gives clearance for you to have bariatric surgery. This letter (or a copy) must be forwarded to our office.

## How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be scheduled with either Dr. Targoff or Dr. Raju after you have had your initial consultation in our office, and have been cleared as a potential surgical candidate.
- Medical Records
  - Complete the “Authorization to Disclose Health Information” form(s) and submit to the office of your primary care physician, so they may forward documentation for insurance requirements to our office.
- Clearance from Primary Care Physician
  - You will need to set up an appointment with your primary care physician and have him/her clear you for surgery. We will need documentation of this visit and a letter from your primary care physician.



## UMR - Wheaton Franciscan Healthcare Associates

### Requirements

- Patient must be at least 18 years of age
- Documented failure to sustain weight loss during the past 2 years; such weight loss attempts must meet one of the following criteria:
  - Active participation in and compliance with a minimum of 12 months of conservative physician-supervised treatment for weight-loss including diet, exercise and consideration of pharmacotherapy with weight loss medications; or
  - Active participation in and compliance with a 6-month multidisciplinary weight loss program, which must include all of the following Physician-directed components: dietary therapy, increased physical activity, behavioral therapy to reinforce diet and exercise recommendations, and evaluation of the appropriateness of treatment with weight loss medications.
- Either of the below:
  - The patient has a documented BMI of 40 or greater for at least the past 3 years.
  - Patient has a BMI of 35 or greater, but less than 40 for at least the past 3 years and documented failure to control at least one of the following co-morbidities despite patient compliance and treatment with standard medical protocols: hypertension; type II diabetes; coronary artery disease; life-threatening respiratory compromise related to obesity, such as hypoxemia, hypercarbia related to hypoventilation and/or Pickwickian syndrome confirmed by arterial blood gases and pulmonary function tests; or other life-threatening medical condition(s). Documentation must be provided to confirm that the medical condition or complication currently exists and that weight loss will reverse or improve this condition.
- Psychiatric Evaluation
- Physician Certification Form for Morbid Obesity

### Patient Responsibilities

- Forward medical records of physician-supervised diets and treatments to our office.
- Forward medical records of weight-related health problems to our office.
- Psychiatric evaluation must be scheduled and completed.
- Wellmark Physician Certification Form for Morbid Obesity must be completed by your primary care physician and returned to our office.

### How to Obtain Information Needed for Approval

- Psychiatric Evaluation
  - This can be completed with Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.
- Medical Records
  - Complete the attached “Authorization to Disclose Health Information” form(s), and take to your primary care physician, to ensure the appropriate information will be released to our office.
- Physician Certification Form
  - This form is included in this handbook and is required by CMS. They will not accept your request for review without this form. This will need to be filled out by your primary care physician and sent back to our office.

# AETNA

## Requirements

- BMI of 40kg/m<sup>2</sup>; or a BMI of 35kg/m<sup>2</sup> with at least one of the following weight related illnesses
  - o Coronary heart disease
  - o Type II Diabetes Mellitus
  - o Clinically significant obstructive sleep apnea
  - o Hypertension requiring medical treatment
- Documentation of participation in a physician supervised nutrition and exercise program for a minimum of six months within the 2 years preceding surgery.
- Psychiatric Evaluation

## Patient Responsibilities

- Forward medical records of physician-supervised nutrition and exercise program to our office.
- Forward medical records of weight related health problems to our office.
- Psychiatric evaluation must be scheduled and completed

## How to Obtain Information Needed for Approval

- Medical Records
  - o Complete the attached “Authorization to Disclose Health Information” form(s), and take to the office of your primary care provider, to ensure the appropriate information will be released to our office.
- Psychiatric Evaluation
  - o This can be completed with either Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation at our office.



# CIGNA

## Requirements

- Patient must be at least 18 years of age
- BMI greater than 40kg/m<sup>2</sup> for at least 12 months; or a BMI between 35-39.9kg/m<sup>2</sup> for at least 12 months with at least one of the following weight related illnesses:
  - o Serious cardiopulmonary problems
  - o Type II Diabetes Mellitus
  - o Hypertension
  - o Coronary Artery Disease
  - o Pulmonary problems that have not adequately responded to medical management
- A minimum of six consecutive months of a physician supervised diet and exercise program. This must include monthly documentation of vital signs, including weight; discussion of current dietary and exercise program; and behavioral interventions to reinforce healthy eating and exercise habits.
- Psychiatric Evaluation

## Patient Responsibilities

- Forward medical records of physician-supervised diet and exercise program to our office.
- Forward medical records of weight related illness and treatments to our office.
- Psychiatric evaluation must be scheduled and completed.

## How to Obtain Information Needed for Approval

- Medical Records
  - o Complete the attached “Authorization to Disclose Health Information” form(s), and take to the office of your primary care provider, to ensure the appropriate information will be released to our office.
- Psychiatric Evaluation
  - o This can be completed with either Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation in our office.



# Medical Associates Health Plan

## Requirements

- Patient must be at least 18 years of age.
- BMI greater than 40kg/m<sup>2</sup> for at least 5 years, or a BMI of 35kg/m<sup>2</sup> with a weight related health problem, such as:
  - o Hypertension
  - o Type II Diabetes Mellitus, requiring medication for at least one year
  - o Sleep Apnea
  - o Cardiovascular Disease
- Psychiatric Evaluation

## Patient Responsibilities

- Forward medical records of weight related health problems and treatments to our office.
- Psychiatric Evaluation must be scheduled and completed.

## How to Obtain Information Needed for Approval

- Medical Records
  - o Complete the attached “Authorization to Disclose Health Information” form(s), and take to the office of your primary care provider, to ensure the appropriate information will be released to our office.
- Psychiatric Evaluation
  - o This can be completed with either Dr. Targoff or Dr. Raju. You may schedule your psychiatric evaluation upon being cleared for surgical candidacy during your initial consultation in our office.



## Self-Pay Financing Options

**Option 1** - Pay for this procedure all at once by cashier check, MasterCard, Visa or Discover Card.

**Option 2** - Speak with your bank to check on your ability to qualify for either a personal loan or a home equity loan. A cashier's check will be required. In addition, Wells Fargo Bank is available to assist patients with financing options. To get started, you can call a personal banker at (319) 273-8832.

**Option 3 - (For Lap-Band patients only)** The makers of the Lap-Band System has an additional financing program in which all costs associated with the Lap-Band procedure can be rolled into one monthly payment. To find out more details on these financing options, please call 1-877-LAP-BAND.





## Medical Weight Loss Progress Note

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Change in weight since last visit \_\_\_\_\_ BMI \_\_\_\_\_

Diagnosis \_\_\_\_\_

### Behavior Changes

Goals Set: \_\_\_\_\_

Examples: eat breakfast, eliminate alcohol, drink only diet beverages, pack healthy lunch, limit eating carbs

Follow-up on Goal Setting

Percent Patient was able to meet behavior change goal: 25% 50% 75% 100%

### Nutrition Plan

- |   |  |
|---|--|
| <input type="checkbox"/> Point System               | <input type="checkbox"/> Carb Counting |
| <input type="checkbox"/> Pre-packaged food or meals | <input type="checkbox"/> Low Fat       |
| <input type="checkbox"/> Measure portions           | <input type="checkbox"/> Low Carb      |
| <input type="checkbox"/> Food group goals           | <input type="checkbox"/> Low Calorie   |
| <input type="checkbox"/> Other (specify)            |  |

Compliant with Diet Plan? .....  Yes  No

Weight Loss Medications \_\_\_\_\_

### Physical Activity/Exercise Plan

- |   |  |
|---|--|
| <input type="checkbox"/> Gym ___x/week                                      | <input type="checkbox"/> Walking/Running ___x/week |
| <input type="checkbox"/> Aerobics ___x/week                                 | <input type="checkbox"/> Exercise Videos ___x/week |
| <input type="checkbox"/> Swimming ___x/week                                 | <input type="checkbox"/> Biking ___x/week          |
| <input type="checkbox"/> Weight training ___x/week                          | <input type="checkbox"/> Cross training ___x/week  |
| <input type="checkbox"/> Inability to perform physical activity (comments): |  |

Recommended Modifications \_\_\_\_\_

### Behavior Modification

- |  |            |
|--|------------|
| <input type="checkbox"/> Dietician Consult     | Date _____ |
| <input type="checkbox"/> Group Counseling      | Date _____ |
| <input type="checkbox"/> Individual Counseling | Date _____ |

Recommended Modifications \_\_\_\_\_

Comments(progress or lack of progress):

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



Patient's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Health Record Number: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_



I authorize the use or disclosure of the above named patient's health information as described below:

**FROM:** \_\_\_\_\_  
**TO:** \_\_\_\_\_

Name The Midwest Institute of Advanced Laparoscopic Surgery™  
Address 516 South Division Street, Suite 105  
City, State, Zip Cedar Falls, IA 50613

**FOR THE PURPOSE OF:** (Check all that apply.)

Continued Care  Legal  Insurance  At Request of Patient  Other (explain) Bariatric Surgery

**INFORMATION TO BE DISCLOSED:**

The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- Record Abstract  Discharge Summary  HIV/AIDS
- History & Physical  Emergency Department Record  Substance Abuse
- List of Allergies  Medication List  Mental Health
- Immunization Record
- Laboratory Results from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- X-ray and Imaging Reports from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- Consultation Reports from (doctors' names) \_\_\_\_\_
- Entire Record
- Other: Physician supervised diet and exercise notes, treatment notes of co-morbidities, weigh-ins, and other notes that will help with prior-approval for surgery.

This authorization is voluntary. Wheaton Franciscan Healthcare will not condition your treatment on this authorization.

I understand that I have a right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the Health Information Department. I understand that my revocation will not apply to information that has already been released in response to this authorization.

I also understand that I have a right to view and/or receive copies of my health information and that there may be a charge for copies. In support of your privacy, Wheaton Franciscan Healthcare does not accept your blanket authorization to disclose health information of treatment not yet received. A new authorization will be required for each new episode of care. I understand that if I refuse to authorize the disclosure of information, the information may not be released. Refer to the Notice of Privacy Practices for more information about your rights with your health information.

I understand that the information in my health record may include information relating to mental health, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). I understand that if I refuse to authorize the disclosure of information, the information may not be released.

This authorization automatically expires 365 days from the date this authorization is signed by the patient below unless otherwise noted

Signature of Patient or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

If Signed by Authorized Representative, Relationship to Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

If unable to sign document, give reason \_\_\_\_\_

NOTE: Re-disclosure of this information may be permitted.

This information has been disclosed to you from records protected by Federal laws and regulations protecting substance abuse treatment program records (42 C.F.R. part 2). The Federal rules prohibit you from making any further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for the purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



- Covenant Clinic
- Covenant Medical Center
- Covenant Regional Services
- Mercy Hospital
- Sartori Memorial Hospital

TOP OF LABEL  
PATIENT LABEL MUST BE PLACED HERE  
LABEL CANNOT BE IN ANY OTHER  
LOCATION OR POSITION  
BOTTOM OF LABEL

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**



Patient's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Health Record Number: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_



I authorize the use or disclosure of the above named patient's health information as described below:

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**TO:** \_\_\_\_\_

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- Consultation Reports from (doctors' names) \_\_\_\_\_
- Entire Record
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LABEL CANNOT BE IN ANY OTHER  
LOCATION OR POSITION  
BOTTOM OF LABEL

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**





## Wellmark Physician Certification Form

- This form is **REQUIRED** by Blue Cross Blue Shield of Iowa, First Administrators, and CMS, Inc.
- This form needs to be completed by your primary care physician.
- Once this form is completed, please have your primary care physician's office either fax or send to our office.

### PHYSICIAN CERTIFICATION FOR MORBID OBESITY SURGERY

(This form must be completed by the primary care physician or treating physician)

In order to process your request for bariatric surgery, you must have your primary physician complete this certification and return it with a completed prior approval form. We will be unable to complete your prior approval request without this documentation.

Patient Name: \_\_\_\_\_  
 Patient's Date of Birth: \_\_\_\_\_  
 BMI (Body mass index): \_\_\_\_\_  
 Current height in inches: \_\_\_\_\_  
 Most current weight in pounds: \_\_\_\_\_ Date: \_\_\_\_\_  
 Number of years patient has been considered morbidly obese: \_\_\_\_\_

1.  Yes  No This patient has failed to achieve and sustain weight loss with the following *supervised* programs:

Program	Dates of patient participation	From:	To:
<input type="checkbox"/> Weight Watchers:		_____	_____
<input type="checkbox"/> Jenny Craig		_____	_____
<input type="checkbox"/> Nutri System		_____	_____
<input type="checkbox"/> Physician supervised programs		_____	_____
<input type="checkbox"/> Registered Dietician programs		_____	_____
<input type="checkbox"/> Other (specify): _____		_____	_____

2. Co-morbid Conditions: Please check all severe co-morbidities your patient is experiencing, and any current treatments.

Morbidity	Treatment
<input type="checkbox"/> Hypertension	_____
<input type="checkbox"/> Cardiopulmonary Conditions	_____
<input type="checkbox"/> Diabetic Complications	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Sleep Apnea	_____
<input type="checkbox"/> Debilitating Arthritis or joint disease	_____
<input type="checkbox"/> Other: _____	_____

3. I have discussed postoperative life style changes with my patient including:

- Life long dietary restrictions  Yes  No  
 Permanent life style changes  Yes  No  
 Relapse potential  Yes  No  
 Risks and benefits  Yes  No

- Yes  No - This patient has verbalized understanding of the impact of his/her life following surgery.  
 Yes  No - The patient has assured me of his/her motivation to comply with permanent lifestyle changes.  
 Yes  No - In my opinion, this patient is an acceptable operative risk.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_