

WHAT DO I NEED TO SCHEDULE MY SURGERY?

While the following documents are not required to meet with your surgeon, they will be required in order to schedule your surgery.

Nutritional Assessment* and History & Physical (1-866-886-4698)

*There is a \$250.00 non-refundable fee that may not be covered by insurance.

Based on your personal health history, evaluated by your surgeon, you may also be required to obtain:

- ✓ sleep apnea test
- ✓ cardiac clearance
- ✓ stress test
- ✓ pulmonary clearance
- ✓ h-pylori test

Psychological Evaluation* (Dr. Huberman – NYC/Pomona – 212-983-6225; Dr. Rivera – Brooklyn – 917-991-0774)

*There is a \$250.00 non-refundable fee, payable to the psychologist at the time of service. This is a one-time fee that may not be covered by insurance.

Patient Medical Questionnaire – download at: www.nyuweightloss.org

- View the right side of the page under “Quick Links”;
- Click on Patient Forms; and then
- Click on *Patient Medical Questionnaire*

PCP Letter of Medical Recommendation – this letter should include mention of co-morbidities, previous weight-loss attempts, reasons why the PCP is referring patient to have weight-loss surgery, etc.;

A complete physical from your physician – including the following blood tests (CBC, Comprehensive Metabolic, Liver Test, TSH, Vitamin D-25 Hydroxy, HgA_{1c}, PT/PTT, INR);

Insurance card and referral if required;

Weight Loss Attempt Documentation and Multi-Year History of Obesity – most insurance companies require documentation outlining a minimum of at least six consecutive months of weight loss attempt under a physician’s supervision within the last 2 years. Some carriers will also require additional documentation outlining a Multi-Year History of Obesity (2 or 5 years) which should include one office note per year from your doctor which documents your weight and includes discussion notes recommending weight loss.



NYU Program for Surgical Weight Loss **Fees and Policy Outline**

Financial Policy

Healthcare benefits and coverage options are becoming increasingly complex. We have developed this policy to detail our financial requirements to help you better understand your responsibilities.

It is ***your responsibility*** to know if your insurance has specific rules or regulations, such as the need for referrals from your primary care physician, pre-certification, limits on outpatient charges, specific physicians and/or hospitals to use. You should be knowledgeable of any deductibles, co-payments, and/or coinsurance. This applies to all payers regardless of whether or not our physicians participate.

The responsibility for payment of fees for services is the direct responsibility of the patient. Your health benefit plan is an arrangement between you, the enrollee and the insurance company, HMO or your employer. Your health benefit plan determines your coverage, requirements, and establishes the limit on your coverage for medical services based on what they determine is medically necessary. However, we will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance.

Fee Schedule* (* subject to change at any time)

Consultation	\$495.00, if we do not participate with your insurance plan - payment is expected at the time of service.
Nutritional Assessment	\$250.00 –This non-refundable fee must be paid at the time services are rendered. <i>This fee is expected regardless of whether or not you undergo surgery.</i>
Adjustments	\$250
Psychological Evaluation	\$250.00 – this is paid directly to the psychologist at the time of service.

Payment Policy Schedule* (* subject to change at any time)

Co-payments	Full payment is due at time of service.
Deductible and coinsurance	Full payment is due at time of service.
Non-covered service	Full payment is due at time of service.
Non-participating insurance plan	Full payment is due at time of service.

Other charges/fees* (* subject to change at any time)

Missed Appointment Fee	The office requires at least 24 hours notice when canceling an appointment. Failure to provide this notice will result in a \$50.00 charge to your account.
Return Check Fee	\$25.00

If your surgery has been approved on an out-of-network basis, as a courtesy, a claim will be submitted to your insurance, however you will receive a statement within 45 days of your surgery

Should you have any questions with regard to our financial policy we encourage you to ask. It is our goal, not only to provide the best quality of medical care, but to help you by answering any questions you might have.

All information provided is solely based on our experience. Approval for your surgery is NEVER GUARANTEED. Please check with your insurance carrier regarding your specific policy requirements.



NYU Program for Surgical Weight Loss Insurance Plan Participation List

Insurance Plan	Dr. Christine Ren-Fielding	Dr. George Fielding	Dr. Brad Schwack	Dr. Holly Lofton
1199	YES	<i>NO</i>	YES	YES
Aetna	YES	YES	YES	YES
Affinity	<i>NO</i>	<i>NO</i>	YES	<i>NO</i>
Cigna	YES	YES	YES	YES
Empire Blue Cross (Excludes Empire Gov't Plan)	YES	YES	YES	YES
Fidelis	<i>NO</i>	YES	YES	<i>NO</i>
GHI Emblem (Excludes CompreHealth)	YES	YES	YES	<i>NO</i>
HIP Emblem (Includes HIP Medicaid & HIP Healthcare Partners - Excludes CompreHealth)	YES	YES	YES	<i>NO</i>
Magnacare	YES	YES	YES	YES
Medicare (Excludes Oxford Medicare)	YES	YES	YES	YES
MultiPlan/PHCS	YES	YES	YES	YES
Oxford (Excludes Oxford Medicare)	YES	YES	YES	YES
TriCare	<i>NO</i>	<i>NO</i>	YES	<i>NO</i>
United Healthcare	YES	YES	YES	YES
United Healthcare Community Plan (Formerly Americhoice/Excludes Medicare Community Plan and Community Plan of NJ)	<i>NO</i>	YES	YES	<i>NO</i>
New York State Exchange Plans				
Affinity – all Metal level plans	<i>NO</i>	<i>NO</i>	YES	<i>NO</i>
Fidelis – all Metal level plans	<i>NO</i>	YES	YES	<i>NO</i>
Magnacare – Oscar & Health Republic Plans	YES	YES	YES	YES
Oxford – SHOP Plan	YES	YES	YES	YES
United Healthcare – all Metal level plans	YES	YES	YES	YES

Insurance Plan participation differs between providers; please speak with our Billing Manager for more information. Our office is also willing to work with you on an out-of-network basis.

*****WE DO NOT ACCEPT OXFORD MEDICARE ADVANTAGE, UNITED HEALTHCARE COMMUNITY PLAN MEDICARE OR UNITED HEALTHCARE COMMUNITY PLAN OF NEW JERSEY*****

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Insurance Authorization Checklist

Insurance coverage for surgery varies by insurance carrier and even within a specific carrier; different plans have different criteria and/or exclusions.

Most carriers require that you have a BMI of 40 or greater OR a BMI between 35-39 with 2 co-morbid illnesses (i.e. hypertension, diabetes, sleep apnea).

The process for obtaining coverage is often long and labor intensive.

However, there are **several important steps that you can take** in order to begin the process:

1. Read and understand your insurance company's "certificate of coverage."
2. Obtain an insurance referral from your primary care physician if required.
3. Obtain a letter of referral from your primary care physician that outlines his/her support and need for surgery.
4. Keep accurate and detailed records.
5. **Call your insurance company** and;
 - **Make sure your plan provides coverage for weight loss surgery.** Confirm that you have covered benefits for morbid obesity. Ask if there are any ***EXCLUSIONS or mandatory waiting periods*** for elective procedures that may affect you and keep you from having bariatric surgery;
 - **Obtain your Bariatric Surgery Guidelines** which will inform you of required documentation such as:
 - Medically supervised weight loss requirements
 - Acceptable co-morbid conditions and limitations
 - if you have an insurance that we do not participate with, please be sure to find out if you have any ***out-of-network benefits***, and what they are;
 - ***obtain the name of the person you spoke with*** (if possible, get their first and last name as well as their direct phone number)

All the above steps should be taken **prior to your visit** with the surgeon and **all documentation should be brought with you** on your **first visit** to the office.

Con't on next page...

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Con't from previous page...

Our surgical coordinator can NOT initiate the authorization process for you until you have a surgical date. A surgical date is given after you have met with the surgeon AND provided all of the necessary documentation.

Please keep in mind that although you have attended the information session and have had an appointment with the psychologist, our nutritionist and the surgeon we cannot guarantee that surgery will be approved.

Once a surgical date is provided, approval from your insurance carrier can range from 2 weeks to 2 months, and in some cases even longer.

Procedure Codes:

Laparoscopic Gastric Banding	43770
Laparoscopic Gastric Bypass (Roux-en-Y)	43644
Laparoscopic Sleeve Gastrectomy	43775
Diagnosis Code (ICD-9): Morbid Obesity	278.01



Insurance Plans and Known Requirements

Guidelines as of 06/13/14 *subject to change any time	George Fielding	Christine (Ren) Fielding	Brad Schwack	6 Months Medically Supervised Weight loss Attempts	Multi-Year History	Psych Eval and Nutritional Assess	History and Physical	Recent Blood Work	PCP - Letter of Recom and Surgical Letter of Medical Necessity	Notes Indicating Co-morbid Conditions
1199	Out of Network	Yes	Yes	X (or 4 month Multi-Disc Prog)		X	X	X	X	If BMI is less than 40
Aetna HMO, PPO, POS, Indemnity	Yes	Yes	Yes	X (or 4 month Multi-Disc Prog)	2 year	X	X	X	X	If BMI is less than 40
Affinity	No	No	Yes	X		X	X	X	X	If BMI is less than 40
BC/BS (Empire)	Yes	Yes	Yes	Check With Carrier		X	X	X	X	If BMI is less than 40
BC/BS Federal Employee	Yes	Yes	Yes	Check With Carrier	2 year	X	X	X	X	If BMI is less than 40

X = Required Documentation

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Insurance Plans and Known Requirements Con't

Guidelines as of 06/13/14 *subject to change any time	George Fielding	Christine (Ren) Fielding	Brad Schwack	6 Months Medically Supervised Weight loss Attempts	Multi-Year History	Psych Eval and Nutritional Assess	History and Physical	Recent Blood Work	Letter of Medical Necessity	Notes Indicating Co-morbid Conditions
BC/BS (Horizon of NJ)	Check With Carrier	Check With Carrier	Check With Carrier	X	1 year	X	X	X	X	If BMI is less than 40
BC/BS Other Out of NY State Plans	Check With Carrier	Check With Carrier	Check With Carrier	X	5 year	X	X	X	X	If BMI is less than 40
Cigna PPO, HMO	Yes	Yes	Yes	X (or 3 months w/in the last 6 months)		X	X	X	X	If BMI is less than 40
Fidelis	Yes	No	Yes	X		X	X	X	X	If BMI is less than 40
GHI (Emblem and City Employees)	Yes	Yes	Yes	4 Months		X	X	X (Esp. TSH)	X	If BMI is less than 40

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Insurance Plans and Known Requirements Con't

Guidelines as of 06/13/14 *subject to change any time	George Fielding	Christine (Ren) Fielding	Brad Schwack	6 Months Medically Supervised Weight loss Attempts	Multi-Year History	Psych Eval and Nutritional Assess	History and Physical	Recent Blood Work	Letter of Medical Necessity	Notes Indicating Co-morbid Conditions
HIP (Emblem ONLY)	Yes	Yes	Yes	4 Months		X	X	X (Esp. TSH)	X	If BMI is less than 40
HIP (Medicaid, Healthcare Partners) Excludes Compre Health	Yes	Yes	Yes	X		X	X	X (Esp. TSH)	X	If BMI is less than 40
Magnacare	Yes	Yes	Yes	X	1 year	X	X	X (Esp. TSH)	X	If BMI is less than 40
Medicare Services (NON-OXFORD)	Yes	Yes	Yes	X		X	X	X	X	If BMI is less than 40
MultiPlan	Yes	Yes	Yes	X		X	X	X	X	If BMI is less than 40
NY Gov't (Empire Plan w/o MultiPlan Symbol)	Out of Network	Out of Network	Out of Network	X	2 year	X	X	X	X	If BMI is less than 40

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Insurance Plans and Known Requirements Con't

Guidelines as of 06/13/14 *subject to change any time	George Fielding	Christine (Ren) Fielding	Brad Schwack	6 Months Medically Supervised Weight loss Attempts	Multi-Year History	Psych Eval and Nutritional Assess	History and Physical	Recent Blood Work	PCP - Letter of Recom and Surgical Letter of Medical Necessity	Notes Indicating Co-morbid Conditions
Oxford Health Plans (NON-MEDICARE)	Yes	Yes	Yes	X		X	X	X	X	If BMI is less than 40
PHCS PPO	Yes	Yes	Yes	X		X	X	X	X	If BMI is less than 40
United Healthcare	Yes	Yes	Yes	X	5 year* varies by policy	X	X	X	X	If BMI is less than 40
United Healthcare Community Plan (formerly Americhoice/ NON-MEDICARE or NJ Community Plan)	Yes	No	Yes	X		X	X	X	X	If BMI is less than 40

X = Required Documentation

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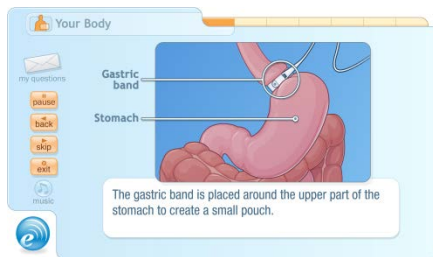


Watch your Emmi® program

An EMMI program is an animated, online presentation that your surgeons at NYU - New You program wants you to watch. It is a free and easy way to learn about your chosen surgical procedure as well as get answers to common questions that patients have. Watch it as many times as you would like and share it with your family and friends."

Instructions

It's simple. All you need is Internet access. Then follow these steps:



1. Go to: www.my-emmi.com/nyubariatrics
2. Enter your information
3. Select the program you want to watch
4. Click "Enter" to get your access code

EmmiPrep® Gastric program
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Please watch any of the Emmi programs listed below that you are interested in:

Gastric Banding (Adjustable)
Gastric Bypass
Sleeve Gastrectomy



For assistance accessing Emmi programs, please call **866.294.3664** or email **support@emmisolutions.com**.

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**NYU Langone Weight Management Program
MEDICAL QUESTIONNAIRE**

Date: _____ DOB: _____ Age: _____

Last Name: _____ First Name: _____

Medications- Please include ALL medications you take regularly (ALL vitamins, supplements or herbals)

Name of medication	Dose	How often	Start Year

Do you have allergies to medications? Yes / No

If yes, please list; _____

Do you have an allergy to Latex? Yes / No or Surgical tape? Yes / No

Do you have allergies to food? Yes / No

If yes, please list; _____

Prior Surgeries:	Yes	No
Previous coronary angioplasty or stents	Yes	No
Previous heart surgery	Yes	No
Please list other surgeries and indicate dates	Date	

Previous obesity surgery	Yes	No	
Date:		Hospital:	
Type of Surgery:		Surgeon:	
Weight at the time of surgery:	lbs	Reason for transfer of care:	

Medical History

Smoking History	Yes (stopped date: _____)	No	
	Current Smoking:	Yes	No
Alcohol	Yes (how many glasses/wk: _____)	No	
Diabetes	Yes	No	
High Blood Pressure	Yes	No	
GERD (Gastroesophageal Reflux Disease)	Yes	No	

Name:

Date:

High Cholesterol (abnormal lipids)	Yes	No	
Heart Disease or Previous Heart Attack	Yes	No	
Asthma	Yes	No	
Arthritis	Yes	No	
Back Pain	Yes	No	
Legs ulcer or Reddish-brown legs	Yes	No	
Depression	Yes	No	
COPD (Chronic Obstructive Pulmonary Disease)	Yes	No	
Severe symptoms:		Yes	No
History of hospitalization due to COPD:		Yes	No
Pulmonary Embolism (blood clot in lungs)	Yes	No	
DVT (blood clot in legs)	Yes	No	
Stroke	Yes	No	
Gallstones/ Gallbladder disorder	Yes	No	
Polycystic Ovarian Syndrome	Yes	No	
Bleeding disorder	Yes	No	
Liver disorder	Yes	No	
Kidney disorder	Yes	No	
Thyroid disorder	Yes	No	
Seizure	Yes	No	
Use of scooter, wheelchair, or other device to move around	Yes	No	
Activities of daily living	Independent	Dependent (Total or Partial)	
Requiring oxygen:		Yes	No
Obstructive Sleep Apnea	Yes	No	
Sleep study done:		Yes	No
CPAP required:		Yes	No

High Risk of Sleep Apnea (STOP-Bang Score)

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
2. Do you often feel tired, fatigued, or sleepy during daytime?	Yes	No
3. Has anyone observed you stop breathing during your sleep?	Yes	No
4. Do you have or are you being treated for high blood pressure?	Yes	No

Any Other Medical History- Please list ALL other medical history

FAMILY HISTORY – Please mark “x” to all that apply

Family member	Obesity	Diabetes	Heart disease	High Blood Pressure	High Cholesterol	Cancer (indicate type)
Father						
Mother						
Grand parents						

Do you or any of your family members have a history of a **bleeding or clotting disorder**? Yes / No

Please list: _____

Weight Loss History

How long have you been at your present weight? _____ yrs

What did you weigh 5 years ago? _____ lbs

What is the most you have ever weighed in your adult life? _____ lbs The least weight? _____ lbs

Name:

Date:

Has a physician ever supervised your attempts to lose weight? Yes / No

Doctor/Clinic

City:

Treatment Dates:

Type of Treatment:

Have you tried diet pills? Yes / No

If yes, please list: _____

Please check all that you have tried **IN THE LAST 10 YEARS.**

	Year	Weight Loss (lbs)		Year	Weight Loss (lbs)
Atkins			Medifast		
Acupuncture			Nutrisystem		
Calorie Counting			Nutritionist		
Diet Center			Optifast		
Fad Diet			Overeaters Anonymous		
Herbal Diet			Pritikin		
Health Spa			Self Diet		
High Protein			Slim Fast		
Hypnosis			Start Fresh		
Jenny Craig			South Beach		
LA Diet			Weight Watchers		
Leder			Zone		
Low Carbohydrate					

Patient Signature: _____ **Date:** _____

MD Reviewed: _____ **Date:** _____