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The Washington University Bariatric “Weight Loss” Surgery Program offers a full range of surgical options for weight loss. The program, under the direction of Dr. J. Chris Eagon, along with partners Dr., Dr. Shaina R. Eckhouse, and Dr. Francesca M. Dimou is offered in conjunction with Barnes-Jewish Hospital, which has been designated by the American Society for Metabolic and Bariatric Surgery (ASMBS) as an accredited Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

Bariatric Surgery Overview

Bariatric surgery, or weight loss surgery, limits the amount of food the stomach can hold by surgically reducing the stomach’s capacity. In addition to reducing food intake, some weight loss surgeries alter the digestion process, which curbs the amount of calories and nutrients absorbed.

Types of Surgery Offered:

Laparoscopic/Open
 Roux-Y Gastric Bypass



Laparoscopic
 Sleeve Gastrectomy



Laparoscopic
 Duodenal Switch



Note: Lap Band is still offered in very specific candidates.

Our pr

- Dedicated Surgery Team, including Physicians, Nurse Practitioner,
- Registered Nurse, Dieticians, Psychologists, and Physical Therapists
- Preoperative Insurance/Financial Counseling
- Ongoing Support Groups and Educational Activities
- Practice Guided by Evidenced Based Medicine and Current Research
- Central and West County Locations
- National “MBSAQIP” Recognition for Expertise in Bariatric Surgery



Steps to My New Healthy Life

Use this form to keep you on track. Bring with you to your first appointment. A folder will be provided to help keep you organized as you proceed through our program.

- Seminar – from seminar to surgery depending on insurance, you could have surgery between 3 and 7 months.
- Verify that you have Bariatric Surgery benefits. You can use the following codes when calling insurance:
- Office or Zoom visit with Nurse Practitioner:
 - h-Pylori breath test will be performed at Nurse Practitioner visit, or at scheduled time.
 - **Please do not eat or drink one hour prior to scheduled appointment time.**
 - A script for Labs, EKG, and other required tests will be created in your medical chart.
 - It is your responsibility to verify lab testing locations approved by your insurance
 - Electronic-Referrals will be added to your chart at visit for the following:
 - Dietician Education/Assessment
 - Psychology Behavior/Assessment
 - Physical Therapy Exercise Edu.
 - EGD – Esophagogastroduodenoscopy (as needed)
 - Manometry/24hr Ph – (as needed)
- Watch Online informational videos. Access Code provided at the Nurse Practitioner visit.
- Appointment with Surgeon (**After you have completed all listed above**)
- We will obtain approval from insurance: This process can take 2 to 6 weeks
- Schedule Surgery (**Once approval has been obtained**)
- The following appointment will be scheduled 2-3 week prior to your surgery date
 - Nurse Refresher Course and final preparation for surgery.
 - Center for Pre-operative/Assessment Planning (CPAP)
- Appointments after surgery: 6-12 days, 5 weeks, 7 weeks, 3 months, 6 months, 12 months, yearly thereafter.

PLEASE NOTE: Your specialist co-pay will be required at each of the following visits:

- Nurse Practitioner
- Dietician, Psychologist, Physical Therapy
- Surgeon
- Other additional appointment that you may be asked to complete

Bariatric Surgery Insurance Requirements

This is not a guarantee of benefits, your employer, health care exchange, or contract provides coverage determinations. Below you will find "general" bariatric surgery requirements from insurance companies.

BMI (Body Mass Index)

- 40 or greater, or
- 35-35.9 with obesity related diagnosis of Type 2 diabetes, hypertension, heart disease, and sleep apnea.

(Medicare requires obesity related diagnosis with BMI 35 and up.)

What is a Medically Supervised Weight Loss diet? Documented proof showing patient has actively participated in a non-surgical weight reduction regimen/diet for a specific time frame. (Often 3 months/90days or 6 months/180 days which equals 4 to 7 months at completion) (See MSWL Template)

Insurance	Proof of diets in general. Your individual plan dictates requirements
Aetna	6 months or 2 three month or 3 months of surgical preparation
Anthem BC other	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD
BC Federal	3 months, 4 visits, over at least 90 days w/in 2 years prior to surgery MD/PA/NP/RD
BC of MI	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD
BCBS of IL	Proof failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig
Cigna (BJC)	6 months 6 visits only w/in 1 years prior to surgery MD/PA/NP/RD
Cigna (non BJC)	proof of failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig
Healthcare Exchange IL All Plans	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD
Healthcare Exchange MO All Plans	Bariatric surgery is NOT a covered benefit.
Healthlink	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD
Illinois Dept. of Public Asst.	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD
Medicare	Proof failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig at least 3 months w/last 5 years prior to surgery
Medicare HMO's "Essence, UHC, etc."	Proof failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig at least 3 months w/last 5 years prior to surgery
MO Medicaid MO Medicaid HMO's	Proof failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig at least 6 months w/last 5 years prior to surgery.
Tricare (all)	Proof failed attempt from MD/PA/NP/RD/Weight Watchers/Jenny Craig at least 3 months w/last 5 years prior to surgery
United Healthcare	6 months, 7 visits, over at least 180 days w/in 2 years prior to surgery MD/PA/NP/RD



Washington University Physicians

Washington University School of Medicine in St. Louis

COST ESTIMATE FOR BARIATRIC “WEIGHT LOSS” SURGERY

It is patient’s responsibility to contact their insurance company and obtain their specific bariatric surgery benefits, out-of-pocket deductibles, and co-pay expenses before first appointment.

It is patient’s responsibility to immediately alert the office of any changes to insurance throughout program.

Patient is responsible for any and all payment out-of-pocket deductibles, and co-pay expenses before surgery will be scheduled.

Washington University and Barnes Jewish Hospital’s financial assistance programs do not include weight loss surgery.

Pre-OP Service Provided	Responsibility if Covered by Insurance	Responsibility if <i>not</i> covered by Insurance
Seminar	Free	Free
Nurse Practitioner	Specialist Co-pay	\$250.00
Nutrition – Barnes West	Specialist Co-pay	\$240.00
Nutrition – MoBap	Specialist Co-pay	\$360.00
Behavior “Psych”	Specialist Co-pay	\$371.00
PT – Exercise	Specialist Co-pay	\$300.00
Surgeon	Specialist Co-pay	\$150.00
Post-op Support Groups	Free	Free
On-line Education Video	Free	Free
H-Pylori testing	Co-pay/deductible/out-of-pocket	\$100.00
Laboratory testing	Co-pay/deductible/out-of-pocket	Can be covered if Primary Physician orders
EKG	Co-pay/deductible/out-of-pocket	Can be covered if Primary Physician orders
Lap.Gastric Bypass	Co-pay/deductible/out-of-pocket	\$23,000.00
Lap.Gastric Band	Co-pay/deductible/out-of-pocket	\$23,000.00
Lap.Sleeve Gastrectomy	Co-pay/deductible/out-of-pocket	\$23,000.00
Barium Swallow (Upper GI)	Co-pay/deductible/out-of-pocket	\$474.00 approximate hospital. \$100.00 approximate physician

Post-OP Service Provided	Responsibility if Covered by Insurance	Responsibility if <i>not</i> covered by Insurance
New Patient Visit (surgery performed at outside facility)	Specialist Co-pay	\$275.00
Band Adjustment	Specialist Co-pay	\$150.00
Office Visit (no adjustment)	Specialist Co-pay	\$75.00

The fees quoted are an estimate and may vary with complexity of visit. FEE’S FOR ANY TESTING, FLUROSCOPY, PATHOLOGY OR UNANTICIPATED EMERGENCIES ARE NOT INCLUDED IN THE COST ESTIMATES LISTED ABOVE.

Insurance Plans that we know require “Referrals”

AETNA COVENTRY HMO/POS
AETNA COVENTRY STATE OF IL
AETNA MEDICARE
AETNA US HEALTHCARE HMO
BL CHOICE PRF PPO IL
BLUE PATHWAYS EXCHANGE
BLUE PREFERRED
CIGNA CONSOLIDATED SCHOOL DISTRICT
CIGNA HEALTHCARE
COMMERCIAL GENERIC
CORIZON CLAIMS DEPARTMENT
COUNTYCARE IL
COVENTRY HEALTH CARE MO CARELINK
COVENTRY SELECT
COX HEALTH SYSTEMS INSURANCE CO.
DECATUR MEMORIAL/CONSOCIATE
ESSENCE HEALTHCARE
GATEWAY TO BETTER HEALTH
GOLDEN RULE INS CO
HEALTH ALLIANCE
HEALTH ALLIANCE MEDICARE HMO/PPO
HEALTH ALLIANCE PPO
HEALTHLINK HMO
HUMANA CHOICE PPO
MANAGED MEDICARE GENERIC
MEDICARE SOLUTIONS
MED-PAY ST JOHNS HEALTH SYSTEM
MISSOURI CARE CLAIMS
NEXTLEVEL HEALTH IL
PHYSICIANS HEALTH ASSOC OF IL
RYAN WHITE PROGRAM - ST LOUIS/HSI
TRICARE EAST REGION CLAIMS
TRICARE WEST CLAIMS
UHC STUDENT RESOURCES
UNITED HEALTHCARE COMMUNITY PLAN
UPREHS
VA Generic

Is your insurance company listed?

If so, we know for a fact that your insurance company requires you to obtain referrals from your primary care physician, for the following appointments:

Surgeon
 Nutrition
 Psychology
 Physical Therapy
 Possibly additional testing.

What is a referral?

“A referral is a special kind of pre-approval that individual health plan members—primarily those with HMOs and POS plans—must obtain from their **chosen primary care physician** before seeing a specialist or another doctor.”

“In order to make sure that everything is in order regarding seeing a specialist, you should be proactive, and make sure that your insurer has received a referral *before* you make an appointment with your specialist. That way you will know that your visit to the specialist will be covered under your health care plan.”

Disclaimer: Typically HMO’s and POS’s plans require referrals, if you are not sure if your particular insurance plan requires a referral, you should contact your insurance.

Contact insurance, complete, and bring to nurse practitioner appointment

1. Call the number on the back of your insurance card and know the following information

Identification number _____

Group number# _____

2. Say to the representative

I am looking to have Bariatric surgery does my plan cover Bariatric "weight loss" surgery

My diagnosis code is: **E 66.01**

The procedure codes for the surgeries I am interested in are:

43770 Laparoscopic adjustable gastric band Yes No

43775 Laparoscopic sleeve Gastrectomy Yes No

43644 Laparoscopic Gastric bypass Yes No

43645 Laparoscopic Duodenal Switch Yes No

3. Can my procedure be performed at Barnes Jewish Hospital?

4. Do I need a referral to see the surgeon? Yes No

a. John Christopher Eagon

b. Shaina Eckhouse

5. Do I have a deductible that must be satisfied? Yes No

a. How much? _____ How much of my deductible has been met? _____

b. When does my deductible start over? _____

6. Do I have a cap on the amount of bariatric coverage? Yes, Amount _____ No

7. **TRY TO GET A COPY OF YOUR BENEFITS!!**

a. What are my Medical Policy requirements?

b. How can I obtain a copy of them for review?

c. Is it available on the internet? Emailed? Mailed to me?

BMI minimum? _____

Medically Supervised Diet History _____ months within the past _____ months.

Exercise history _____ months within the past _____ months.

Weight history: _____ years overweight (do not confuse with a diet history)

Does my policy cover services for:

Dietician/nutritional Yes No

Psychologist Yes No

Physical Yes No

8. Any additional requirement: _____

Ask to whom you are speaking with? _____ Reference number for call _____



Washington University in St. Louis

SCHOOL OF MEDICINE

Division of Minimally Invasive & Bariatric Surgery

Dear Patient:

Thank you for choosing the Washington University Bariatric “Weight Loss” Surgery program. We take our partnership with you very serious and look forward to providing you with exceptional services, enabling you to achieve the best possible outcomes from your weight loss surgery journey. To achieve this, we ask that you:

- Arrive 15 minutes early with completed paperwork for each scheduled appointment as a sign of consideration to yourself, other patients and your faculty practitioner. Depending on complexity of appointment you can expect appointments to last at least 60 minutes.
- Patients arriving late or without completed paperwork for appointment will be asked to reschedule.
- Contact 314-454-7224 option 1 if you are unable to keep your appointment. At least 48 hour notice is expected for cancelled appointment.

Though we understand that sometimes life gets in the way of scheduled appointments. Please understand that we cannot provide the level of service to you or other patients if you fail to keep appointments made for you. If you cancel, reschedule, or no show for 3 appointments we will discontinue our partnership.

We are very pleased that you have selected Washington University Bariatric “Weight Loss” Surgery, and thank you in advance for your full participation in the goal of achieving optimal outcomes from our work together.

Signature of patient or authorized person	Date	Patient’s relations to person authorized to consent
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Signature of Guarantor if applicable	Date	Patient’s relations to Guarantor
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Washington University Bariatric “Weight Loss” Surgery
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