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Tips on Getting Your Plastic Surgery Approved

1. Many patients receive quick approval for their weight loss surgery. This happens because it so clearly saves patients from developing major health problems (diabetes, heart disease, high blood pressure, back and joint problems) Plastic surgery does not have as clear cut a benefit, and so insurance companies are often more reluctant to cover it.
2. All patients who have plastic surgery will have some out-of-pocket costs, sometimes significant, depending on the types of procedures desired.
3. We must prove that removal of the excess skin is *Medically Necessary*. So take pictures of every rash, sore, bump, and infection you get as a post-op and mark the photo with the date and how many months post-op.
4. Call your family doctor every time you get a rash, sore, or infection and ask them to prescribe a medication for you. Keep your receipts and copy the actual prescription. Insurance will want proof that you attempted to treat rashes.
5. Most insurance companies want 3-6 months worth of documentation. That means *going to a doctor and getting prescriptions for your issues*. Please do not just go to the doctor and get a prescription thinking it will be listed in your chart. Get it filled, as you may need copies of it later on for the insurance company.
6. Tell your family doctor AND bariatric surgeon that when you approach your goal weight, you will be asking him/her for a letter of medical necessity for skin removal procedures. Ask your doctor to document complaints you have about skin disorders, back pain, neck pain, shoulder pain, joint soreness, numbness, tingling and the like.
7. A chiropractor or any other doctor who treats you for back pain can also document complaints you have about back pain, neck pain, shoulder pain, joint soreness, numbness, tingling and the like. They may also furnish a letter.
8. See your plastic surgeon early, this will help you:
 - a. Get a realistic idea of what is medically necessary in your case, and what is “cosmetic”
 - b. Understand if your plan has “exclusions” that would not cover some procedures.
 - c. Provide you with information, financing options, and other pricing information so you can understand the out-of-pocket costs.
9. Do not rule out a doctor who is not on your plan. They often have the ability to be much more flexible with pricing because they are not contracted with the INS company. Most have pricing arrangements and special fee arrangements with the hospitals for their private patients.
10. The existence of other conditions (like a hernia) often can be treated at the same time as your plastic surgery procedure. This could lower the cost of your procedures, as your hospital costs may be covered.