

# Doctors' Weight Management Fees - PPO

## Explanation of Fees:

**There are three components to the fees for the in-clinic program.**

1. **Food - HMR Shakes/Entrees (Meal Replacements)** – The average spent on meal replacements is \$155 per week (HMR Decision Free® Diet). This will replace your current food costs. You'll purchase these weekly at Sansum Clinic with cash or a credit/debit card. Insurance does not cover the cost of the meal replacements. These are out-of-pocket costs that will vary depending on your food consumption.
2. **Classes/Coaching** – The cost for classes/coaching is \$100 every 4 weeks. Insurance does not cover the cost of the classes/coaching. The first payment for classes/coaching will be due at Week 2, and the second set at Week 5, then every 4 weeks thereafter. The Doctors' Weight Management Program will collect these at the clinic; you may pay with cash, a credit/debit card or your FSA or HSA card.
3. **Medical Supervision** – This consists of program physician visits and lab work. The cost for your medical supervision depends on the program physician's assessment of your health conditions. Your share of that cost will depend on your co-pay, your deductible and your co-insurance (percentage splits between you and your insurance company - 80/20, 70/30, etc.).

If Sansum Clinic is in your insurance plan's network, the Doctors' Weight Management Program will collect your co-pay (if you have one) each time you see the program physician and bill the remaining to your insurance. If Sansum Clinic is not in your insurance plan's network, please see the "Out of Network" fee sheet. **The average patient is seen by the program physician every 2 weeks.**

Please note that your insurance plan may require a higher co-pay for your visit if you are seeing a specialist. One of the program physicians is a specialist so this may be applicable to you. Check with the program nurse for more information.

Ongoing lab work (also based on the program physician's assessment of your health conditions) will be done at Sansum clinic (Weight Management). Pacific Diagnostic Labs or Quest Diagnostics will also bill your insurance for blood drawn at Sansum Clinic. There is pre-diet lab work and an EKG required; these costs may be included in your Primary Care visit prior to joining the program.

Please see the following pages for fees that will be due for the Meal Replacements, Classes/Coaching and Medical Supervision.

# Doctors' Weight Management Fee Sheet – PPO

1. Please call your insurance company to determine what your coverage and out-of-pocket costs will be for medical visits provided by an in-network provider. Confirm Sansum Clinic is in-network.
2. Give your insurance company the CPT Codes below.
3. Ask your insurance company what the contracted rate is for the CPT Codes below. These are called the “allowable rates”, which will be *lower* than the rates listed below.
4. Ask what the percentage split, “co-insurance”, that your insurance will cover and you’ll be expected to cover (80/20, 70/30, 60/40 etc.). You will then apply the co-insurance percentage split to the “allowable rates” for the CPT Codes below.
5. If you have a **deductible** that you have not met, you will need to satisfy that before your insurance will begin paying a percentage.
6. Your insurance may require a co-pay that we will collect at the time of *each* visit. Ask you insurance company if you are required to pay a higher co-pay for your visit if you are seeing a **specialist**. One of the program physicians is a specialist so this may be applicable to you. Check with the program nurse for more information.
7. The program physician will charge one of the CPT Codes listed below at each visit. The CPT Code used depends on your *health conditions*. See **Diagnosis Codes** below.
8. The *frequency* of visits depends on the program physician's assessment of your health conditions. The first visit will be the first one listed (99202). Ongoing visits will be one of the next two (99212 or 99213). The average patient is seen by the program physician every 2 weeks and is charged the 99212 CPT Code.

| Medical Supervision Pricing: When/Visit Type                                       | CPT Code | Price |
|--|----------|-------|
| First Visit at Doctors' Weight Management  | 99202    | \$207 |
| Ongoing Visits – weekly, bi-weekly, or every 3 weeks – average health condition(s) | 99212    | \$155 |
| Ongoing Visits – weekly, bi-weekly, or every 3 weeks – more chronic condition(s)   | 99213    | \$249 |

9. Ask your insurance company what the co-insurance coverage is for the following labs. These will be done at a similar frequency as the visits with the program physician:

| Lab draw frequencies and pricing:             | Price |
|---|-------|
| Every 2 weeks - Comprehensive Metabolic Panel | \$50  |

**Diagnosis Codes** - Your insurance company will also likely need to know your diagnosis to make a determination of coverage. Our physicians will use the following **primary** diagnosis codes, according to your BMI (Body Mass Index) range at the time of the visit:

| BMI Range | Level          | Primary Diagnosis Code | BMI is based on weight and height. If you need help determining your BMI, please let us know. |
|-----------|----------------|------------------------|---|
| 25 - 29   | Overweight     | E66.3                  |   |
| 30 - 39   | Obesity        | E66.9                  |   |
| 40+       | Morbid Obesity | E66.01                 |   |

**Additional Diagnoses** - The following conditions which could be alleviated as a result of weight loss may also have an impact on coverage:

- Pre-diabetes
- Type II Diabetes
- High Blood Pressure
- High Cholesterol
- Sleep Apnea

These have very specific diagnosis codes depending on severity and other factors. If your insurance company needs these codes to determine coverage, please let us know.

**The tables below reflect:**

Meal Replacements (Shakes, Entrees) - average costs

Classes/Coaching – actual costs

**Physician Visits:** Tables below do not include the costs for Physician visits. Doctors' Weight Management Program will collect your co-pay (if you have one) and bill your in-network PPO insurance. See previous page to determine costs and insurance payment coverage.

**Lab Work:** Pacific Diagnostic Labs or Quest Diagnostics will bill your insurance for blood drawn at Sansum Clinic. Pre-diet lab work and EKG are may be included in your Primary Care visit prior to joining the program.

**First 4 weeks of the HMR Decision Free® Diet:**

| Visits                      | Average Shakes & Entrees<br>(HMR Meal Replacements) | Classes/Coaching<br>(Due every 4 weeks) | Medical Supervision |          | Weekly Total |
|-----------------------------|---|---|---------------------|----------|--------------|
|                             |   |   | Physician Visits    | Lab Work |              |
| Foundations Class           |   |   | \$TBD*              |          | \$TBD        |
| Week 2 – Start Diet         | \$205*  | \$100                                   | \$TBD               | \$TBD*   | \$TBD        |
| Week 3                      | \$155   |   | \$TBD               |          | \$TBD        |
| Week 4                      | \$155   |   |                     | \$TBD    | \$TBD        |
| Total 1 <sup>st</sup> 4 wks |   |   |                     |          | \$TBD        |

\*First meal replacement purchase requirement is higher than the ongoing weeks.

**Ongoing weeks of the HMR Decision Free® Diet:**

| Visits               | Average Shakes & Entrees<br>(HMR Meal Replacements) | Classes/Coaching<br>(Due every 4 weeks) | Medical Supervision |          | Weekly Total |
|----------------------|---|---|---------------------|----------|--------------|
|                      |   |   | Physician Visits    | Lab Work |              |
| Weekly               | \$155   | \$100                                   | \$TBD*              |          | \$TBD        |
| Weekly               | \$155   |   |                     | \$TBD*   | \$TBD        |
| Weekly               | \$155   |   | \$TBD               |          | \$TBD        |
| Weekly               | \$155   |   |                     | \$TBD    | \$TBD        |
| Total Ongoing Months |   |   |                     |          | \$TBD        |

\*\$TBD: Medical supervision figures vary. Please see previous sheet for instructions to contact your insurance company to determine these figures.

**The tables above reflect the average costs. These are examples only.**

Prices subject to change.

Payments are not refundable.

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