

## BioJoint Insurance FAQ

### *Will my insurance cover the BioJoint surgery?*

Each insurance company has specific guidelines for providing coverage for the surgeries that we do. Typically these are listed on their website, but we never know for sure if they will approve coverage for your surgery until after a request for authorization is made. Most insurance companies have the same broad guidelines for these surgeries:

- Patients must be 55 years or younger
- Patients have a BMI of 35 or less
- Patients have tried non-surgical treatments, which are no longer effective

They also have some very specific requirements for approval that vary quite a bit depending on the company and type of surgery. The Mizzou BioJoint<sup>SM</sup> team will take care of making sure your authorization request is submitted, and we will keep you informed throughout the process.

### *How will I know if the surgery is covered?*

After your diagnostic arthroscopy, the Mizzou BioJoint<sup>SM</sup> team will submit the insurance authorization request to your insurance company. The initial review can take some time depending on your insurance company. If your initial surgery authorization request is denied, the BioJoint team will take care of the next steps. This may include conducting peer-to-peer appeals (where your BioJoint doctor talks to the insurance company doctor on your behalf) and/or writing appeal letters. After your insurance company makes their decision, the BioJoint team will be in contact with you directly. If you have questions about the process, please feel free to call at any time.

### *What happens if my insurance ultimately denies coverage?*

The Mizzou BioJoint<sup>SM</sup> team will do everything we can to work with you and your insurance company to get an approval for coverage for your BioJoint surgery. If your insurance company denies coverage after all allowable appeals, there are a few options. The first option is for us to resubmit the request for coverage. We will typically have to see you in clinic again before we are allowed to resubmit so that we have a new clinic note to present to the insurance company. Some insurance companies will make us wait up to 180 days before we are allowed to resubmit. The second option is for you to see if you can elect into a more comprehensive insurance plan. The third option is for us to refer you to a physician that can help you with other non-BioJoint treatment options. If we are unable to get insurance to approve coverage and you are not open to other treatment options, we can discuss self-pay options with you as well.

### *How much will I have to pay?*

Each person will have different charges based on how their insurance plan is set up. Expect to pay your deductible and most of your out-of-pocket if you choose to proceed with BioJoint surgery. Also keep in mind that your insurance company may have a co-pay for each physical therapy visit you use. The Mizzou BioJoint<sup>SM</sup> team is happy to provide you an explanation of what your plan will likely charge, but we cannot guarantee a complete and accurate cost estimate because each insurance company processes this surgery differently. The University is happy to work on a payment plan with you if that is something you'd like to pursue as well.

### *What happens if I get billed for something incorrectly?*

If you receive a bill that seems inaccurate or incorrect, please contact the Mizzou BioJoint<sup>SM</sup> team directly. We will help make sure that the charges are correct and connect you with the right people if corrections need to be made.