

# navigating obesity care coverage denials



If you have been denied coverage for obesity treatment, it can be challenging to understand the reasons why and what to do next. **This resource includes some helpful tips for navigating common coverage challenges**, whether you get your insurance from your employer, the government or the marketplace. Before getting started, know that gaining coverage may require persistence. You may have to try several times to get needed care covered. Reach out for help from your care team—**you're not alone**.

## understanding why coverage was denied

There are **four common reasons** why insurance plans may deny coverage for obesity care:

### 1 your insurer needs more information

Sometimes your insurer needs more information than what was shared by your provider to determine if the requested treatment is "medically necessary."

Your insurer may need specific language included in your request to provide coverage, such as listing a certain condition, your BMI, or including the phrase "[medically necessary](#)."

*For example, in the case of medications, your health plan may need to understand why your provider chose a specific medication for you, what other treatments you have tried in the past, how long you took them, how you responded to them and why you stopped taking them.*

They may request a Letter of Medical Necessity (LMN) or other paperwork from your provider in order to approve coverage.

### 2 you need a prior authorization

[Prior authorization](#) is a term that means your provider needs to get pre-approval from your health insurance plan before a treatment or service is covered.

It may also be called precertification, prior approval, or preauthorization.

### 3 your plan may require step therapy or other pre-requirements

Most often applied to medications, [step therapy](#) refers to a requirement from health insurance plans that you try a lower cost drug or treatment before they will cover the one your provider has prescribed.

*For example, your insurance company may want you to work with a dietician or try medical nutrition therapy before you are able to access obesity management medications or bariatric surgery.*

### 4 your insurance plan does not cover the treatment

Health plans vary in the benefits they offer. Sometimes they do not cover certain obesity treatments or services at all.

*For example, Medicare does not cover the use of obesity management medications for weight loss, but it does cover them for the treatment of heart disease and obstructive sleep apnea.*



**tip:**

Learn how to [navigate your benefits](#) and understand what is covered by your plan. If you get insurance through Medicaid, [check your state plan](#) to see what is covered.

## navigating your insurance denial

The first step is reviewing your denial paperwork to understand why your coverage was denied. Once you understand the reason given by your insurer, there are several steps you can take:



### tip:

Contact your insurer's helpline or customer service department if you are confused about why your coverage was denied. You can access your current benefits overview online or through paperwork that was mailed to you. Make sure you keep a record of all of your denial paperwork and communications with your insurer.

## diving deeper: what to do when you don't have coverage

Learning that you don't have insurance coverage for your requested treatment can be frustrating and disappointing. Here are some actions you can take to try to gain coverage:

### ✓ File an appeal with your insurer

- Consider consulting with an [obesity medicine specialist](#) (your plan may require a referral) or use an existing [template](#) to help write your letter

### ✓ Request a [medical exemption](#)

- You can file a written request with your insurance company to cover a specific medication or treatment that your provider has advised as necessary
- Check with your insurance plan to understand their specific process to file it
- Work with your provider to develop and submit the request

### ✓ Request coverage for another health complication, if you have one

- If you have other health complications, like heart disease, obstructive sleep apnea (OSA) or Type 2 diabetes, ask your provider to resubmit the request for another condition, beyond obesity
- This may be particularly helpful if you get your insurance through Medicare

### ✓ Consider a self-pay option

- The companies that make FDA-approved obesity management medications may have programs through which you can access discounted medications

## advocating for obesity care coverage

You have the power to change health plan coverage policies.

If you get your health insurance through your employer, [advocate with your employer](#) about the importance of obesity care coverage in your workplace.

You can also [send a letter to your federal and state lawmakers](#) urging them to expand coverage.

Millions of people in the U.S. lack coverage for comprehensive obesity care. **Let's work together to get everyBODY covered!**



## explore additional resources

### Obesity Action Coalition

- [Find an Obesity Care Provider](#)
- [Working with Your Insurance Provider: A Guide to Seeking Weight-loss Surgery](#)
- [What to Do When You're Denied Weight-loss Surgery](#)

### Patient Advocate Foundation

- [Where to Start if Insurance Has Denied Your Service and Will Not Pay](#)

### PAN Foundation

- [Educational and Financial Support](#)

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