

IMPORTANT SURGERY BILLING INFORMATION

Your surgeon at Twin Cities Spine Center has recommended surgery as treatment for your condition, so what is the next step? **Before surgery can be scheduled**, Twin Cities Spine Center (TC Spine) must get prior approval from your insurance company. This handout is to explain our process of working with your insurance company based on their policies along with the contractual agreement you have with your insurance company.

TC Spine surgeons perform surgeries at several hospitals. The hospital location is often chosen by your surgeon depending on the type of surgery you are having and equipment needs. TC Spine's insurance contracts are through Allina Health, meaning that your surgeon's bill will be processed under Allina Health's contracts and future billings will come from Allina Health. If you are *not* having surgery at an Allina facility, our surgeon's fee is still processed through Allina systems. You should verify with your insurance that Allina is in-network. What does in-network mean? An in-network provider is one that is contracted with the health insurance company to provide services to plan members at a specific contracted rate. An out-of-network provider is a provider who is not contracted with the health insurance company. Some insurance companies only pay for services when the member uses in-network providers while some insurance plans offer out-of-network benefits, the benefits paid may be significantly reduced and the patient's out-of-pocket expenses may be higher. There are some insurance plans that do not offer any out-of-network benefits and the patient may be responsible for the total cost of care provided. It is important that you understand if you are seeking care from an in-network or out-of-network provider. Call your insurance company to verify if your surgeon **and** the hospital is in-network or out-of-network.

Please note, if you have surgery at TRIA the surgeon's bill will be processed through TRIA, not Allina. TRIA will help obtain your prior approval for surgery.

Insurance companies approve or deny surgeries based on their policies regardless if your surgeon has recommended surgery. Most health insurance policies require what is considered "conservative treatment" within the last 3-6 months, before surgery will be considered for the patient. Conservative treatment may include, but is not limited to:

- Physical therapy and/or Chiropractic treatments
- Epidural steroid injections or other diagnostic injections
- Medications
- Weight Loss
- Smoking Cessation Program

If you smoke, the insurance company may require that you stop smoking for at least 3 months prior to the surgery. It's important to note that even after conservative treatment is completed; *it does not guarantee surgery approval from your insurance company*. Most insurance companies typically take 14 business days to consider the approval for surgery. Your insurance company will not consider our request before all physician notes, physical therapy notes and other conservative treatment documentation is gathered by us and sent to them. Depending on how much information we need to gather, it could take a week or more for us to gather the information before we can submit to your insurance company. We will work as expeditiously as possible. We cannot mark requests as urgent unless it is life-threatening or if your surgeon deems it as medically urgent. Insurance companies do not consider pain as urgent. You are welcome to call your insurance to inquire about the progress of your authorization, but please note that your call will not result in a faster decision.

If your surgery is denied, most insurance companies will mail you the reasoning why it was denied and give you the option of working through an appeal process, a second consideration. We would assist you with this process. The appeal process may be lengthy and time consuming and still does not guarantee approval of the surgery.

In addition to our surgeon's fee, there are other additional billed services that you will receive, such as bills from the hospital facility, anesthesiologist, possible co-surgeons, intra-operative monitoring, etc. TC Spine does not bill for or verify insurance coverage for these services.

Once authorization is obtained from your insurance company, our surgery schedulers will contact you to schedule your surgery.

If you should have questions during this process, please do not hesitate to reach out to our Pre Cert Department at 612-775-6314. We are here to help guide you through the authorization process. Thank you for choosing Twin Cities Spine Center!