

INSURANCE CRITERIA

*This is a summary of the requirements from your insurance company that must be met to obtain approval for surgery. For a detailed list, please contact your insurance company. This list is subject to change without notice from your insurance company. **These requirements only apply if surgery is a covered benefit under your policy.** Some policies will have an exclusion, meaning they do not cover bariatric surgery. If your insurance plan does not cover bariatric surgery or you choose not to meet their criteria, we do have a comprehensive self pay option available. Please speak to one of our staff for details.*

The criteria below are for gastric bypass and gastric banding procedures only unless otherwise noted (we must check with your insurance for coverage of sleeve gastrectomy or duodenal switch. Criteria for revisional procedures, if covered, vary plan by plan and may include additional criteria not listed). Please do not schedule any appointments until advised by our office.

Cigna

BMI 40 or greater OR BMI 35-39 with at least one clinically significant co-morbidity (18 years old or has reached full expected skeletal growth)

1. Medical records for last doctors office visit
2. Diet requirement-Documentation of participation in the last 2 years in a weight-management program that is supervised either by a physician or a registered dietitian for a minimum of 6 months without significant gaps. The weight-management program must include monthly documentation of ALL of the following components: weight, current dietary program, physical activity (i.e., exercise program). Programs such as Weight Watchers, Jenny Craig, and Optifast are acceptable alternatives if done in conjunction with the supervision of a physician or registered dietitian and detailed documentation. For individuals with longstanding morbid obesity, participation in a program within the last 5 years is sufficient if reasonable attendance in the weight-management program over an extended period of time of at least six months can be demonstrated. Physician-supervised programs exclusively of pharmacological management are not sufficient to meet this requirement.
3. Letter from Primary Care Physician-that includes clearance for surgery
4. Surgeon consult - Dr. Olsen 615-342-5840 or Dr. Dyer 615-342-5830 or Dr. Houston 615-342-5820
5. Psychological evaluation - must be in past 12 months. Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090
6. Nutritional evaluation - must be in past 12 months. Centennial Outpatient Dietitian 615-342-3977

BPD/DS is a covered for individuals with BMI > 50



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