

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.

Healthspring Medicare Plus

BMI of 40 or greater OR BMI of 30 to 39 with serious medical conditions

1. **Your Primary Care Physician must request an “out of network” referral to our surgeon before**
2. Medical records for last doctors office visit
3. Diet requirement-documentation of previous attempts at losing weight
4. Letter from Primary Care Physician—including why important to lose weight – comorbidities etc
5. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090



Centennial Center for the Treatment of Obesity

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