

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.

Tricare South**

Our Center staff must call to verify these requirements apply to your policy

Weight requirement is 200% or more of the ideal weight for height & body structure **OR** 100 pounds or more over ideal weight for height & body structure & has one associated medical condition

If you have Tricare Prime, a referral from your Primary Care Physician to our surgeon is required

1. Medical records for last doctors office visit
2. Letter from primary care physician-supporting bariatric surgery

BPD/DS is a covered procedure and sleeve gastrectomy is not a covered procedure

**Please note – depending on your Tricare region, you may be asked for additional information.

 **Centennial Center for the
Treatment of Obesity**

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