

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.

BlueCross Maryland CareFirst

BMI 40 or greater OR BMI 35-39 with certain co morbidities (18 yrs and over)

1. Medical records for last doctors visit
2. Diet requirement-Documentation of a structured diet program in the 2-year period prior to the request to surgery by participating in either: one structured diet program for 6 consecutive months or two structured diet programs for 3 consecutive months (can include commonly available diet programs such as Weight Watchers or Jenny Craig). Documentation can be provided by any of the following: physician notes, notes from health care providers, other than physicians; receipts of payment for a structured diet program; or diet weight loss logs from a structured diet program.
3. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090

Sleeve gastrectomy procedure is covered for patients with a BMI exceeding 50

 **Centennial Center for the
Treatment of Obesity**

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