

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 New York Western

BMI 40 or greater OR BMI 35-40 with certain co morbidities (18 years of age or older)

1. Medical records for last doctors office visit
2. Diet requirement-Documentation of non-surgical treatment including dietary counseling and some amount of exercise under the supervision of a physician. If in the opinion of the physician, the patient's condition precludes the ability to exercise this will be taken into consideration under individual medical director review on a case by case basis. Conservative measures need to be documented as refractory for at least 6 months. There should be a failure to sustain a 5-10% or more reduction in body weight prior to consultation for bariatric surgery.
3. Letter of support from primary care physician
4. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090

Gastric-band is a covered procedure if BMI less than 50

Centennial Center for the Treatment of Obesity

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