

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.

CHAMPVA

BMI 40 or greater OR BMI 35 or more with certain co morbidities

If you meet the guideline above, nothing else is required. Please complete our new patient packet.

1. Must provide documentation *if* you have any of the following: active hepatitis, chronic alcoholism, cirrhosis of the liver, dental disease, history of anorexia nervosa, bulimia or related eating disorder, infection particularly in the skin or elsewhere in the body, inflammatory bowel disease, malignant tumors, mental retardation, organic brain syndrome, profound psychotic disturbance, pulmonary embolization or renal failure. (Cases in these groups shall not be excluded, but review of the medical circumstances and medical appropriateness will be performed.)



Centennial Center for the Treatment of Obesity

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