

## 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.*

### **Cigna - State of Tennessee employees ONLY**

BMI 40 or greater OR BMI 35-39 with certain co morbidities (18 years of age)

1. Medical records for past 5 years
2. Diet requirement- failure of medical dietary therapies over a 6-month period and failed to lose more than 10% of body weight. This must occur within the two years prior to surgery and documented by a physician who does not perform bariatric surgery.
3. Letter from Primary care physician-documentation of the medical evaluation for the condition of morbid obesity and/or its co-morbid conditions by a physician other than the surgeon and recommendation for bariatric surgery.

**BPD/DS is a covered procedure with BMI >60**

# Centennial Center for the Treatment of Obesity

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TRI STAR HEALTH SYSTEM<sup>SM</sup>