

## 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.*

### **First Health (now known as Coventry Health)**

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

1. Medical records for past 3 years
  2. Diet requirement-2 options, let us know which option you are choosing:
    - a. Complete Centennial's multidisciplinary (Registered Dietitian, Exercise Physiologist and Psychologist led support groups) surgical preparatory regimen for 3 months and fail to lose weight (approximately 10% from baseline) within the past 6 months. Must have surgical consult at beginning *and* end of program.
- OR**
- b. Documentation of a physician directed weight loss program to include dietary therapy (low [800-1200 calorie diet] or very low [<800 calorie diet]), physical activity (moderate levels of activity for 30-45 minutes 3-5 days per week should be encouraged), & behavior therapy/support and failed to lose weight (approximately 10% from baseline) within the past 6 months.
3. Lab work-showing no treatable metabolic cause for obesity (your physician must complete and have the results sent to our office)
  4. Letter from primary care physician-must include medical clearance for surgery
  5. Cardiac clearance- *if* there is a history of phen-fen or redux use
  6. Pulmonary clearance- *if* clinically indicated, for restrictive lung disease from a pulmonologist
  7. Surgeon consult - Dr. Olsen 615-342-5840 or Dr. Dyer 615-342-5830 or Dr. Houston 615-342-5820
  8. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090
  9. Nutritional evaluation - Centennial Outpatient Dietitian 615-342-3977



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