

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.

Medicare

BMI of 35 or greater and must have certain co morbidities

***Once you have called the surgeons office and decided to stay at Centennial for your surgery, we need:**

1. Medical records for last doctors office visit
2. Diet requirement-medical records with documented evidence of repeated failure of multiple attempts to lose weight on a supervised non-surgical management weight loss program (e.g., diet, exercise or drugs, for at least a consecutive 6 month period without significant gaps. Monthly documentation of the beneficiary's compliance should include: vital signs to include weight, current dietary program, physical activity/exercise program, behavioral interventions, consideration of or use of pharmacotherapy with FDA- approved medication, if appropriate
3. Lab work-showing treatable metabolic causes for obesity (e.g., adrenal, pituitary or thyroid disorders) have been ruled out or if present have been maximally clinically treated if present (your physician must complete and have results sent to our office)
4. Letter from primary care physician-supporting surgery and is medically appropriate for the patient
5. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090

BPD/DS is a covered procedure and sleeve gastrectomy is not a covered procedure

**Centennial Center for the Treatment of Obesity and our surgeons are designated as an ASMBS Center of Excellence. Dr. Olsen and Dr. Houston are not Medicare providers. What does this mean? It means either of them may perform your surgery at Centennial, Medicare will cover the hospital stay; however, the surgeon's fee is the patient's responsibility. Please call the individual surgeon's office for further details- Dr. Olsen 615-342-5840 or Dr. Houston 615-342-5820. Dr. Dyer is a Medicare provider; however, he is not currently taking any new Medicare patients.*



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