

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.

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BMI over 40 or BMI <40 requires documentation of severity of co-morbid conditions

1. Medical records for past 5 years
2. Diet requirement-Documented evidence of the patient's primary care physician verifying weight loss attempts. Patient must have completed a structured diet program (either of the following in the two-year period that immediately precedes the request); one structured diet program for 6 consecutive months; or two structured diet programs for 3 consecutive months. Commonly available diet programs, such as Weight Watchers or Jenny Craig, are considered structured diet programs. Documentation of above listed structured diet programs shall include one or more of the following; attending physician notes (a physician's summary letter is not sufficient documentation), notes from other health care providers (other than physicians), receipts of payment for a structured diet program; or diet or weight loss logs from a structured diet program.
3. Cardiac evaluation-must be favorable cardiac evaluation for surgery
4. Letter from primary care physician-Preoperative medical consultation and approval (clearance) for surgery
5. Exercise and Support Group requirement-Documentation of participation in an exercise program and attendance at Support Group Meetings for at least three months.
6. Psychological evaluation - Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090 including documented evidence of a favorable psychological evaluation for surgery (done by a licensed psychologist) that specifically addresses the patient's motivation regarding this procedure. Also evidence of the patient's ability to comply with the necessary life-style changes post-op.
7. Nutritional evaluation - Centennial Outpatient Dietitian 615-342-3977

The above information may not be all that's required for review of bariatric surgery medical necessity requests. Each case is different and may require more or less information dependent upon the particular individual's medical history

