

We recommend you take this page to your Primary Care Physician to facilitate their understanding of the criteria that must be met for TennCare to cover bariatric surgery

The surgeon's office will work, on a case by case basis, to negotiate with your insurance on an "out of network" basis once you have gathered all of the documentation required by TennCare. Please note Centennial Medical Center is not in network for AmeriGroup; therefore, we cannot accept AmeriGroup patients.

Dr. Olsen (615-342-5840) will negotiate with Bluecare and TennCare Select

Dr. Dyer (615-342-5830) will negotiate for all plans listed (your body mass index, or BMI, must be less than 55)

Dr. Houston (615-342-5820) will negotiate with TennCare only for minors (under age 18)

Below are your insurance requirements. Please gather all of these documents by working with your doctors and case manager at TennCare. Once you have all of the records required, please fax to our office at 615-342-1814 for review.

We will advise you when to schedule the appointments listed in blue. Thank you for choosing Centennial Medical Center!

All TennCare policies require:

- 5 years of medical records showing your BMI has been 40 or greater for the past 5 years** (OR BMI 35 and greater with at least 2 of the following conditions: hypertension, hyperlipidemia, diabetes under active treatment, coronary artery disease or cardiomyopathy, disabling musculoskeletal dysfunction, and sleep apnea or pulmonary insufficiency)
- Letter from primary care physician recommending Bariatric surgery** - physician must document in letter 5 year history of weights that diagnoses the patient as morbidly obese
- Documentation of incapacitation to perform activities of daily living due to obesity** (ex: wheelchair, walker use, etc.) note in your records during next visit, or in the letter, what you aren't able to do on a daily basis because of your obesity. If the patient isn't using an assisted device, documentation of daily activities that are limited or not allowed due to obesity, such as walking, driving, shopping or caring for children are examples.
- Send medical records showing a 6 month diet with a doctor.** Here is the requirement listed by TennCare: "Under the supervision of a primary care physician/provider (PCP), the patient must have participated in a structured regimen designed to promote weight loss prior to surgery which must be for a cumulative total of six months or longer in duration and occur within two years prior to surgery. The purpose of this requirement is to: 1) determine whether a less invasive approach (lifestyle changes vs. surgery) could produce the desired result; 2) reduce operative time; and shorten the hospital stay and 3) demonstrate the patient's ability to adhere to the radical and lifelong behavior changes and strict diet that are required after Bariatric surgery.
 - a. At a minimum the structured weight loss regimen must consist of at least six months of monthly medical visits with a clear weight loss goal. Documentation of each visit must demonstrate the medical provider's active role in counseling the patient with regard to diet and exercise and monitoring the patient's progress (including obtaining a weight at each visit). If the weight loss goal is not attained, the medical provider must document the likely cause of the failure and specifically provide an opinion regarding the ability of the patient to implement the necessary behavior changes after surgery.
 - b. The TennCare Weight Watchers® program can qualify as a structured weight loss regimen if the following criteria are met: 1) Completion of two 3 -month programs with attendance of a minimum of 20 out of 24 sessions. Attendance must be documented with date and weight at each session and confirmed by submission of a claim from Weight Watchers for each session. 2) Concurrent with the Weight Watchers® program monthly visits with a PCP to follow progress toward a documented weight loss goal (including obtaining a weight at each visit) and to address any problems with regard to diet and exercise and compliance with the Weight Watcher® program. If the weight loss goal is not attained, the PCP must document the likely cause of the failure and specifically provide an opinion regarding the ability of the patient to implement the necessary behavior changes after surgery. c. A PCP's summary letter is not sufficient documentation of participation in a structured weight loss program. Documentation must include medical records of the PCP's contemporaneous assessment of the patient's progress throughout the course of the structured weight loss program.
- 18 years of age or older (unless with special consideration)
- Psychological evaluation – don't complete until we advise** (Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090)
- Consult with surgeon – don't complete until we advise** (see phone numbers at top)