

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.

Aetna

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

1. Medical records for past 2 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 (within 6 months prior to surgery). Must have surgical consult at beginning *and* end of program.
- OR**
- b. Documentation of a physician directed weight loss program to include monthly weigh-ins, low calorie diet, increased physical activity, behavioral therapy, & at least monthly clinical encounters with a health professional for at least 6 consecutive months (3 of the 6 months must be consecutive) within last 2 years
3. Psychological evaluation – Athena Consulting 615-320-1155 or Evelyn Frye Center 615-385-4090



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