

## 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.*

### **BlueCross South Carolina**

BMI 40 or greater OR BMI 35-39 with certain co morbidities

1. Medical records for last doctors office visit
2. Diet requirement- Treatment of morbid obesity that has not responded to conservative measures OR at increased risk of adverse consequences of a RYGB due to the presence of any of the following: Hepatic cirrhosis with elevated liver function tests; or Inflammatory bowel disease (Crohn's disease or ulcerative colitis); or Radiation enteritis; or Demonstrated abdominal surgery, multiple minor surgeries, or major trauma; or Poorly controlled system disease

**Gastric-Band is a covered procedure if BMI 40-49 OR BMI 35-39 with certain co morbidities**

# Centennial Center for the Treatment of Obesity

TRI STAR HEALTH SYSTEM<sup>SM</sup>