

MEDICARE

Insurance Information for Prior Authorization for Bariatric Surgery

IF YOU HAVE A *MEDICARE HMO*, YOU WILL NEED TO CONTACT THE INSURANCE PROVIDER DIRECTLY TO DETERMINE WHAT YOUR REQUIREMENTS ARE FOR BARIATRIC SURGERY.

HOWEVER, INDIVIDUALS WITH THE *RED, WHITE, AND BLUE MEDICARE CARD* SHOULD FOLLOW THE GUIDELINES BELOW.

Your medical plan has specific requirements in determining medical necessity for weight loss surgery. The following criteria are used to review candidates for weight loss surgery:

- A BMI of 35 or above in conjunction with at least one of the following co-morbidities secondary to morbid obesity:
 - Immediate, life-threatening hypertension, or other cardiovascular disease, not controlled by medications, objectively documented by the cardiologist / vascular / internal medicine physician.
 - Immediate, life-threatening diabetes mellitus poorly or not controlled by medications, objectively documented by lab results / consultation reports by the internist / endocrinologist.
 - Pseudotumor cerebri, objectively documented by X-rays, CT, MRI, etc., and a letter from the diagnosing neurologist.
- Documentation of failed weight-loss attempts.
- A cleared psychological evaluation.
- Letter of support from primary care physician.

The above items are considered collectively and on a case-by-case basis, and do not guarantee coverage.

Medicare cannot consider you for weight loss surgery until / unless you can provide documentation of the above criteria.

