GASTRIC BYPASS/LAP BANDS SURGERY REQUIREMENTS

Patient must be between ages of 18-65

Patient must be at least 100 lbs over ideal weight and have a BMI of 40 or greater or BMI of 35 or greater with co-morbidity conditions including, but not limited to cardio-pulmonary problems, cardio-vascular disease or hypertension, congestive heart failure, diabetes.

Patient must be enrolled in and have participated in an organized weight loss program for a period of six months prior to surgery. The weight loss program does not have to be physician-directed.

Patient must participate in a total assessment, paid by the patient, which includes behavioral, dietary and psychological components, and meetings with a physical therapist and surgeon.

Patient must be approved for this surgery by the attending physician based on the results of the total assessment.

If the patient is approved for the gastric bypass, gastric sleeve or lap bands surgery, the health plan will reimburse the member for a portion of the cost of the total assessment, based on the office visit co-pay, or the application of the annual deductible and the co-insurance under the health plan. The health plan will cover 90% of the **in-network only** hospitalization and surgery charges. Other related services will be covered like any other medical expense, subject to the appropriate co-payment or annual deductible and co-insurance amounts under the health. Co-payments, annual deductibles, and out-of-pocket maximums do not apply to the covered in-network only hospitalization and surgery charges. There is no coverage for out-of-network services relating to gastric bypass, gastric sleeve or lap bands surgery.