

BlueCross Alabama (3/07)

<https://www.bcbsal.org/health/important/bariatric.cfm>

- BMI of 40 or greater OR BMI 35 or greater with a co-morbid conditions including but not limited to HTN on optimal drug therapy, cardiovascular disease, diabetes (must be treated with insulin or oral agents), pulmonary hypertension or severe obstructive sleep apnea (RDI of 50 or greater)
- Documentation of participation in a physician supervised program of nutrition and increased activity including dietitian consultation, low calorie diet, increased physical activity and behavioral modification. Program must be for six consecutive months and must be within previous 12 months of request for surgery. Documentation of program participation must appear in the medical record by the attending physician. Records must include comments by the physician regarding patient progress or lack of progress OR acceptable with medical record documentation of medical supervision are: Weight Watchers, LA Weight Loss, Jenny Craig, EatRight etc. Not acceptable are self-directed programs such as joining a gym, Atkins' diet, calorie counting, low fat, cutting back, internet programs, etc.
- Diagnosed as morbidly obese for 3 years or more in medical records. A letter from the PCP and dated photographs will be considered in lieu of recorded heights and weights
- 18 years of age
- PCP Letter
- Consult with surgeon
- Must stop smoking at least 8 weeks prior to surgery
- Revision of a prior bariatric procedure (excluding adjustable gastric banding) meets BCBSAL medical criteria for coverage with documented evidence of one or more of the following:
 - weight loss of 20% or more below the ideal body weight following bariatric surgery
 - OR vomiting
 - OR stomal dilatation documented by either upper gastrointestinal (UGI) series or esophagogastroduodenoscopy (EGD) resulting in a recurrence of morbid obesity
 - OR pouch dilatation documented by either upper gastrointestinal (UGI) series or esophagogastroduodenoscopy (EGD) resulting in a recurrence of morbid obesity
 - OR stomal stenosis after vertical gastric banding, documented by endoscopy, with vomiting or weight loss of 20% or more below the ideal body weight
 - OR staple line failure, documented by either upper gastrointestinal (UGI) series or esophagogastroduodenoscopy (EGD) resulting in a recurrence of morbid obesity
 - OR severe diarrhea following surgery
 - OR severe dumping syndrome. Complications (stomal dilatation, pouch dilatation, or staple line failure as verified by EGD or UGI) that have resulted in weight gain to morbid obesity must meet coverage requirements for bariatric surgery with the exception of the 3 years of morbid obesity.
- Gastric bypass and Lap-Band are covered.