

BlueCross New York Excellus (11/07)

https://www.excellusbcs.com/wps/wcm/resources/file/eb7e624a2dde986/surg_obs.pdf

- BMI of 40 or greater OR BMI 35-40 with co-morbid conditions such as hypertensive cardiovascular disease, pulmonary hypoventilation, coronary heart disease, diabetes, sleep apnea, degenerative arthritis of weight-bearing joints, or metabolic syndrome
- Documentation, from either the bariatric surgeon or primary care physician, of one or more rigorous attempts at weight reduction, totaling a minimum of 6 months. Documentation should include the name of each weight loss program, length of participation and any weight loss achieved. A letter of support from the physician currently providing primary care to the member and who is familiar with his/her attempts at weight reduction, medical history and current health status is also necessary
- Diagnosed as morbidly obese for at least 5 years
- 18 years of age or older
- No significant liver, kidney or gastrointestinal disease
- No adrenal or thyroid disorder
- Psychological evaluation
- Nutritional evaluation
- Gastric bypass, duodenal switch and Lap-band procedures are covered
- Lap-band has these additional requirements: all the criteria listed above, dietary history does not include a consumption of high caloric liquids or sweets, no significant history of esophageal or gastric disease, must participate in a pre-operative bariatric program that requires a 5% weight loss to demonstrate commitment to behavioral and dietary changes. The 5% weight loss will be measured from the date of the patient's initial visit to the bariatric surgeon to the date of the request. The patient is considered at a higher surgical risk for a more lengthy and invasive bariatric surgery such as gastric bypass due to significant comorbidities
- Surgical revisions are considered medically appropriate for complications, such as obstruction, staple disruption, or stricture following the primary procedure. A revision or conversion to another medically appropriate procedure because of unsatisfactory weight loss due to technical failure of the primary bariatric procedure such as pouch dilation or an initial pouch size that is too large (an ideal initial pouch size is approximately 20cc) may be considered medically appropriate if there is documentation that the primary procedure was initially successful in inducing weight loss. Documentation that the patient has remained compliant to the prescribed nutrition and exercise program must be submitted with the request.