



Eligibility for Bariatric Surgery

Eligibility for Bariatric Surgery is determined by a patient's insurance company. Not all commercial insurance plans cover bariatric surgery. Patients can contact their insurance company to find out if they have bariatric benefits.

As a general rule, the National Institutes of Health (NIH) has established these requirements as a first step to consider bariatric surgery:

1. A body mass index (BMI) of 40 or more, (or)
2. A BMI of 35 or more with a serious health problem linked to obesity, such as type 2 diabetes, heart disease, or sleep apnea

Insurance companies may have additional requirements, such as producing five years of weight history, nicotine testing, support group attendance, and maintaining monthly food logs, etc.

Insurance companies also determine the number of monthly supervised weight loss visits that are required for each patient. Our program has an insurance coordinator who is specifically dedicated to bariatric surgery patients and can help guide patients through the process of understanding benefits and meeting requirements for surgery.

Insurance companies also have “contraindications” for bariatric surgery, meaning a list of things that may disqualify a patient from having surgery. These contraindications can be found on the bariatric policy with the insurance company. Our healthcare team also continuously evaluates patients throughout the program to ensure they are a good, and safe, candidate for surgery. If the health care team believes a patient may not be a good candidate for surgery, they will notify the patient with an explanation and provide support for thirty days in transition to other options for safe and effective weight loss.