

**Medicare Policy Information**

 There is no guarantee that Medicare will cover bariatric surgery. Medicare does not have a pre-authorization process. Patients are required to follow the Medicare criteria so that Medicare will hopefully cover the surgery. Each patient will be required to sign an **ABN (Advance Beneficiary Notice of Non-coverage)** form prior to their surgery. This allows the patient to be billed for services that are denied by Medicare.

**Medicare will only cover three hours of nutrition per year for diabetics only.** Each patient is required to have four hours of nutritional counseling before surgery.

**Non-diabetic patients** - will need to discuss payment options with someone at our office.

Medicare may cover bariatric surgery for at least one of the following medical conditions:

* Poorly controlled type 1 or type 2 diabetes
	+ Documentation from medical doctor must state that the patient has uncontrolled diabetes
* Poorly controlled dyslipidemia
	+ Documentation from medical doctor must state the patient has uncontrolled dyslipidemia
* Severe Cardiopulmonary Disease (e.g. coronary disease, CHF, asthma, COPD, pulmonary hypertension).
* Obstructive Sleep Apnea – Documentation of past sleep study will be required.
* Severe Arthropathy of weight bearing joints – Documentation of treatment for weight bearing joints will be required
* Pseudo tumor Cerebri – Documentation from neurologist will be required

**Medicare Criteria**

* Patient will be required to be seen monthly for **six consecutive months.** Medicare will require you to start the program over if a monthly appointment is missed.