

## **PRIOR AUTHORIZATION REQUIREMENTS** **BY INSURANCE COMPANY**

### **GATEWAY:**

- Letter from PCP, documenting at least 6 consecutive months of physician-supervised weight loss attempt(s) within the last 2 years
- PCP office notes to support letter (must include visits with weight and specific weight loss attempts discussed at each visit)
- Psychological evaluation
- Nutritional evaluation

### **HEALTH AMERICA:**

- Letter from PCP, documenting at least 3 months of physician –supervised multidisciplinary weight reduction attempts and exercise within the past 6 months that should include:
  - Dietary therapy (800–1200 cal diet)
  - Physical activity (moderate levels of activity for 30-45 minutes, 3 to 5 days/week)
  - Behavior therapy and support
- Letter of clearance from pulmonologist, regardless of history (must state "Pt free of restrictive disease)
- Letter of cardiac clearance; required for history of phen-fen or redux use
- Psychological evaluation
- Nutritional evaluation

### **HIGHMARK:**

- Letter from PCP, documenting at least 6 consecutive months of physician-supervised weight loss attempt(s) within the last 2 years
- PCP office notes to support letter (must include visits with weight and specific weight loss attempts discussed at each visit)
- Psychological evaluation
- Nutritional evaluation

### **ION:**

- Letter from PCP, documenting at least 6 consecutive months of physician-supervised weight loss attempt(s) within the last 2 years
- PCP office notes to support letter (must include visits with weight and specific weight loss attempts discussed at each visit)
- Psychological evaluation
- Nutritional evaluation

### **MedPLUS+**

- Letter from PCP with referral and documentation of 3 failed diet attempts
- Psychological evaluation
- Nutritional evaluation
- TSH results and treatment if necessary
- H. Pylori antibodies and treatment if positive results

### **PA MEDICAL ASSISTANCE:**

- Letter from PCP, documenting at least 6 consecutive months of physician-supervised weight loss attempt(s) within the last 2 years
- PCP office notes to support letter (must include visits with weight and specific weight loss attempts discussed at each visit)
- Psychological evaluation
- Nutritional evaluation

### **UPMC HEALTH PLAN:**

- Letter from PCP, documenting at least 6 consecutive months of physician-supervised weight loss attempt(s) within the last 2 years
- PCP office notes to support letter (must include visits with weight and specific weight loss attempts discussed at each visit)
- Psychological evaluation
- Nutritional evaluation