

Eligibility criteria for gastric bypass

Southern Cross will only reimburse the cost of gastric bypass under a member's policy when the following criteria are met for that member:

- 1. At least **one** of the following criteria is met for that member:
 - Gastric bypass to treat gastro-oesophageal reflux disease requiring surgical intervention when **both** of the following are present:
 - gastroenterologist confirms failure of maximal medical therapy for severe gastrooesophageal reflux disease and supports surgical intervention
 - o referral from gastroenterologist to an Upper GI (gastrointestinal) surgeon for surgical treatment of gastro-oesophageal reflux disease.

OR

- Gastric bypass to treat gastro-oesophageal reflux disease after previous non-bariatric Upper GI surgery when **both** of the following are present:
 - member has undergone previous non-bariatric Upper GI surgery, eg fundoplication
 - member has severe gastro-oesophageal reflux disease with failure of maximal medical therapy for > 6 months consecutive duration.

OR

• Gastric bypass for cancer or pancreatic surgery.

Further healthcare provider criteria apply: When gastric bypass is performed by an Upper GI (gastrointestinal) surgeon **all** the following criteria must be met.

- Is an Upper GI specialist with experience in the full range of reflux surgery options in the preceding three years.
- Considers the surgery low risk.
- Where a member has concomitant obesity, participates in the Bariatric Surgery Registry.
- Supplies a medical report from the specialist(s) involved and this report is accepted by Southern Cross.

The cost of the gastric bypass will **not** be reimbursed:

- following a primary care or self-referral to a bariatric surgeon or service
- for the revision of, or to treat complications associated with, previous bariatric procedures
- for the treatment of obesity (including weight-loss surgery) **except** as specifically provided by the "Gastric banding / bypass allowance". The gastric banding/bypass allowance for weight-loss surgery has specific eligibility criteria available here.

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Please also ensure you are familiar with all **policy exclusions**, including:

- Acute care
- Congenital conditions
- Cosmetic treatment/procedures
- Health screening
- Treatment of any condition not detrimental to health
- Unapproved healthcare services.

Refer to the relevant policy document for specific conditions and exceptions that apply to these exclusions.