P.O. Box 30377 Lansing, MI 48909-7877

Coverage of Bariatric Surgery Services Request Form

Save time and use PHP's EZ auth portal to submit authorizations, click here: HealthTrio Connect - PHP

To process your request without delays, this form must be completely filled out and necessary documentation attached.

Fax all requests to 517.364.8409 between 8 a.m. and 5 p.m. EST, Monday through Friday

| Member name: | DOB: | |
|------------------------|-----------------|---------------|
| PHP Group # (8 digits) | Subscriber ID # | # (11 digits) |
| ICD-10 Diagnosis code: | Height: | Weight: |

BMI at time weight management program started:

Primary care provider:

Referred by:

All requests for bariatric surgery must come in to PHP for review

Appropriate documentation MUST be submitted with each request:

Request for bariatric surgery requires documentation of:

- 1. Patient's active participation in a medically managed weight management program within the last 12 months, for a minimum of six consecutive months with at least 6 physician office visits. Office visit notes submitted for review must include ALL of the following:
 - a. Actual measured weight and calculated BMI
 - b. Current dietary program
 - c. Physical activity (exercise program)
 - d. Weight loss medication if applicable
 - e. Weight-related conditions (i.e., diabetes, hypertension, hyperlipidemia, etc.) are being addressed (e.g., patient education, diet, medication, and monitoring)
- 2. Psychological evaluation establishing the patient's emotional stability and ability to comply with post-surgical limitations
- 3. Nutritional evaluation by a physician or registered dietician
- 4. Bariatric surgeon's evaluation recommending surgical treatment, including a description of the proposed procedure(s) and all associated CPT codes

Bariatric Surgeon Name and NPI/TIN:

Facility Name and NPI/TIN:

Requestor:

Surgical procedure code(s):

Phone:

Date:

Date of surgery:

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