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## Coverage of Bariatric Surgery Services Request Form

Each request requires a new request form

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:

Date of surgery:

Facility:

Surgical procedure code(s):

Requestor:

Phone:

Date:

Authorization # for approved services:

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