

## Obesity Surgical Treatment

### Prior Authorization Request

Date \_\_\_\_\_

Member information		
Member name (print)	SMID	Date of birth (month/day/year)
Provider information		
Provider name (print)	Telephone number	Fax number
Place of service: <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Hospital outpatient <input type="checkbox"/> Hospital inpatient <input type="checkbox"/> Provider's office <input type="checkbox"/> Other _____		
Facility where services will be provided (include address if the provider provides services at more than one practice location)		
Procedure information		
Scheduled date of service (month/day/year)	Requested service/procedure	Procedure code(s)
Diagnosis	Diagnosis code(s)	

**Answer all of the following questions.**

- Is this member's request for bariatric surgery.....  Yes  No
- Is this member's request for bariatric surgery revision.....  Yes  No
- Is this member's request for repeat bariatric surgery .....  Yes  No

### Bariatric surgery

Member's BMI \_\_\_\_\_

- Member is 18 years of age or older and has completed growth.....  Yes  No
- Member has a BMI greater than or equal to 40 .....  Yes  No
- Member is morbidly obese (BMI ≥ 35) .....  Yes  No
- Sleep apnea and has failed a CPAP/BiPAP. The CPAP/BiPAP records the number of apnea and hypopnea events. The apnea hypopnea index (AHI) would need to be of greater than 30 events.....  Yes  No
  - Coronary heart disease, as noted by as one of the following objective criteria: exercise stress test; radionuclide stress test; pharmacologic stress test; stress echocardiography; CT angiography; coronary angiography; angioplasty with stenting; heart failure; prior myocardial infarction; cardiopulmonary bypass; percutaneous transluminal coronary angioplasty.....  Yes  No
  - Cardiopulmonary problems with either Pickwickian syndrome or obesity-related cardiomyopathy .....  Yes  No
  - Severe GERD that have failed medical/previous surgical management (inadequate symptom control, severe regurgitation not controlled with acid suppression, or mediation side effects) OR have complications of GERD (e.g. Barrett's esophagus, peptic stricture) .....  Yes  No

- Poorly controlled diabetes mellitus while compliant with appropriate medications .....  Yes  No
- Poorly controlled hypertension while compliant with appropriate medications .....  Yes  No
- HgbA1c equal to or greater than 7 (minimum of 2 readings 3 months apart).....  Yes  No
- While taking at least two oral medications OR taking insulin .....  Yes  No
- While taking at least two oral medications .....  Yes  No
- Blood pressure greater than or equal to 140/90 mm hg.....  Yes  No

Member has been free of illicit drug use and alcohol abuse or dependence for the 6 months prior to surgery .....  Yes  No

Member has been obese for at least 5 years .....  Yes  No

Member has not had bariatric surgery before or there is clear evidence of compliance with dietary modification and supervised exercise, including appropriate lifestyle changes, for at least 2 years .....  Yes  No

Member has been evaluated for adequacy of prior efforts to lose weight. If there have been no or inadequate prior dietary efforts, the member must undergo 6 months of a medically-supervised weight reduction program .....  Yes  No

Member has had a medical evaluation from the member’s primary care physician, assessing preoperative condition and surgical risk and finding the member to be an appropriate candidate .....  Yes  No

Member has received a preoperative evaluation by an experienced and knowledgeable multi-disciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological experience:

A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.....  Yes  No

Evaluation for any correctable endocrinopathy that might contribute to obesity.....  Yes  No

Psychological or psychiatric evaluation to determine appropriateness for surgery .....  Yes  No

For members receiving active treatment for a psychiatric disorder, an evaluation by his or her treatment provider prior to bariatric surgery. The treatment provider must clear the member for bariatric surgery .....  Yes  No

At least 3 consecutive months of participation in a weight management program prior to the date of surgery, including dietary counseling, behavioral modification, and supervised exercise, in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the candidate’s ability to comply with postoperative medical care and dietary restrictions.

Name of Program(s)	Start Date/End Date of Program	Indicate Weight Gain or Loss and Number of Pounds
	Start date _____ End date _____	<input type="checkbox"/> Weight gain _____ pounds <input type="checkbox"/> Weight loss _____ pounds
	Start date _____ End date _____	<input type="checkbox"/> Weight gain _____ pounds <input type="checkbox"/> Weight loss _____ pounds
	Start date _____ End date _____	<input type="checkbox"/> Weight gain _____ pounds <input type="checkbox"/> Weight loss _____ pounds
	Start date _____ End date _____	<input type="checkbox"/> Weight gain _____ pounds <input type="checkbox"/> Weight loss _____ pounds
	Start date _____ End date _____	<input type="checkbox"/> Weight gain _____ pounds <input type="checkbox"/> Weight loss _____ pounds

Member has agreed to attend a medically-supervised postoperative weight management program for a minimum of 6 months post surgery for the purpose of ongoing dietary, physical activity, behavioral/psychological, and medical education and monitoring.....  Yes  No

**Note:** The following are NOT considered structured weight loss programs (includes but it's not limited to): Curves®, appointments with a registered dietitian, unless it is in conjunction with an MD-supervised weight management program such as: weight loss medications, Adkins Diet™, South Beach Diet®, and "fad" diets in general.

**Bariatric surgery revision**

Removal of a gastric band is recommended by the member's physician.....  Yes  No

Surgery to correct complications of a prior bariatric surgery for such issues as obstruction, stricture, erosion, band slippage, or port or tubing malfunction .....  Yes  No

**Repeat bariatric surgery**

Replacement of an adjustable band because there are complications (e.g. port leakage or slippage) that cannot be corrected with band manipulation or adjustments. . .  Yes  No

Conversion from an adjustable band to a sleeve gastrectomy, Roux-en-Y gastric bypass, or biliopancreatic diversion with duodenal switch for a member who has been compliant with a prescribed nutrition and exercise program following the band procedure but who has complications that cannot be corrected with band manipulation, adjustments or replacement. ....  Yes  No

**By signing this form, the provider attests that the above information is accurate and documented in the medical record. Security Health Plan may, at its discretion, request medical records to make a final coverage determination.**

\_\_\_\_\_  
Provider signature \_\_\_\_\_ Date

**Pre-service decisions:** Initial review is received and a coverage determination is made within fourteen (14) calendar days of receipt of request. The member and/or provider are notified in writing of a denial decision within fourteen (14) calendar days of receipt of the request.

**Urgent pre-service decisions:** Initial review is received and a coverage determination is made within seventy-two (72) hours of receipt of request.

<b>Mail or fax form to:</b> Security Health Plan Health Services Department PO Box 8000 Marshfield, WI 54449-8000 Fax 715-221-6616	<b>Marshfield Clinic providers route to:</b> Health Services Department Routing location, SHP
--	---

**If you have any questions, please contact Customer Service at 1-800-548-1224.**