

Prior Authorization Request Form		Bariatric Surgery	
BSC Fax: (844) 807-8997		BSC Mail: P.O. Box 629005 El Dorado Hills, CA 95762-9005	
View our Medical Policy on line at http://www.blueshieldca.com			
Notice: BSC has a 5 Business Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.			
Provider Information		Patient Information	
Servicing Provider/Vendor/Lab's Name and Address:		Patient's Name:	
Tax ID Number:	NPI:	Birth Date:	
Referring/Prescribing Physician's Name:		Blue Shield ID Number:	
<input type="checkbox"/> PCP; <input type="checkbox"/> Specialist: PLEASE IDENTIFY SPECIALTY			
Servicing Facility Name and Address:		Place of Service: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Patient's Home <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Outpatient Hospital Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Inpatient Hospital Care <input type="checkbox"/> Other (explain): _____	
Tax ID Number:	NPI:		
Office Contact:			
Phone :()			
Fax: ()		Anticipated Date of Service:	
Please enter all codes requested; "by report" codes must have a description of why the code is being used			
ICD-10 CODE(S):			
CPT CODE(S):			
HCPCS CODE(S):			
PATIENT CLINICAL INFORMATION			
Please provide the following documentation: Bariatric Surgery in Adults with Morbid Obesity: <ul style="list-style-type: none"> • History and physical and/or consultation notes including prior weight loss attempts and responses, and comorbidities: <ul style="list-style-type: none"> ○ Co-morbidities, including, but not limited to: (when BMI is greater than or equal to 35.0 kg/m² and less than 40.0 kg/m²) <ul style="list-style-type: none"> ▪ If diagnosed with coronary artery disease: Submit documentation from cardiologist that includes all previous and current treatments, as well as, member's current status ▪ If diagnosed with diabetes: Submit documentation from primary care provider or endocrinologist that includes all previous and current treatments, as well as, type of diabetes ▪ If diagnosed with hypertension: Submit documentation from primary care provider that includes all previous and current treatments, as well as, member's current status ▪ If diagnosed with obstructive sleep apnea: Submit official sleep study report interpreted by a sleep disorders specialist MD or Doctor of Osteopathic (DO) medicine and documentation of all conservative therapies attempted with duration and outcomes ▪ If diagnosed with osteoarthritis: Submit documentation from primary care provider that includes radiographic reports 			

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652 Option 6
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An Independent Member of the Blue Shield Association

- If diagnosed with hyperlipidemia: Submit documentation from primary care provider/cardiologist that includes all previous and current treatments
- If diagnosed with GERD: Submit documentation from primary care provider or gastroenterologist that includes all previous and current treatments, as well as, any endoscopic findings
- Description of non-surgical weight-reduction program, initial weight, end weight, duration (start and end dates)
- Time lapse between the initial bariatric consultation and date of surgery (recommended 3 months)
- Documented failure to respond to conservative measures for weight reduction prior to consideration of bariatric surgery, and these attempts should be reviewed by the practitioner prior to seeking approval for the surgical procedure
- Medical doctor (MD) order for surgery that includes current height, weight, and body mass index (BMI), surgery requested and recommendation
- Documented educational counseling/class
- Signed Bariatric Surgery Decision Aid
- Signed CollaboRATE survey
- Signed Psychosocial-behavioral checklist
- Signed Pre-operative checklist

Revision and Repeat Bariatric Surgical Requests:

- History and physical and/or consultation notes including: prior surgery and complications (if applicable), indication for surgery, and treatment plan
- Post-surgical weight loss history (including pre- and post-surgical BMI), nutrition and exercise compliance
- Operative report(s) (if applicable)
- Diagnostic radiology, endoscopy, or contrast study reports (if applicable)

Bariatric Surgery in Adolescents:

- History and physical and/or consultation notes including: the same weight-based criteria used for adults
- Documentation of psychological counseling
- Documentation of informed consent
- Documentation that any device used for bariatric surgery is in accordance with the FDA-approved indication for use

Concomitant Hiatal Hernia Repair:

- Documentation of preoperatively-diagnosed hiatal hernia with indications for surgical repair

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Let's Talk Bariatric Surgery

One of the most important factors in helping you choose appropriate medical care is your comprehensive understanding of the reasons for treatment, the risks, and the potential benefits. Weight loss surgery (bariatric surgery) is a treatment option for people with severe obesity (body mass greater than 40 or 100 or more pounds over the ideal body weight). Bariatric surgery can help you lose approximately 50-80% of your excess weight but your **success will ultimately depend on your own commitment to follow lifelong dietary restrictions, adhere to an exercise program, take dietary supplements and comply with follow-up recommendations.** If bariatric surgery has been suggested to you as an option for your particular problem, you should carefully weigh the pros and cons, the alternative treatments, and the potential benefits and risks.

Should You Have Bariatric Surgery?

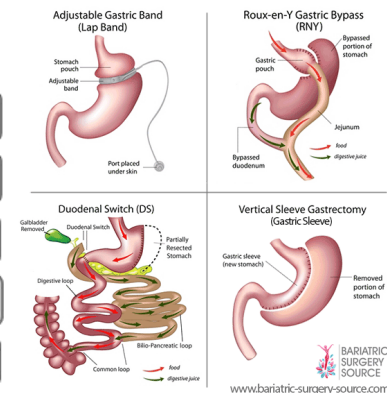
Talk to your doctor and become an active partner in making an informed decision about whether bariatric surgery is right for you.

- How will bariatric surgery help me?
- Are there other ways of losing weight that I should try first?
- What are the risks of each of my treatment options?
- What should I expect about eating and diet after the surgery?
- Why might this treatment not be right for me?
- If I am not committed to lifestyle modification will surgery still help me long-term?

The Procedure

Type of Surgery	Roux-En-Y Gastric Bypass	Vertical Sleeve Gastrectomy	Adjustable Gastric Band (Lap Band®)	Biliopancreatic Bypass with Duodenal Switch
Most Common ²	23.1%	53.8%	5.7%	0.6%
Average Weight Loss	65-80%	50-70%	40-50%	70%
Surgical Risk	Moderate	Low-Moderate	Low	High
Most Effective For	BMI 35-55	High Risk or High BMI (>60)	Diet & Exercise Compliance	BMI >50
Advantages	More Permanent Weight Loss	Restricts Volume of Food Eaten	Safest Procedure	Most Side Effects but Most Effective

4 Most Common Weight Loss Surgery Procedures in the United States



Shared Decision

Please check each box



- A. Do you understand the options available to you?
Yes No
- B. Are you clear about which benefits and side effects matter most to you?
Yes No
- C. Do you have enough information to make an informed choice?
Yes No
- D. Do you feel comfortable about your decision?
Yes No

These websites offer more information: www.stopobesityalliance.org/ / www.csmb.org/ / www.smartpatient.com/gastricbypass/ / www.win.niddk.nih.gov/publications/gastric.htm

Physician Signature: _____
Date: ____/____/____

Patient Signature: _____
Date: ____/____/____

Your signature ensures you feel confident that you and your doctor have explored all of your options and you understand everything fully and that together you are making the decision that is best for you.



Thinking about the appointment you have just had ...

1. How much effort was made to help you understand your health issues?

0	1	2	3	4	5	6	7	8	9
No effort was made									Every effort was made

2. How much effort was made to listen to the things that matter most to you about your health issues?

0	1	2	3	4	5	6	7	8	9
No effort was made									Every effort was made

3. How much effort was made to include what matters most to you in choosing what to do next?

0	1	2	3	4	5	6	7	8	9
No effort was made									Every effort was made



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Blue Shield of California Checklist for Bariatric Surgery

No	Procedure	Yes	No
1.	A complete History & Physical has been performed. (obesity-related co- morbidities, causes of obesity, weight/BMI, weight loss history, commitment, and exclusions related to surgical risk)		
2.	Routine labs have been completed. (fasting blood glucose and lipid panel, kidney function, liver profile, lipid profile, urine analysis, prothrombintime/INR, bloodtype, CBC)		
3.	If the patient is a diabetic, an optimized glycemic control has been completed.		
4.	Nutrient screening with iron studies, B12, 25-vitamin D and folic acid have been completed. (Or more extensive testing in patients undergoing malabsorptive procedures based on symptoms and risks)		
5.	Cardiopulmonary evaluation with sleep apnea screening has been completed. (ECG, CXR, echocardiography if cardiac disease or pulmonary hypertension suspected)		
6.	GI evaluation has been completed. (H pylori screening in high-prevalence areas; gallbladder evaluation)		
7.	Endocrine evaluation has been completed. (A1c with suspected or diagnosed pre-diabetes or diabetes); TSH with symptoms or increased risk of thyroid disease; androgens with PCOS suspicion (total/bio-available testosterone, DHEAS, androstenedione)		
8.	A pre-operative assessment, clinical nutrition evaluation, and post-operative plan for dietary intake has been completed by a Physician, Registered Dietician (RD), or other licensed professional experienced in patient care with bariatric surgery. (The pre-operative assessment must document that the patient has a good understanding of the diet and nutritional changes that are associated with bariatric surgery and has the capacity to comply with these changes, long term. The post-operative plan should include the evaluation of other issues that could affect nutrient status, including readiness for change, realistic goal setting, general nutrition knowledge, as well as behavioral, cultural, psychosocial, and economic concerns of the patient).		
9.	Informed consent completed including evaluation of the patient's understanding of the procedure, the procedure's risks and benefits, length of stay in the hospital, behavioral changes required prior to and after the surgical procedure. (including dietary and exercise requirements, follow up requirements, and anticipated psychological changes)		
10.	A plan to continue efforts for preoperative weight loss has been completed.		
11.	The Bariatric Surgery decision aid has been discussed with the patient, the patient has signed and the form has been sent to Blue Shield of CA as a part of prior authorization.		
12.	The CollaboRATE survey has been filled out by the patient and sent to Blue Shield of CA as a part of prior authorization.		
13.	Pregnancy counseling, if needed, has been completed.		
14.	Smoking cessation counseling has been completed.		
15.	Verification of cancer screening by a Physician has been completed.		

Bariatric surgeon's name: _____ **Date:** _____

Bariatric surgeon's signature: _____

License Number: _____

I have reviewed this patient's clinical information and recommend that they have the requested Bariatric surgery. By signing this documentation, I attest that the information contained above is correct, to the best of my knowledge, and that clinical records substantiating this documentation are available for review, if requested.

Blue Shield of California Psychosocial Behavioral Checklist

MUST BE COMPLETED BY THE PSYCHIATRIST OR PSYCHOLOGIST WHO COMPLETED THE COMPREHENSIVE PSYCHOSOCIAL BEHAVIORAL EVALUATION IN CONSULTATION WITH THE BARIATRIC SURGEON

1) A clinical interview has been completed.
_____Yes _____No

2) In addition to a clinical interview and review of history was any psychological testing performed? If yes, what test(s)?

3) Is the patient willing and able to comply with the requisite dietary and behavioral modifications? _____Yes _____No

4) Is the patient competent to make medical decisions on their own behalf?
_____Yes _____No

5) Is the patient willing and able to make the lifetime commitment required for a successful outcome? _____Yes _____No

6) In your professional opinion, there are no clear contraindications psychiatrically for the patient's bariatric surgery? _____Yes _____No

*If you answered 'no' to any of the above items, please include additional documentation as an attachment that explains the rationale.

By signing this documentation, I attest that the information contained above is correct, to the best of my knowledge, and professional judgement and that clinical records substantiating this documentation are available for review, if requested.

Provider's name: _____

Provider's signature: _____

License # _____

Date: _____

Note:

Psychosocial assessment must follow American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines - <https://asmbs.org/resources/recommendations-for-the-presurgical-psychosocial-evaluation-of-bariatric-surgery-patients>.