



# Bariatric Surgery Precertification Worksheet

**Submission Instructions:**

Please print all information.

**IMPORTANT!** THIS REQUEST FOR AUTHORIZATION REVIEW **CANNOT** BE PROCESSED WITHOUT SUPPORTING CLINICAL DOCUMENTATION AND/OR INFORMATION – **NO EXCEPTIONS.**

Requests missing clinical information **will be returned** to the requesting provider, **delaying** the review process.

Please fax completed form to the Medical Management and Policy Department:

**888.236.6321 or 800.670.4862** (*Delaware Only*)

Provider Information	Patient/ Procedure Information
Contact Name: _____	Member Name: _____
Office Phone: _____	Member UMI#: _____
Office Fax: _____	Date of Birth: _____
Provider Name: _____	Member Address: _____
Provider NPI#: _____	_____
Provider Address: _____	Member Phone: _____
_____	ICD-10 Diagnosis Code (Required): _____
Facility Name: _____	Procedure Name: _____
Facility NPI#: _____	Procedure Code (Required): _____
Facility Address: _____	Requested Setting: _____ Inpatient _____ Short Procedure
_____	Date of Service: _____

Please answer all questions below:

- Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_
- Prior history of bariatric surgery? If yes, Date: \_\_\_\_\_  Yes  No
- Is this a revision?  Yes  No
- Documentation of one of the following comorbid conditions:
  - Diabetes Mellitus Type 2?  Yes  No
  - Cardiovascular Heart Disease?  Yes  No
  - Hyperlipidemia?  Yes  No
  - Hypertension refractory to concurrent use of 3 anti-hypertensives of different classes?  Yes  No
  - Sleep Apnea (OSA), Obesity-hypoventilation Syndrome (OHS), or Pickwickian Syndrome?  Yes  No
  - Nonalcoholic fatty liver disease or nonalcoholic steatohepatitis?  Yes  No
- Participated in non-surgical treatments and attempts at weight loss have failed? (i.e. weight reduction programs, dietary restrictions and exercise regime.)  Yes  No
- Psychological screening completed (documentation required)? If yes, Date: \_\_\_\_\_  Yes  No

**Please Note:** Requests should be made a minimum of 2 weeks prior to surgery. Member medical information must be current, preferably within the last 6 months.