289 LaClair St•Coos Bay, OR 97420
Voice: 541-269-7400•800-264-0014
Fax: 541-269-7147•TTY: 877-769-7400

Referral for Bariatric Surgery Evaluation

Member's primary health insurance: Advanced Health OHP ☐ Dual Eligible - has Medicare and Advanced Health OHP ☐

Member Name: ______________________________ ID #: ___________________ DOB: ____/____/____

Requesting Provider: ___________________________ PCP ☐ Specialist ☐ Other ☐

Provider's Phone Number: _______________________ Provider's Fax Number: ___________________________

PRIMARY ICD-10 Code: ______________ **(Required)** Other Related ICD-10 Codes: _____________, __________

Is this a retro-active request: ☐Yes ☐No If "Yes", enter the date of service: ____/____/____**
****You must attach chart notes/operative report from that date.**

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~ Primary criteria for surgery: **All must be "YES" answers for patient to qualify. "NO" answers may be subject to further MD review.**

BMI ≥ 40 (no comorbidities needed) ☐ Yes ☐ No

OR

BMI 35-40 Type 2 Diabetes or at least 2 of the following obesity-related comorbidities: ☐Yes ☐No

☐ Coronary Heart Disease ☐ Hypertension ☐ Sleep Apnea

☐ Mechanical Arthropathy in major weight bearing joint

Is the patient currently free of nicotine, illicit drugs, and dependence on alcohol? ☐Yes ☐No

Is the patient able to comply with a rigorous postoperative follow up that includes dietary and lifestyle changes, exercise program, and physician follow-up? ☐Yes ☐No

If the patient has a history of psychiatric illness, has this been stable for 6 months? ☐Yes ☐No

Is the patient compliant with management of co-morbid conditions? (Diabetes, HTN, etc.) ☐Yes ☐No

Is the patient medically stable for surgery? ☐Yes ☐No

Has the patient participated in a structured non-surgical weight-loss program? ☐Yes ☐No

If all of the above answers are yes, please submit a standard referral form for the initial evaluation. Include the appropriate ICD-10 codes for both diabetes and obesity. Please also include this form and a copy of the most recent clinical note. If you have questions regarding this referral for evaluation or the bariatric surgery program, please call member services at 541-269-7400.

OHP covers bariatric surgery only in a Medicare approved center of excellence. Bay Area Hospital is an approved center of excellence.

Name of person completing form____

Date________________________ Contact number____

(Rev 10.18)
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