



## **Surgeon Follow Up Tool - Bariatric Phase 3**

### **Included for Bariatric Phase 3:**

- Bariatric Surgeon Follow Up: 3 Visits- Within a 12-month period.
- Dietician Follow Up: 4 Visits- Within 12-month period.
- Post-surgical attention to lifestyle, an exercise program and dietary changes and post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

### **Prior Authorization is required for Bariatric Phase 3**

**For questions, please contact Advanced Health Customer Service 541-269-7400**

**Request for Follow Up - BP3**

Member Name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requesting Provider: \_\_\_\_\_ PCP  Specialist  Other

Requesting Provider NPI#: \_\_\_\_\_

**Primary ICD-10 Codes:** \_\_\_\_\_

Provider's Phone Number: \_\_\_\_\_ Other Related ICD-10 Codes: \_\_\_\_\_, \_\_\_\_\_

Provider's Fax Number: \_\_\_\_\_

Is this a Retro request? Yes  No

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**Supportive documentation needs to be sent for follow up approval.**

Procedure Done: \_\_\_\_\_

Procedure Date: \_\_\_\_\_

Procedure notes included

Complications after procedure (if applicable)

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature \_\_\_\_\_