



## **Surgeon Readiness Tool - Bariatric Phase 2**

### **What to evaluate prior to requesting Bariatric Phase 2:**

- Bariatric Surgeon Consultation: 3 Visits- Start of 6-month observation period, follow up visit, and 6-month evaluation. Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery. Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
- Psychosocial Evaluation: Conducted by a Licensed Mental Health Professional. Member with no psychiatric history -member may be cleared initially. Member with history of psychiatric illness must be stable for 6 months.
- Dietary Evaluation: Conducted by Licensed Dietician. Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month clinically supervised weight reduction program (including intensive nutrition and physical activity counseling as defined by the USPSTF).
- Drug Screen: Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of any nicotine product or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within 1 month of the quit date and within 1 month of the surgery to confirm abstinence from illicit drugs. Tobacco and nicotine abstinence to be confirmed in active users by negative cotinine levels at least 6 months apart, with the second test within one month of the surgery date.
- Participate in additional evaluations: Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals.

### **[Review OHP Guideline Note 8 for complete criteria](#)**

(Please click on Link above to reference Guideline Note 8 or go to <https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments//Prioritized-List-GN-008.docx>)

### **Prior Authorization is required for Bariatric Phase 2**

**Submitted clinical documentation must show compliance in areas listed above**

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

**Request for Bariatric Surgery-Bariatric Phase 2**

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

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

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

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

**PRIMARY** ICD-10 Code: \_\_\_\_\_ Other Related ICD-10 Codes: \_\_\_\_\_, \_\_\_\_\_

CPT Codes: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Primary criteria for surgery: All below boxes must be checked off for patient to qualify. Unchecked boxes may be subject to further MD review.**

**Supportive documentation of the below criteria needs to be sent for surgery approval.**

BMI  $\geq$  40 (no comorbidities needed)  
OR

BMI 35-40 Type 2 Diabetes or at least 2 of the following obesity-related comorbidities:

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Coronary Heart Disease                               | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Mechanical Arthropathy in major weight bearing joint |                                       |                                      |

Patient is currently free of nicotine, illicit drugs, and dependence on alcohol and has been for the last 6 months.

Patient has participated in a structured non-surgical weight-loss program.

Patient has no history of psychiatric illness OR patient with history of psychiatric illness, they have been stable for 6 months.

Patient is compliant with management of co-morbid conditions. (Diabetes, HTN, etc.)

Patient is able to comply with a rigorous postoperative follow up that includes dietary and lifestyle changes, exercise program, and physician follow-up.

Patient is medically stable for surgery.

Patient is an appropriate candidate for surgery.

**OHP covers bariatric surgery only in a Medicare approved center of excellence.**

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

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

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