

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 sixmonth 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.

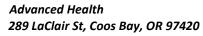
Review OHP Guideline Note 8 for complete criteria

(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





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Request for Bariatric Surgery-Bariatric Phase 2

Member Name:	Medicaid ID #:	DOB:/
Requesting Provider:	PCP Speci	alist Other
Requesting Provider NPI#:		ш ш
Provider's Phone Number:	Provider's Fax Number:	
PRIMARY ICD-10 Code:,,	Other Related ICD-10 Code	es:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	All below boxes must be checked of boxes may be subject to further MD	f for patient to qualify. Unchecked
Supportive documentation  BMI ≥ 40 (no comorbidities nee OR	of the below criteria needs to	
Coronary Heart Disease  Mechanical Arthropathy  Patient is currently free of nicot	t least 2 of the following obesity-related Hypertension v in major weight bearing joint ine, illicit drugs, and dependence on alco	Sleep Apnea
months.  Patient has participated in a str	uctured non-surgical weight-loss progra	am.
Patient has no history of psychi for 6 months.	atric illness OR patient with history of p	sychiatric illness, they have been stable
Patient is compliant with mana	gement of co-morbid conditions. (Diabe	etes, HTN, etc.)
Patient is able to comply with a exercise program, and physicial	rigorous postoperative follow up that in follow-up.	ncludes dietary and lifestyle changes,
Patient is medically stable for s	urgery.	
Patient is an appropriate candid	date for surgery.	
OHP covers bari	atric surgery only in a Medicare appro	ved center of excellence.
Name of person completing form:_		Date:/
Phone:F	ax:	
Physician Signature	_	