



PCP Readiness to Refer Tool - Bariatric Phase 1

(The Six-Month Observation Period Prior to Bariatric Surgery)

What to evaluate prior to referring to Bariatric Surgeon:

- Member is 18 years old or older
- Member has a BMI ≥ 40 or
Member has a BMI ≥ 35 with Type 2 Diabetes or
At least 2 serious obesity-related co-morbidities: hypertension, coronary heart disease, mechanical arthropathy in major weight bearing joint, sleep apnea
- Member has **stable** co-morbidities
 - Example: No recent hospitalizations for heart failure, infections, etc.
 - Example: No wounds requiring regular wound care services
- Member is medication compliant
- No current use of any nicotine product or illicit drugs and must remain abstinent from their use during the six-month observation period
- Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate
- Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
- **Educate member about expectations of Bariatric Surgery**
- **[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 1

Submitted clinical documentation must show compliance in areas listed above

Bariatric Phase 1, when approved, includes:

- 6-month observation period directed by bariatric surgeon and staff
- 3 visits with Bariatric Surgeon, including consult
- Dietary evaluation
- Psychosocial evaluation
- Nicotine test: 1 month after quit date (must be negative)
- Illicit Drug Screen initially and one random (must be negative)
- 2nd Nicotine test: no less than 6 months following first test AND within 1 month of surgery

For questions, please contact Advanced Health Member Services at 541-269-7400

Referral for Bariatric Phase 1

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: _____, _____

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 referral approval.

- ☐ Patient is 18 years old or older
- ☐ BMI ≥ 40 (no comorbidities needed)
OR
- ☐ BMI 35-40 Type 2 Diabetes or at least 2 of the following obesity-related comorbidities:
- ☐ Coronary Heart Disease

☐ Hypertension

☐ Sleep Apnea
- ☐ Mechanical Arthropathy in major weight bearing joint
- ☐ Patient is currently free of nicotine, illicit drugs, and dependence on alcohol.
- ☐ Patient is able to comply with a rigorous postoperative follow up that includes dietary and lifestyle changes, exercise program, and physician follow-up.
- ☐ If Patient has a 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 medically stable for surgery.
- ☐ Female patient not currently pregnant and no plans for pregnancy in the next two years (if applicable)

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.

Name of person completing form: _____ Date: ____/____/____

Phone: _____ Fax: _____

Physician Signature: _____