



Advanced Health
289 LaClair St • Coos Bay, OR 97420
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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.

Primary criteria for surgery: ALL MUST BE "YES" ANSWERS FOR PATIENT TO QUALIFY

BMI >= 40 (no comorbidities needed) Yes No

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

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