



'Bariatric Surgery' Readiness to Request Prior Authorization Checklist

Prior Authorization Required

Please submit documentation which supports readiness

Adult Readiness

- Age 18 or older
- Is facility MBSAQIP Accredited
- 500lbs or less (local hospital limits)
- BMI of 35 or greater, OR
- BMI 30-34.9 kg/m² or greater with Type 2 Diabetes Mellitus which has not met clinical glycemia targets as defined by HbA1c of 8.0% or greater, despite trials of two diabetes medications
- Behavioral Health Stability
 - Documentation, completed by a Licensed Mental Health Care Provider, indicating stability of Behavioral Health diagnosis'
- Physical Health Stability
 - Documentation, completed by PCP or primary care clinician, indicating optimized control of comorbidities
- Surgical Evaluation
 - Documentation, completed by Bariatric Surgeon, indicating medical appropriateness and necessity of proposed bariatric procedure
- Nutrition
 - Documentation, completed by a licensed dietician, indicating Nutritional evaluation completed
- Substance Use
 - Documentation indicating member is free from active substance abuse disorder including negative drug screening result
 - Documentation indicating member is free from active use of combustible cigarettes, including negative nicotine screening result
- Family Planning
 - Documentation indicating, member is not currently pregnant and received contraceptive counseling to effectively reduce pregnancy post bariatric procedure for a minimum of 18 months following procedure, including negative pregnancy test.
- Lifestyle Readiness
 - Documentation indicating member has agreed to adherence of post-surgical evaluation and post-operative care recommendations, including recommendations that require life-long lifestyle changes.

Adolescent Readiness

- Age 13-17
- Is facility MBSAQIP Accredited
- 500lbs or less (local hospital limits)
- BMI > or equal to 35 or 120% of 95th percentile for age, sex, AND clinically significant COMORBID condition, OR
- BMI > or equal to 40 or 140% of 95th percentile for age AND sex
- Behavioral Health Stability
 - Documentation, completed by a Licensed Mental Health Care Provider, indicating stability of Behavioral Health diagnosis'
- Physical Health Stability
 - Documentation, completed by PCP or primary care clinician, indicating optimized control of comorbidities
- Surgical Evaluation
 - Documentation, completed by Bariatric Surgeon, indicating medical appropriateness and necessity of proposed bariatric procedure
- Nutrition
 - Documentation, completed by a licensed dietician, indicating Nutritional evaluation completed
- Substance Use ***if adolescent has current dx of SUD***
 - Documentation indicating member is free from active substance abuse disorder including negative drug screening result
 - Documentation indicating member is free from active use of combustible cigarettes, including negative nicotine screening result
- Family Planning ***if adolescent sexually active***
 - Documentation indicating, member is not currently pregnant, negative pregnancy test, and received contraceptive counseling to effectively reduce pregnancy post bariatric procedure for a minimum of 18 months following procedure.
- Lifestyle Readiness
 - Documentation indicating member has agreed to adherence of post-surgical evaluation and post-operative care recommendations, including recommendations that require life-long lifestyle changes.

[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>)

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



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Bariatric Surgery Prior Authorization

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:

ADULT (check mark indicates all criteria listed above is met and included in submitted documentation)

ADOLESCENT (check mark indicates all criteria listed above is met and included in submitted documentation)

Behavioral Health Stability Documentation []

Physical Health Stability Documentation []

Nutritional Health Documentation []

Family Planning Documentation []

Lifestyle Readiness Documentation []

SUD/Smoking Documentation Patient is an appropriate candidate for surgery []

Facility is MBSAQIP Accredited. OHP covers bariatric surgery only in a Medicare approved center of excellence.

Name of person completing form: Date:

Phone: Fax:

Physician Signature: