



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. Counseling in dietary lifestyle changes and counseling on post-operative dietary change requirements.
- 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:

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 and has been for the last 6 months.

Patient has had a dietary evaluation on dietary lifestyle changes and post-op dietary requirements.

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 _____