

BARIATRIC SURGERY

**Bariatric Surgery
Medical Policy – SUR716.003**

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical
- Diet History
- Psychiatric Evaluation

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

Note: For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

PATIENT INFORMATION

Name:	Member ID	Group ID
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PROCEDURE INFORMATION

Surgical Procedure: _____

- **BMI** : _____ kg/meter²
- **Co-Morbid conditions** that have not responded to maximum medical management:
 - Hypertension Yes _____ No _____
 Medical Management (description) _____
 - Dyslipidemia Yes _____ No _____
 Medical Management (description) _____
 - Diabetes Mellitus Yes _____ No _____
 Medical Management (description) _____
 - Coronary Heart Disease Yes _____ No _____
 Medical Management (description) _____
 - Sleep Apnea Yes _____ No _____
 Medical Management (description) _____
 - Osteoarthritis Yes _____ No _____
 Medical Management (description) _____
- **Duration of Morbid Obesity:** _____ months/years
- **Participation in a comprehensive, non-surgical weight reduction program:**
 Yes _____ No _____
 - Description of program: _____
 Dates of participation: _____
 - Description of program: _____
 Dates of participation: _____
 - Description of program: _____
 Dates of participation: _____
 - Description of program: _____
 Dates of participation: _____
 - Description of program: _____
 Dates of participation: _____
- **Psychiatric evaluation:** Yes _____ No _____ Date of Evaluation _____

Revised 08/2010