

## BARIATRIC SURGERY

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

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical
- Planned Post-Operative Program
- Psychiatric Evaluation

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

**PATIENT INFORMATION**

Name:	Member ID	Group ID
-------	-----------	----------

**PROCEDURE INFORMATION**

Surgical Procedure/Code: \_\_\_\_\_

BMI : \_\_\_\_\_ kg/meter<sup>2</sup>

Co-Morbid conditions that have not responded to maximum medical management:

- Hypertension
- Dyslipidemia
- Diabetes Mellitus
- Coronary Heart Disease
- Sleep Apnea
- Osteoarthritis

Medical management treatment/response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Education on post-operative program:  Yes  No Including the following:

- Nutrition program
- Behavior modification or behavioral health interventions
- Counseling and instruction on exercise and increased physical activity
- Ongoing support for lifestyle changes

Psychiatric evaluation:  Yes  No                      Date of Evaluation \_\_\_\_\_

*Revised 07/2013*