# 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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Member ID</th>
<th>Group ID</th>
</tr>
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**PROCEDURE INFORMATION**

Surgical Procedure/Code: ___________________________________________________

BMI : _____kg/meter²

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*