



Federal Employee Program

Prior Authorization Request Form Bariatric Surgery

Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Patient Information

Patient's Name:	Blue Cross Blue Shield ID Number: R
Birth Date:	Patient's Phone Number:

Billing Provider Information

Ordering Physician/Provider Information

Name and Address:	<input type="checkbox"/> Please check this box if the ordering and billing provider are the same Provider's Name and Address:
Tax ID Number:	Tax ID Number:
Office Contact:	Office Contact:
Phone: ()	Phone: ()
Fax: ()	Fax: ()

Please enter all codes requested; "by report" codes must have a description of why the code is being used.

ICD-10 CODE(S):

CPT/HCPC CODE(S):

PATIENT CLINICAL INFORMATION

Please provide the following documentation: Anticipated Date(s) of Service:

Initial Bariatric Surgical Requests: (All patients)

- History and physical including prior weight loss attempts and responses (Office notes/Progress Notes)
- Diagnosis of obesity times 2 years prior to surgery
- Participation in a 3 month consecutive weight-reduction program (medically supervised by a dietician, nurse practitioner, MD organized weight- reduction program,) initial and end weight, duration (start and end dates)
- Description of exercise program and duration or medical contraindication to an exercise program
- Monthly documentation of weight loss over **three consecutive months** occurring within the last 18 months prior to the request for bariatric surgery (e.g., medical records, and/or weight-loss logs)
- Evidence of no smoking for six months prior to surgery
- No evidence of substance abuse for one year
- Nutritional consultation and evaluation

Fax Number: 1-855-895-3504

Phone Number: 1-800-633-4581

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Revised: Effective:



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- Psychological consultation, that includes that patient has been cleared for surgery
- Medical doctor (MD) order for surgery that includes current height, weight, and body mass index (BMI), surgery requested and recommendation

Continued next page for BMI < 40.0kg/m² or Reoperation/Repeat Bariatric Surgery Requests
Please provide the following documentation (continued):

Additionally for BMI < 40.0kg/m² -(An individual with a BMI of 40 or more or 35 or with co-morbidities who has failed conservative treatment; eligible members must 18 years or older)

- Co-morbidities
 - If diagnosed with **coronary artery disease**: Submit documentation from cardiologist that includes all previous and current treatments, as well as, member's current status
 - If diagnosed with **diabetes**: Submit documentation from primary care provider or endocrinologist that includes all previous and current treatments, as well as, type of diabetes
 - If diagnosed with **hypertension**: Submit documentation from primary care provider that includes all previous and current treatments, as well as, member's current status
 - If diagnosed with **obstructive sleep apnea**: Submit official sleep study report interpreted by a sleep disorders specialist MD or Doctor of Osteopathic (DO) medicine and documentation of all conservative therapies attempted with duration and outcomes

Reoperation and Repeat Bariatric Surgical Requests:

- History and physical or consultation notes including: prior surgery and complications(if applicable), indication for surgery, and treatment plan
- Post-surgical weight loss history (including pre- and post-surgical BMI), nutrition and exercise compliance
- Operative report(s) (if applicable)
- Diagnostic radiology, endoscopy or contrast study reports (if applicable)

View our Medical Policy on line at <http://www.fepblue.org/medical-policies.jsp>

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