



Bariatric Weight-Loss Surgery Authorization

Purpose of this form

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form

We recommend reviewing [GEHA's coverage policy](#) before completing this form. You can find our coverage policies at geha.com/faqs-and-resources/for-providers/coverage-policies. These will allow you to see the criteria used to determine medical necessity and procedures that are not allowable.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need assistance, you can speak with a surgical specialist at 800.821.6136, ext. 3100.

After you have completed the form

You will fax this completed form along with supporting documentation* to GEHA's Medical Management department at 816.257.3255.

*If the patient lives in Texas, call United Healthcare Choice Plus at 877.585.9643.

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure. We are not able to consider a request "urgent" unless waiting the regular time limit for authorization could seriously jeopardize a patient's life, health or ability to regain maximum function.



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Today's date: _____ Anticipated service date: _____

Member information

Member's name: _____ Member's phone: _____

Member ID: _____ Member date of birth: _____

Member address: _____

Provider information

Provider name: _____ Tax ID number: _____

Address: _____

Contact name: _____

Phone: _____ Ext: _____ Fax: _____

Clinical information

Requested CPT Codes: _____

Member's diagnosis codes: _____

Below you will find the documentation necessary to review your authorization request, depending upon the member's age and BMI, including revision surgery.

Provide the following documentation with your request for members age 18 and older:

- ✓ Current history and physical
- ✓ Clinical records documenting the failure to lower the body mass index within the last 12 months through a medically supervised program of diet and exercise of at least 6 months duration (**see the Diet and Exercise History chart on the final page of this form**);
- ✓ Documentation of body mass index
- ✓ For members with a BMI between 35 and 39 include clinical records documenting the following:
 - Clinically severe significant obstructive sleep apnea defined as an AHI \geq 30 documented within prior 2 years; or
 - Coronary heart disease, with objective documentation (by exercise stress test, radionuclide stress test, pharmacologic stress test, stress echocardiography, CT angiography, coronary angiography, heart failure or prior myocardial infarction); or

- Refractory Hyperlipidemia defined as unachievable acceptable levels of lipids despite maximal diet and pharmacological therapy; or
- Obesity Induced Cardiomyopathy ; or
- Severe Arthropathy of the spine or weight bearing joints when obesity prohibits appropriate surgical management; or
- Medically Refractory hypertension defined as blood pressure > 140 mmHG systolic and/or 90 mmHg diastolic despite medical treatment with maximal dose of three antihypertensive medications; or
- Type II Diabetes Mellitus as diagnosed by the American Diabetes Association Diagnostic criteria of A1C greater than 6.5%, or fasting blood glucose of 126 mg/dl or greater, or oral glucose tolerance test of 200 mg/dl or greater or random (casual) plasma glucose test of 200 mg/dl.

Provide the following documentation with your request for members less than 18 years of age:

- ✓ Documentation of completed bone growth
- ✓ Current history and physical
- ✓ Clinical records documenting the failure to lower the body mass index within the last 12 months through a medically supervised program of diet and exercise of at least 6 months duration (**see the Diet and Exercise History chart on the final page of this form**);
- ✓ Documentation of body mass index
- ✓ For members with a BMI exceeding 40, include clinical records documenting the following:
 - Clinically significant obstructive sleep apnea (defined above); or
 - Type 2 diabetes mellitus (defined above); or
 - Pseudo tumor comorbidities; or
 - Hypertension.
- ✓ For members with a BMI exceeding 50 include clinical records documenting the following:
 - Medically refractory hypertension (defined above); or
 - Dyslipidemias; or
 - Nonalcoholic steatohepatitis; or
 - Venous stasis disease; or
 - Significant impairment in activities of daily living; or
 - Intertriginous soft-tissue infections; or
 - Stress urinary incontinence; or
 - Gastroesophageal reflux disease; or
 - Weight-related arthropathies that impair physical activity.

Provide the following documentation with your request for a weight-loss revision surgery:

- ✓ All of the above requested documents as applicable per the age and BMI group; and
- ✓ Clinical records documenting the following:
 - Perioperative or late complications of the original bariatric procedure; or the primary bariatric procedure has failed due to dilation of the gastric pouch or dilation proximal to an adjustable gastric band or other restrictive procedure; or
 - The primary bariatric procedure has failed to provide adequate weight loss AND
 - Documentation that indicates the individual continues to meet all the medical necessity criteria for bariatric surgery, including a pre-operative nutritional assessment; and
 - Objective documentation of compliance with the previously prescribed postoperative dietary and exercise program (this must include medical records demonstrating compliance with recommended post-surgical protocols); and
 - Documentation that the maximum weight loss following the original surgery was less than 50% of pre-operative excess body weight and current weight remains at least 30% over ideal body weight.

Physician-Supervised Diet and Exercise History

Provider: Use this document to detail the physician-supervised diet and exercise program of at least six months' duration that has occurred within the last 12 months.

	Specifically describe type of exercise and length of time involved. Example: Walking 5 times a week for 30 minutes each time.	Describe daily food intake. Include all meals and snacks.
Month 1		
Month 2		
Month 3		
Month 4		
Month 5		
Month 6		
Other visits		