

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/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