

ONLY COMPLETED FORMS CAN BE PROCESSED

Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

- Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Patient Information		Person Completing Form	
Patient name:		Name:	
HPHC member ID #:		Phone #:	
Date of birth:		Fax #:	
Requesting Provider		Servicing Provider/Facility	
Last name: _____		Last name: _____	
First name: _____		First name: _____	
Title:		Title:	
HPHC provider ID #:		Address: _____	
NPI #:		_____	
Service start date:		HPHC provider ID # (if known)	
Service end date:			
Diagnosis:		Tax ID #:	
ICD-10 code:			
Service type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation/ER (Notification only) <input type="checkbox"/> Other		Number of visits/units requested:	
Service location:		Authorization type:	
Procedure code(s):			
Planned Procedure:			
<input type="checkbox"/> Open and laparoscopic Roux-en-Y gastric bypass (RYGBP)		<input type="checkbox"/> Gastric Reduction Duodenal Switch (BPD/GRDS)	
<input type="checkbox"/> Open and laparoscopic Biliopancreatic Diversion with Duodenal Switch (BPD/DS)		<input type="checkbox"/> Laparoscopic adjustable gastric banding (LAGB)	
		<input type="checkbox"/> Laparoscopic sleeve gastrectomy	

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General Criteria

Body Mass Index (BMI):	Height:	Weight:
15years or older Y/N:	Behavioral Health Evaluation — Date completed:	
Clinical documentation must confirm member is motivated to lose weight, is a good candidate for the procedure and is well informed of the risks and need for long term follow-up. Documentation must also confirm there are no contraindications to bariatric surgery ,or any inability of member to comply with post op instructions.		

Initial procedure (one of the following):

1. BMI \geq 35 or more, and
2. Co-morbid conditions (required for BMI \geq 35) (one or more):
 - Type II Diabetes
 - Refractory hypertension (blood pressure of 140 mmhg systolic and/or 90 mmhg diastolic)
 - Refractory hyperlipidemia (acceptable levels of lipids unachievable with diet and maximum doses of lipid lowering medications)
 - Clinically significant obstructive sleep apnea (OSA)
 - Obesity-related hypoventilation
 - Pseudotumor cerebri (documented idiopathic intracerebral hypertension)
 - Severe arthropathy of spine and/or weight-bearing joints (when obesity prohibits appropriate surgical management of joint dysfunction that is treatable but for the obesity)
 - Obesity induced cardiomyopathy
 - Hepatic steatosis without prior evidence of active inflammation

The procedure is performed at a facility that is certified by the American College of Surgeons as a Level 1 Bariatric Surgery Center or by the American Society for Bariatric Surgery as a Bariatric Surgery Center of Excellence.

The member is motivated to achieve substantial weight loss, is a good candidate for the procedure and long-term follow-up, and is well-informed about potential operative risks, realistic expectations of surgery, and the need for lifelong medical follow up.

Member does not have ANY of the following contraindications:

- Prohibitive perioperative risk of cardiac complications due to cardiac ischemia or myocardial dysfunction
- Severe chronic obstructive airway disease or respiratory dysfunction
- Non-compliance with medical treatment of obesity or treatment of other chronic medical condition
- Failure to cease tobacco use
- Psychological/psychiatric conditions (schizophrenia, borderline personality disorder, suicidal ideation, severe or recurrent depression, or bipolar affective disorders with difficult-to-control manifestations, history of recurrent lapses in control or recurrent failure to comply with management regimen)
- Mental retardation that prevents personally provided informed consent or ability to understand and comply with a reasonable pre- and postoperative regimen
- History of significant eating disorders (anorexia nervosa, bulimia and pica)
- Severe hiatal hernia/gastroesophageal reflux for restrictive procedures such as LAGB
- Autoimmune and rheumatological disorders that would be exacerbated by the presence of intra-abdominal foreign bodies (for LAGB procedures)
- Hepatic disease with prior documented inflammation, portal hypertension or ascites

In addition, all covered procedures must be provided as part of a comprehensive multidisciplinary program that includes a comprehensive preoperative evaluation and postoperative care. Requests for bariatric surgeries must include medical record documentation that is not limited to but contains ALL the following:

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Preoperative Evaluation

- Individual has failed to maintain a healthy weight despite adequate participation in a structured dietary program, ***and***
- Assessment and history of repeated attempts to lose weight (with failure to achieve sustained weight loss) through established non-surgical weight loss programs and/or clinician supervised approaches to long-term weight loss (e.g., diet/nutrition regimens, behavioral modification, exercise, and/or pharmacologic agents), ***and***
- Behavioral health history indicating no issues (e.g., capacity to personally provide informed consent, active substance abuse, untreated major depression or anxiety, other serious psychological disorders) that could reasonably be expected to complicate the recuperative process or member's compliance with diet and post-surgery follow-up

Preoperative Care

- At least three follow-up visits with the bariatric surgery team within the first year, ***and***
- Lifelong postoperative dietary care (including vitamins, mineral and nutritional supplementation), ***and***
- Exercise and lifestyle changes reinforced by counseling and/or support groups and supervised by a physician who is knowledgeable in long-term care of such individuals

Repeat or Revision Procedure (one of the following):

Harvard Pilgrim StrideSM (HMO) considers surgery to correct complications, such as slippage, erosion, obstruction and stricture, as medically necessary.

Please attach any applicable clinical documentation.

If you have any questions about this process, please contact the Medicare Advantage Provider Service Center at **888-609-0692**.