

**Potential Bariatric Candidate
Documentation PA Checklist
Phase I (S0260)**

This checklist is to assist providers with submitting the required clinical documentation necessary to evaluate the member for the bariatric surgery program.

1. DOB: _____ Age: _____ Height: _____
2. Current (date of): _____ Weight: _____ BMI: _____
3. Documentation supporting diagnosis for one of the following:
 - a. Diabetes mellitus: Date of onset: _____
 - i. Current regimen _____
 - ii. Diabetic Medications/Frequency _____
 - iii. HGBA1C lab results _____
 - b. Submit objective documentation to supporting:
 - i. Degenerative joint disease of a major weight bearing joint(s) to extent that member is a candidate for joint replacement surgery if weight loss is achieved. (Imaging results, Progress notes from Ortho Consult)
 - c. Submit objective documentation to supporting:
 - i. A rare co-morbid condition (such as pseudo tumor cerebri) in which there is medical evidence that bariatric surgery is medically necessary and that the benefits of bariatric surgery outweigh the risk of surgical morbidity and mortality.
4. Documented presence of obesity (BMI > 30) for at least 5 years
Progress not supporting 5 yr Hx: Date: _____ Wt: _____ BMI: _____
5. Progress notes/imaging/Labs supporting diagnosis of medical conditions that would increase the member's risk of surgical morbidity or mortality:
6. Progress note supporting member is not pregnant or planning to become pregnant in the next two years (hysterectomy, tubal ligation, birth control)
7. Documentation (progress notes, dietary/exercise logs) supporting Member compliance and attempt to lose weight through a medically structured and supervised nutrition and exercise program without successful long-term weight reduction.

** At least one previous attempt must have been overseen and coordinated by an appropriate provider (i.e. Physician, PA, ARNP or CNS) and must include appropriate nutritional counseling, a documented exercise program and should include an evaluation potentially related behavioral health issues. The provider should have addressed all factors that could have contributed to the member's obesity, i.e. hypothyroidism, medication-induced weight gain, depression, behavioral disorders, etc.

Initial consult:

- a. Date of service: _____ Current Wt: _____
- b. Exercise plan: (member exercise log) _____
- c. Nutritional/diet: (member's dietary log) _____
- d. Factors contributing to obesity: (Provider's progress note) _____
- e. Action plan to address those factors: (Provider's progress note) _____
- f. Counseled on: (Provider's progress note) _____

Follow up consult:

- g. Date of service: _____ Current Wt: _____
- h. Exercise plan: (member exercise log) _____
- i. Nutritional/diet: (member's dietary log) _____
- j. Factors contributing to obesity: (Provider's progress note) _____
- k. Action plan to address those factors: (Provider's progress note) _____
- l. Counseled on: (Provider's progress note) _____

Follow up consult:

- m. Date of service: _____ Current Wt: _____
- n. Exercise plan: (member exercise log) _____
- o. Nutritional/diet: (member's dietary log) _____
- p. Factors contributing to obesity: (Provider's progress note) _____
- q. Action plan to address those factors: (Provider's progress note) _____
- r. Counseled on: (Provider's progress note) _____

Follow up consult:

- s. Date of service: _____ Current Wt: _____
- t. Exercise plan: (member exercise log) _____
- u. Nutritional/diet: (member's dietary log) _____
- v. Factors contributing to obesity: (Provider's progress note) _____
- w. Action plan to address those factors: (Provider's progress note) _____
- x. Counseled on: (Provider's progress note) _____

Follow up consult:

- y. Date of service: _____ Current Wt: _____
- z. Exercise plan: (member exercise log) _____
- aa. Nutritional/diet: (member's dietary log) _____
- bb. Factors contributing to obesity: (Provider's progress note) _____
- cc. Action plan to address those factors: (Provider's progress note) _____
- dd. Counseled on: (Provider's progress note) _____

Follow up consult:

- ee. Date of service: _____ Current Wt: _____
- ff. Exercise plan: (member exercise log) _____
- gg. Nutritional/diet: (member's dietary log) _____
- hh. Factors contributing to obesity: (Provider's progress note) _____
- ii. Action plan to address those factors: (Provider's progress note) _____
- jj. Counseled on: (Provider's progress note) _____

****PLEASE NOTE - PRIOR AUTHORIZATION SUBMISSION DOES NOT
GUARANTEE APPROVAL.**

Additional Documentation may be required. Supplier-generated forms and physician letters of medical necessity are not a substitute for the comprehensive medical record.