



Bariatric Weight-Loss Surgery Authorization Form

Refer to the back of the patient's ID card under the heading "Prior Authorization" for the appropriate contact information.

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 for bariatric surgery](#) before completing this form. You can find our coverage policies at [Provider resources](#). 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

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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Refer to the back of the patient's ID card under the heading "Prior Authorization" for the appropriate contact information.

Date of request: _____ Anticipated service date: _____

Patient name: _____ Phone: _____

Preferred pronouns: _____ (optional)

ID number: _____ Date of birth: _____

Member address: _____

Physician name: _____

Tax ID: _____

Address: _____

Contact: _____

Phone: _____ Ext: _____ Fax: _____

Facility: _____

Tax ID: _____

Address: _____

Contact: _____

Phone: _____ Ext. _____ Fax: _____

DX: _____ ICD-10 code: _____

Requested CPT codes: _____ Additional CPT codes: _____

Unlisted CPT codes and complete description: _____

Place of service: Inpatient Outpatient

Note: Inpatient stays require a separate authorization from the surgery.

Our Physician-Supervised Diet and Exercise History

Did the patient participate and show compliance with a medically supervised preoperative weight loss and exercise program? _____

If patient did not participate and show compliance with a medically supervised preoperative weight loss and exercise program, please indicate why this was unmet: _____



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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 through a medically supervised program
- ✓ 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 > 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.

For members younger than 18 years of age, BMI over 50 and Revision surgery, please see the full [GEHA coverage policy for bariatric surgery](#).

Submit completed form and supporting documents can be submitted to:

GEHA
P.O. Box 21542
Eagan, MN 55121

Fax: **816-257-3255**
or
Secure email: caremanagementsurgery@geha.com

Questions: Call GEHA at 800.821.6136, ext. 3100

All benefit payments are subject to review for any applicable deductibles, coinsurance, maximums, medical necessity and patient eligibility on the date that the service is provided or the supply delivered.