

Stage 2 Bariatric Surgery Request



For Apple Health Plans:
 Prior Authorizations requests may be faxed to:
206-613-8873

Please call Customer Service to verify eligibility & benefits:
1-800-440-1561
 Monday through Friday, 8a.m. - 5p.m.

- Prior Authorization Requests may be made through the Medical Management Portal at www.chpw.org/submitcare.
- **Please attach supporting clinical documentation to this fax.**
- Incomplete forms and requests without clinical information will delay processing.

GENERAL INFORMATION			
PROVIDER INFORMATION			
Name of primary care provider who will supervise weight loss if member is approved for Stage 2:			
Tax ID:	Contact Phone #:	Contact Fax #:	
PATIENT INFORMATION			
Name:	Date of Birth:	CHPW Member ID:	
Current Weight:	Date Weighed:	Height:	
QUALIFYING QUESTIONS - WAC 182-531-1600(6)			
Is the member between ages 18-59 years?	YES	NO	(If greater than 59 may be considered)
Is the member's BMI 35 or greater?	YES	NO	
Is the member pregnant?	YES	NO	
Does this member have diabetes? <input type="checkbox"/> YES (complete the following) <input type="checkbox"/> NO (move to next question)			
Date of diabetes diagnosis: _____			
Which test documents the member has diabetes?			
<input type="checkbox"/> Hemoglobin A1c 6.5 or greater (Provide a copy of diagnostic lab value. If newly diagnosed, send two qualifying A1c tests three months apart or one A1c and one of the following tests)			
<input type="checkbox"/> Random glucose > 200mg/Dl (Provide a copy of the diagnostic lab value)			
<input type="checkbox"/> 2-hour oral glucose tolerance test (Provide a copy of the diagnostic lab value and reference range)			
What diabetes medication does the member use at this time?			

Does this member have Degenerative Joint Disease (DJD) of a major weight-bearing joint and is currently a candidate for replacement if weight loss is achieved?

YES (complete the following) **NO** (move to next question)

Provide the following documentation:

- Diagnostic imaging report documenting sever DJD
- An orthopedic consult recommending joint replacement as soon as weight loss is achieved

Does this member have a rare comorbid condition for which there is medical evidence bariatric surgery is medically necessary and the benefits of bariatric surgery outweigh the risk of surgical mortality?

YES (complete the following) **NO**

What is the rare comorbid medical condition?

- Provide documentation member has the medical condition and how bariatric surgery is medically necessary treatment.

ADDITIONAL INFORMATION

List all comorbidities related to obesity:

Required Labs (attach reports with documentation)

A1c from past three months (if not diabetic, from within the past year): _____ Date: _____

TSH or thyroid studies with the past year:

TSH: _____ Other thyroid studies: _____

Recent liver function tests (LFT's):

AST: _____ ALT: _____ Bilirubin: _____ ALK PHOS: _____

Recent kidney function tests:

BUN: _____ Creatinine: _____ eGFR: _____

During the time this member has been your patient, describe the weight loss / diet recommendations and support you have provided. Why do you think that has not been successful?

Previous formal weight loss programs (list each program and approximate dates of participation).

Weight Loss Program

Approximate Dates

1 _____	_____ thru _____
2 _____	_____ thru _____
3 _____	_____ thru _____
4 _____	_____ thru _____

Do you think this member has the ability to maintain the post-operative dietary changes required for success?

YES **NO**

Why or why not?

Please attach required records in the following order:

- Diabetes related labs, if diabetic
- Diagnostic imaging reports and orthopedic consult, if PT requires joint replacement
- Detailed history and physical (required for each member requesting bariatric surgery)
- Other lab work
- Other supporting and relevant documentation you would like us to review

If this member is approved for stage 2 of bariatric surgery program, as the member's primary care provider, I agree to partner with the member to meet the requirements of the program.

YES **NO**