



**\*\*FOR REFERENCE ONLY - PLEASE SUBMIT ALL REQUESTS VIA CCLINK (CCRM) OR CCLINK PROVIDER PORTAL (CPN)\*\***

### **CCHP Bariatric Surgery Surgeon Consult Referral Form**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CCHP ID Number: \_\_\_\_\_ Patient MRN: \_\_\_\_\_

BMI >= 40 OR  > 35 and comorbidity: (Fill in comorbidity): \_\_\_\_\_ (Examples include but are not limited to: life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.)

Please write 2-3 sentences describing the conservative therapy tried with sustained effort (Examples of conservative therapy include BUT ARE NOT LIMITED TO: low (800 thru 1200) calorie and very low (400 thru 800) calorie diets, behavioral modification, exercise and pharmacologic agents. Must show sustained effort. Example of sustained effort includes BUT NOT LIMITED TO: Severe obesity has persisted for at least five years despite a structured physician supervised weight-loss program with or without an exercise program for a minimum of six months, Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss, or other examples of sustained effort.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exercise counseling completed: Yes  No  (If answered no – don't submit the form until this is do)

Has a mental health evaluation request been submitted yet? Yes  No  (If no, please submit a mental health evaluation).

Presence of comorbidities:

- Demonstrated lack of adherence and motivation Yes  No
- Has attained full growth (at least 18 years of age or documentation of completion of bone growth) Yes  No
- Uses illegal drugs, abuses prescription medications, or drinks excessive amounts of alcoholic beverages Yes  No
- Presence of active peptic ulcer disease (PUD) Yes  No
- Presence of advanced kidney disease (Stage IV or V) or advanced liver disease (cirrhosis/esld) Yes  No
- Presence of other major life-threatening disease not susceptible to alleviation by surgery (e.g. cancer) Yes  No 
  - If yes, please list: \_\_\_\_\_
- Presence of other contraindications to the surgery Yes  No 
  - If yes, please list: \_\_\_\_\_
- Presence of endocrinologic disorders:
  - Thyroid Yes  No 
    - TSH within last 24 months: \_\_\_\_\_ (value)
  - Diabetes Yes  No 
    - If yes, HbA1c within last 12 months: \_\_\_\_\_ (value)
  - Lipid Disorder Yes  No 
    - Fasting Lipid Values within last 24 months:

\_\_\_\_\_  
\_\_\_\_\_ (values)

Dietary consultation and at least one follow up visit have been completed. (Required to assess present eating patterns (binge eating, bulimia, etc.) and ability to comprehend and cope with the post-surgical dietary restrictions. Purpose of both the dietary assessment and the weight loss program include educating members in healthy eating styles, assessing if they can lose weight without surgery, counseling on the effects of surgery, and connecting them to their PCP who can follow up them after surgery). Yes  No



## CCHP Bariatric Surgery Approval Request Form (Request by Surgeon)

1. Does patient have severe psychological impairment Yes  No  Prefer referral and evaluation by psych
2. Patient has a clear and realistic understanding of available alternatives and how their lives will be changed after surgery, including the possibility of morbidity and eventually mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved. Yes  No
3. Patient and provider understand that, in general, surgery to remove excess skin resulting from weight loss (e.g., panniculectomy, abdominoplasty) is not a covered benefit. Yes  No
4. Patient has received a pre-operative medical consultation and is an acceptable surgical candidate. Yes  No
5. Patient has a post-operative treatment plan, which includes:
  - a. Post-operative dietary evaluations and nutritional counseling Yes  No
  - b. The availability of supportive resources when needed (e.g. family) Yes  No 
    - i. Please list supportive resources:

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6. List procedure(s) and CPT code(s) requested:

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_____	_____	____/____/____
Requesting Physician Name (Print)	Requesting Physician Signature	Date

## CCHP Criteria for Bariatric Surgery

- Morbid Obesity BMI  $\geq$  40 or  $>$  35 if has co-morbidity

### Referral to Bariatric Surgeon – consult 1+6

- Failed conservative therapy OR such therapy not appropriate
- No Severe psychological impairment
- The recipient has an absence of contraindications to the surgery, including a major life threatening disease not susceptible to alleviation by the surgery, alcohol or substance abuse problem in the last six months, severe psychiatric impairment and a demonstrated lack of compliance and motivation.
- Dietary evaluation, nutritional counseling, exercise counseling documented
- Ensure no other/organic cause of obesity

### Approval of Surgery

- Patient has clear – realistic understanding of procedure – documented meeting with surgeon
- The recipient has a treatment plan, which includes: – Pre-and post-operative dietary evaluations and nutritional counseling, counseling regarding exercise, psychological issues, and the availability of supportive resources when needed.
- Surgeon agrees no severe psychological impairment
- The recipient has a clear and realistic understanding of available alternatives and how his or her life will be changed after surgery, including the possibility of morbidity and even mortality, and a credible commitment to make the life changes necessary to maintain the body size and health achieved.
- The recipient has received a pre-operative medical consultation and is an acceptable surgical candidate.

### Conservative Therapy Includes (but not limited to):

Conservative and dietary treatments include BUT ARE NOT LIMITED TO low (800 thru 1200) calorie and very low (400 thru 800) calorie diets, behavioral modification, exercise and pharmacologic agents. Must show sustained effort. Example of sustained effort includes BUT ARE NOT LIMITED TO: Severe obesity has persisted for at least five years despite a structured physician supervised weight-loss program with or without an exercise program for a minimum of six months. – Serial-charted documentation that a two-year managed weight-loss program including dietary control has been ineffective in achieving a medically significant weight loss.

### Co-Morbidity Includes (but not limited to):

Life-threatening cardiovascular or pulmonary disease, sleep apnea, uncontrolled diabetes mellitus, or severe neurological or musculoskeletal problems likely to be alleviated by the surgery.