

Applies to:

Aetna plans

Innovation Health® plans

**Health benefits and health insurance plans offered, underwritten and/or
administered by the following:**

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

**Banner Health and Aetna Health Insurance Company and/or Banner Health and
Aetna Health Plan Inc. (Banner | Aetna)**

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

**Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance
Company (Texas Health Aetna)**



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Obesity Surgery Precertification Information Request Form

About this form

You can't use this form to initiate a precertification request. To initiate a request, please call our Precertification Department or submit your request electronically (preferred). **Failure to complete this form and submit all medical records we are requesting may result in the delay of review or denial of coverage.**

Effective **May 1, 2020**, this form replaces all other obesity surgery precertification information request documents and forms. This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form.

You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services.

When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department by:

- **(Preferred)** Upload your information electronically on our secure provider portal at www.Availity.com.
- Send your information via confidential fax to: **Precertification-** Commercial and Medicare (including **expedited**) using FaxHub: **833-596-0339**
- Mail your information to: **PO Box 14079**
Lexington, KY 40512-4079

What happens next?

Once we receive the requested documentation, we'll perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

If you request precertification for a Medicare Advantage member, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there isn't an available NCD or LCD to review, then we'll use the Clinical Policy Bulletin referenced below to make the determination.

For all other members, we encourage you to review **Clinical Policy Bulletin #157: Obesity Surgery**, before you complete this form.

You can find the Clinical Policy Bulletins and Precertification Lists by visiting the website on the back of the member's ID card.

Questions?

If you have any questions about how to fill out the form or our precertification process, call us at:

- HMO plans: **1-800-624-0756**
- Traditional plans: **1-888-632-3862**

Obesity Surgery Precertification Information Request Form

Section 1: Provide the following general information If submitting request electronically, complete member name and ID only.	
Member name:	Reference number (required):
Member ID:	Member date of birth:
Requesting provider/facility name:	
Requesting provider/facility NPI:	
Requesting provider/facility phone number: 1- - -	
Requesting provider/facility fax number: 1- - -	
Assistant/co-surgeon name (if applicable):	TIN:
Section 2: Provide the following patient-specific information	
Member's current height and weight	
Has the member attempted weight loss in the past without successful long-term weight reduction? ☐ Yes ☐ No	
Is this a repeat bariatric surgery? ☐ Yes ☐ No	
If yes, provide the reason for repeat surgery: ☐ Inadequate success (defined as loss of more than 50 % of excess body weight) 2 years following the primary bariatric surgery procedure and the patient has been compliant with a prescribed nutrition and exercise program following the procedure ☐ Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch, dilated gastrojejunostoma, or dilation of the gastrojejunostomy anastomosis and the primary procedure was successful in inducing weight loss prior to the dilation of the pouch or GJ anastomosis, and the member has been compliant with a prescribed nutrition and exercise program following the procedure ☐ Replacement of an adjustable band due to complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments ☐ Conversion from an adjustable band to a sleeve gastrectomy, Roux-en-Y Gastric bypass (RYGB), Biliopancreatic Diversion (BPD) or Duodenal Switch (DS) and the patient has been compliant with a prescribed nutrition and exercise program following the band procedure and there are complications that cannot be corrected with band manipulation, adjustments or replacement ☐ Conversion of sleeve gastrectomy to Roux-en-Y gastric bypass for the treatment of gastro-esophageal reflux disease (GERD) when anti-reflux medical therapy has been tried and failed. ☐ Other, Please Specify	
Indicate below which of the following procedure(s) best describes the coverage request:	
☐ Roux-en-Y Gastric bypass (RYGB)	☐ Sleeve gastrectomy
☐ Biliopancreatic diversion (BPD)	☐ Duodenal Switch
☐ Laparoscopic adjustable silicone gastric banding (LASGB)	☐ Vertical banded gastroplasty (VBG)
☐ Other, Please Specify	
Does the member have a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression)? ☐ Yes ☐ No	
Is the member currently under the care of a psychologist/psychiatrist? ☐ Yes ☐ No	
Is the member currently being prescribed any psychotropic medications? ☐ Yes ☐ No	
If yes to any of the above questions, does the member have pre-operative psychological clearance? ☐ Yes ☐ No	

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Member ID:	Reference Number (required):
Section 2: Provide the following patient-specific information - Continued	
Has the member participated in an intensive multicomponent behavioral intervention designed to help participants achieve or maintain weight loss through a combination of dietary changes and increased physical activity? Member's participation in an intensive multicomponent behavioral intervention: ☐ must be documented in the medical record by a qualified medical professional who supervised the member's participation and: ☐ program may be administered as part of the surgical preparative regimen, and participation in the program may be supervised by the surgeon who will perform the surgery or by some other physician and: ☐ Records must document compliance with the program and: ☐ Intensive multicomponent behavioral intervention must be supervised and monitored by a physician working in cooperation with dietitians and/or nutritionists, with a substantial face-to-face component (must not be entirely remote) and: ☐ Program must be intensive (12 or more visits) and occur within 2 years prior to surgery and: Must include a behavior modification program supervised by qualified professional and: ☐ Must include a reduced-calorie diet program supervised by dietician or nutritionist and: ☐ Must include an exercise regimen (unless contraindicated) to improve pulmonary reserve prior to surgery, supervised by exercise therapist or another qualified professional and: ☐ Screening for obstructive sleep apnea, using a validated screening questionnaire (include the ESS, STOP Questionnaire (Snoring, Tiredness, Observed Apnea, High Blood Pressure), STOP-Bang Questionnaire (STOP Questionnaire plus BMI, Age, Neck Circumference, and Gender), Berlin Questionnaire, Wisconsin Sleep Questionnaire, or the Multivariable Apnea Prediction (MVAP) tool) and: ☐ Cardiac clearance, including EKG by primary care physician or cardiologist (for persons with a history of cardiac disease, clearance must be by a cardiologist) and: ☐ Optimized glycemic control, as evidenced by fasting blood glucose less than 110 mg/dL, two-hour postprandial blood glucose level less than 140 mg/dL, or hemoglobin A1C (HbA1c) less than 7 percent (less than 8 percent in persons with a history of poorly controlled type 2 diabetes)	
Section 3: Provide the following patient-specific information for patient age 18 years or older (Skip to Section 4 if patient is an adolescent)	
Does the member have severe obesity that has persisted for at least the last 2 years (24 months)? ☐ Yes ☐ No	
Does the member have any of the following severe co-morbidities? ☐ Clinically significant obstructive sleep apnea ☐ Coronary heart disease ☐ Type 2 diabetes mellitus ☐ Medically refractory hypertension (blood pressure > 140 mmHg systolic and/or 90 mmHg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes)	
Section 4: Provide the following patient-specific information for adolescent patient who has completed bone growth	
Is the member's body mass index (BMI) > 40? ☐ Yes ☐ No	
Does the member have any of the following severe co-morbidities? ☐ Clinically significant obstructive sleep apnea ☐ Type 2 diabetes mellitus ☐ Pseudotumor comorbidities ☐ NASH	
Is the member's body mass index (BMI) > 50? ☐ Yes ☐ No	
Does the member have any of the following severe co-morbidities? ☐ Medically refractory hypertension ☐ Dyslipidemias ☐ Nonalcoholic steatohepatitis ☐ Venous stasis disease ☐ Significant impairment in activities of daily living ☐ Intertriginous soft-tissue infections ☐ Stress urinary incontinence ☐ Gastroesophageal reflux disease ☐ Obesity-related psychosocial distress ☐ Weight-related arthropathies that impair physical activity	

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Member ID:	Reference Number (required):
Section 5: Provide the following patient-specific information for <i>Vertical Banded Gastroplasty (VBG)</i> requests only	
Does the member have any of the following co-morbid medical conditions? ☐ Complications from extensive adhesions involving the intestines from prior major abdominal surgery, multiple minor surgeries, or major trauma ☐ Hepatic cirrhosis with elevated liver function tests ☐ Inflammatory bowel disease (Crohn's disease or ulcerative colitis) ☐ Poorly controlled systemic disease (American Society of Anesthesiology (ASA) Class IV) ☐ Radiation enteritis	
Section 6: Provide the following documentation for your request	
• Current history and physical • Office notes related to the member's condition • Lab/pathology and x-ray reports, if applicable • Medical records documenting any past weight loss attempts, including physician-supervised nutrition and exercise programs or multi-disciplinary surgical preparatory regimen • Pre-operative psychiatric clearance for members who: – Are currently under the care of a psychologist/psychiatrist, or – Have a severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), or, – Are currently prescribed psychotropic medications • Sleep study results, if the member has a diagnosis of obstructive sleep apnea	
Section 7: Read this important information	
Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.	
Section 8: Sign the form Just remember: You can't use this form to initiate a precertification request. To initiate a request, you have to call our Precertification Department. Or you can submit your request electronically.	
Signature of person completing form:	
Date: / /	
Contact name of office personnel to call with questions:	
Telephone number: 1- - -	