APPENDIX

EMBLEMHEALTH BARIATRIC SURGERY PRE-CERTIFICATION TOOL

DATE: _____

MEMBER'S NAME: _____ CERTIFICATION NUMBER: _____

SURGEON'S NAME: _____ TELEPHONE NUMBER: _____

AGE (MUST BE ≥ 18): _____ HEIGHT: _____ WEIGHT: _____

CURRENT BMI: _____ DATE: _____ DURATION OF OBESITY (MUST BE > 1 YEAR): _____

ENDOCRINE HISTORY:

CO-MORBIDITIES (IF BMI IS 35–39.9):

CONSERVATIVE THERAPIES USED IN TREATING COMORBIDITIES:

PHYSICIAN SUPERVISED WEIGHT LOSS PROGRAM(S) for 6 consecutive months within the past 2 years (or 3 months if supervised by a bariatric surgeon).

This must include documentation of a low calorie diet, monthly weigh-ins and monthly clinical encounter with a physician, or other health professional, to reinforce compliance with goals of diet and exercise.

Commercial weight loss programs or pharmacotherapy with FDA approved weight loss drugs may be acceptable when performed in conjunction with the physician directed weight loss program only.[6] Physician must certify monthly weights/visits for 6 months (or 3 months if supervised by a bariatric surgeon):

PROGRAM	DATES OF PARTICIPATION	MONTHLY WEIGHT (or attach report)

PSYCHIATRIC/ PSYCHOLOGICAL FINDINGS (or attach report):

DOCTOR'S SIGNATURE: _____

[6] Check member benefit for applicability.