

Weight Management Center

Patient Name: _____

Date of Birth: _____

Insurance Company: _____

Policy/Member Number: _____

Bariatric Surgery Coverage Included in Policy: ☐ Yes ☐ No

Reference Number: _____

Verified By: _____ Date of Verification: _____

The following is a listing of requirements that are typically required to be completed prior to submitting for insurance authorization for your anticipated surgery. Please utilize the Weight Management Center (Surgical Associates of Bayonet Point), your Primary Care Physician, or any other healthcare professional involved with your care to complete all requirements in a timely manner. Keep us up to date with any progress. Fax all documents to (727) 819-9138.

- ☐ **BMI greater than 40 or BMI between 35 and 39.9 along with at least (1) Co-Morbid Condition(s).** Examples of Co-Morbid Conditions are: Diabetes, High Blood Pressure, Sleep Apnea, along with other insurance specific conditions.
- ☐ **Letter of Medical Necessity from your Physician.** This letter must include the following to meet Insurance Requirements: A recommendation from your Physician for Bariatric Surgery, your current height, weight, BMI, Co-Morbid conditions, and a history of your specific diet attempts. If needed a sample letter can be provided to help your physician.
- ☐ **Previous History of weight loss attempts and documented weight:** This can be provided by your PCP. We typically need to see a **two year history of your weight.** Along with your weight is a documentation of previous weight loss attempts such as weight watchers, jenny craig, Nutrisystem, etc...
- ☐ **Medical Clearance for surgery from your Primary Care Physician.** This can be provided on a script pad, pre-typed letter, or recent office visit note.

- ☐ **Cardiac Clearance/Pre-Operative Cardiac Risk Assessment.** The cardiologist can be one that you are familiar with, otherwise we can fast track programs with our associated cardiologists.
- ☐ **Pulmonary Clearance.** If needed, the pulmonologist may need to provide clearance for surgery. This may require pulmonary function tests.
- ☐ **Sleep Study.** This is used to assess if you have sleep apnea. This is a condition that places strain on the heart during your sleep. If CPAP or BIPAP is recommended after this study, you will be required to show compliance with this medical regimen. Non-compliance with CPAP/BIPAP will delay your surgery
- ☐ **Dietary/Nutritional Counseling.** Licensed medical professional supervised, dietary counseling and education programs are required for all patients. Your insurance carrier will determine the amount of counseling needed. Usually 3 months is the standard. These counseling sessions are conducted in our office with our Bariatric Surgeon, as well as online or in person with the hospitals Registered Dietician. Please notify our office to schedule these visits, and to reschedule as needed to keep your progress moving forward.
- ☐ **Basic Blood Work.** Most of these can be conducted by your PCP. The tests Must include: CBC, Hemoglobin A1C, CMP, Iron Studies, Lipid Panel, TSH, T3, T4, Vitamin B12, Folate, Urinalysis. Labs are usually only good for 30days.
- ☐ **Colonoscopy.** If you are 50+ years of age, you must have a colonoscopy within the last 10 years. Please provide the report of this procedure if this applies.
- ☐ **Mammogram.** If you are Female and 40+ years of age, you must provide the most recent report, usually need a report within the past 2 years.
- ☐ **PAP results.** If you are Female and 21+ years of age, you must provide the most recent report, usually within the last 3 years.
- ☐ **Prior Medical Records.** Two years of medical records to establish the history of your morbid obesity during that period of time. This can usually be provided by your PCP. This only needs to be one chart note per year to establish your height, weight, and BMI (Body Mass Index).
- ☐ **Smoking Cessation.** It is required for ALL patients to be tobacco free for a minimum of 3months prior to surgery. If help is needed to accomplish this, contact your PCP, or notify the surgeon.

- ☐ **Psychological Evaluation.** It is required for ALL patients to be evaluated by a Licensed Psychologist or Psychiatrist. Regardless of any previous visits, this bariatric focused evaluation needs to be completed within a year of planned procedure.
- ☐ **Physical Therapy/Exercise Physiologist.** It is required for ALL patients to undergo a Physical Assessment. We have an exercise physiologist in the office who will determine any physical limitations that you may have prior to surgery, and to facilitate an exercise plan for the time leading up to surgery and after your surgery.
- ☐ **FMLA Paperwork.** It is generally recommended that you take 1 week off of work to heal from your procedure. If FMLA paperwork is needed, let us know. There is a \$25.00 charge but we will be happy to submit it to your employer for you.

SAMPLE LETTER OF MEDICAL NECESSITY

To Whom It May Concern:

I have been (PATIENT NAME)'s Primary Care Physician since (DATE). I am referring HIM/HER to Dr. Donald Fridley with Surgical Associates of Bayonet Point for consideration for Bariatric Surgery. I am doing this as currently all non-surgical attempts at weight loss have been unsuccessful.

(PATIENT NAME) has been morbidly obese for the past ____ years. He/She is (HEIGHT), and weighs (WEIGHT). Her BMI is (BMI). He/She has attempted multiple weight loss diets to include (i.e. Weight Watchers, Nutrisystem, Keto, Southbeach, Jenny Craig, etc...). Despite the diet attempts they have not been able to lose enough weight to have effect on her comorbidities. Additionally, He/She has not been able to sustain her weight loss that occurred on diet regimens, and has regained her weight and then some. He/She has tried multiple attempts at dietary changes and to increase exercise but without significant success. His/Her weight has fluctuated for much of his/her adult life.

(PATIENT NAME) suffers from the following comorbid conditions (i.e. Type 2 Diabetes, Hypertension, Sleep Apnea, Osteoarthritis, Congestive Heart Failure, etc...). These comorbidities are most likely a result of her morbid obesity.

It is well known in the medical community that morbidity and mortality of patients over a BMI of 35 is increased. It is evident from the above information that (PATIENT NAME) with his/her BMI of (BMI), will benefit from successful and sustained weight loss. It is for these reasons that I am referring him/her to Surgical Associates of Bayonet Point. Through this process, we hope to provide the best course of action for his/her morbid obesity.

Sincerely,

Your PCP