Bariatric surgery (2)

Blue Care Network provides coverage for this procedure for adult BCN Advantage members who meet medical necessity criteria. Submit authorization requests through e-referral.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.


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See below for the questions you’ll encounter in the e-referral system.

1. Is the patient’s BMI greater than 40 kg/m²?
   - Possible answers: ☐ Yes ☐ No ☐ N/A

2. Is the patient’s BMI between 35 kg/m² and 40 kg/m² AND the patient has at least ONE of the following (A-G)? A. Hypothyroidism B. Hypertension C. Cushing’s disease D. Hypothalamic lesions E. Cardiovascular diseases F. Respiratory diseases G. Type 2 diabetes
   - Possible answers: ☐ Yes ☐ No ☐ N/A

3. Is the patient’s BMI at least 50?
   - Possible answers: ☐ Yes ☐ No ☐ N/A

4. If the patient is older than 65, is it documented in the medical record that the benefits of the surgery outweigh the risks given the patient’s age and other medical conditions?
   - Possible answers: ☐ Yes ☐ No ☐ N/A
See below for the questions you'll encounter in the e-referral system. (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
</tr>
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<tbody>
<tr>
<td>Is the surgery being performed at a Medicare approved facility?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Does the patient's medical record include documentation of failure of nonsurgical management including a structured, PROFESSIONALLY SUPERVISED weight loss program for a minimum of 180 days in the two years before the recommendation for bariatric surgery?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Are one of the following procedures being requested (A-F)? A. Open adjustable gastric banding B. Open sleeve gastrectomy C. Open and laparoscopic vertical banded gastroplasty D. Intestinal bypass surgery E. Gastric balloon for treatment of obesity F. Endoscopic/endoluminal procedures (for example StomaphyX® device), to treat weight gain after bariatric surgery to remedy large gastric stoma or large gastric pouches (*StomaphyX is a registered trademark.)</td>
<td>□ Yes □ No □ N/A</td>
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