

**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)**



## Obesity Surgery Precertification Information Request Form

### About this form

**Do not use this form to initiate a precertification request.** To initiate a request, submit electronically on Availity or call our Precertification Department. Submit your medical records to support the request with your electronic submission.

We've made it easy for you to authorize services and submit any requested clinical information. Just use our provider portal on Availity®. Register today at [Availity.com/aetnaproviders](https://www.availity.com/aetnaproviders). Once your account is ready, you can start submitting authorization requests right away.

- For additional information on Availity, go to <https://www.aetna.com/health-care-professionals/resource-center/availity.html>

### Requesting authorizations on Availity is a simple two-step process

Here's how it works:

1. Submit your initial request on Availity with the Authorization (Precertification) Add transaction.
2. Then complete a short questionnaire, if asked, to give us more clinical information.
  - If you receive a pended response, then complete this form and attach it to the case electronically.

**This form will help you supply the right information with your precertification request. Typed responses are 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.**

### 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:

- If your request was submitted via telephone, you can either:
  - Access our provider portal via Availity; enter the Reference number provided and attach this form and all requested medical documentation to the case or
  - Send your information by confidential fax to:
    - **Precertification-** Commercial and Medicare using FaxHub: **1-833-596-0339**
    - The fax number above (FaxHub) is for clinical information only. Please send specific information that supports your medical necessity review. Please continue to send all other information (claims etc) to appropriate fax numbers.
  - If you do not have fax or electronic means to submit clinical:
    - Mail your information to: **PO Box 14079**  
**Lexington, KY 40512-4079**  
(Please note mailing will add to the review response time)

### **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 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**
- Medicare plans: **1-800-624-0756**

## Precertification Information Request Form

Section 1: Provide the following general information			
Typed responses are preferred. If the responses cannot be typed, they should be printed clearly. If submitting request electronically, complete member name and ID only.			
Member name:	Reference number (required):		
Member ID:	Member date of birth:		
Member Phone number:			
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			
Initial Bariatric Surgeon Visit:	Patient's Weight:	Height:	BMI:
Has the patient attempted weight loss in the past without successful long-term weight reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a repeat bariatric surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the reason for repeat surgery:			
<input type="checkbox"/> 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			
<input type="checkbox"/> Revision of a primary bariatric surgery procedure that has failed due to dilation of the gastric pouch, dilated gastrojejunal stoma, 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> Other, Please Specify			

Continued

## Obesity Surgery Precertification Information Request Form

Member ID:	Reference Number (required):
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**Section 2: Provide the following patient-specific information – Continued**

Is this bariatric surgery due to a complication?     Yes     No

If yes, provide the reason for surgery:

- Removal of gastric band is recommended by patient’s physician
- Surgery to correct complications from bariatric surgery, such as obstruction, stricture, erosion, or band slippage
- Surgery for Candy Cane syndrome, where patient is symptomatic, and diagnosis is confirmed by endoscopy or upper gastrointestinal contrast studies
- Replacement of an adjustable band due to complications (e.g., port leakage, slippage) that cannot be corrected with band manipulation or adjustments
- Conversion of sleeve gastrectomy to Roux-en-Y gastric bypass for the treatment of gastro-esophageal reflux disease (GERD) when:
  - Reflux is documented by abnormal 24-hour pH monitoring or endoscopically proven esophagitis performed after the sleeve gastrectomy
  - Symptoms persist despite optimal medical therapy, including behavioral modification and at least one month of maximum proton pump inhibitor (PPI) therapy.

Indicate below which of the following procedure(s) best describes the coverage request:

<input type="checkbox"/> Roux-en-Y Gastric bypass (RYGB)	<input type="checkbox"/> Sleeve gastrectomy
<input type="checkbox"/> Biliopancreatic diversion (BPD)	<input type="checkbox"/> Duodenal Switch
<input type="checkbox"/> Laparoscopic adjustable silicone gastric banding (LASGB)	<input type="checkbox"/> Vertical banded gastroplasty (VBG)
<input type="checkbox"/> Other, Please Specify	

Has the patient 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?

Patient’s participation in an intensive multicomponent behavioral intervention must include the following:

- Compliance with the program must be documented in the medical record:
  - Documentation should include medical records of contemporaneous assessment of patient’s progress throughout the course of the nutrition and exercise program.
  - For patients who participate in an intensive multicomponent behavioral intervention (e.g., Weight Watchers, Jenny Craig, MediFast, OptiFast), program records documenting the member’s participation and progress may substitute for medical records; A summary letter, without oversight is not sufficient.
- Has the patient participated in an intensive program (12 or more visits) that occurred within 2 years prior to surgery?
  - May be supervised by behavioral therapists, psychologists, registered dietitians, exercise physiologists, lifestyle coaches or other staff; and
  - May be in person or remote, in a group setting or an individual based program and:
  - Must have components focusing on nutrition, physical activity, and behavioral modification (e.g., self-monitoring, identifying barriers, and problem solving).
- Submission of records that document evidence of participation in the 12 or more intensive program visits required.

*Continued*

## Obesity Surgery Precertification Information Request Form

Member ID:	Reference Number (required):
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**Section 2: Provide the following patient-specific information - Continued**

- Yes    No Has the patient been screened for obstructive sleep apnea (OSA)?
- Examples of validated questionnaires include the Epworth Sleepiness Scale (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
  - A person already diagnosed with OSA does not require screening
  - The screening test results do not need to be submitted with this request.
- Yes    No Does the patient have cardiac clearance?
- Cardiac clearance should include an EKG.
  - The EKG does not have to be submitted with this request.
  - Persons with a history of cardiac disease must have clearance by a cardiologist
  - Persons without a history of cardiac disease do not require cardiac clearance.
- Yes    No Has the patient been screened for diabetes?
- With initiation of appropriate treatment for persons diagnosed with diabetes based on a HgbA1c of 6.5% or above, a fasting blood glucose (FBG) of 126 mg/dL or above, or an oral glucose tolerance test (OGTT) of 200 mg/dL or above at 2 hours.
  - Persons already diagnosed with diabetes does not require screening
- Yes    No Does the patient have optimized glycemic control prior to surgery?
- Optimized glycemic control should be 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) prior to surgery.
  - For persons unable to achieve glycemic control (i.e., members with HbA1c greater than 8 percent) a consult with an endocrinologist or diabetologist prior to surgery must be documented; the consultation should include an action plan to improve glycemic control.

Preoperative psychological clearance is required for the following in order to exclude those who are unable to provide informed consent or comply with the pre- and post-operative regimen:

- 1) patients who have a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression)
- 2) patients who are currently under the care of a psychologist/psychiatrist
- 3) patients who are on psychotropic medications.

If yes to any of the above questions, does the patient have pre-operative psychological clearance?    Yes    No

# Obesity Surgery Precertification Information Request Form

<b>Member ID:</b>	<b>Reference Number (required):</b>
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**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 patient have severe obesity that has persisted for at least the last 2 years (24 months)?  Yes  No

Does the patient 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 patient's body mass index (BMI) > 40?  Yes  No

Does the patient have any of the following severe co-morbidities?

Clinically significant obstructive sleep apnea  Type 2 diabetes mellitus  Pseudotumor comorbidities  NASH

Is the patient's body mass index (BMI) > 50?  Yes  No

Does the patient have any of the following severe co-morbidities?

<input type="checkbox"/> Medically refractory hypertension	<input type="checkbox"/> Dyslipidemias
<input type="checkbox"/> Nonalcoholic steatohepatitis	<input type="checkbox"/> Venous stasis disease
<input type="checkbox"/> Significant impairment in activities of daily living	<input type="checkbox"/> Intertriginous soft-tissue infections
<input type="checkbox"/> Stress urinary incontinence	<input type="checkbox"/> Gastroesophageal reflux disease
<input type="checkbox"/> Obesity-related psychosocial distress	<input type="checkbox"/> Weight-related arthropathies that impair physical activity

**Section 5: Provide the following patient-specific information for Vertical Banded Gastroplasty (VGB) requests only**

Does the patient 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 patient's condition
- Pre-operative psychiatric clearance for members who require clearance
- Record of 12 or more intensive program visits within 2 years of surgery

**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 cannot use this form to initiate a precertification request.** To initiate a request, you may submit your request electronically or call our Precertification Department.

**Signature of person completing form:**

**Date:**        /        /

**Contact name of office personnel to call with questions:**

**Telephone number:** 1-        -        -