

HALIFAX BARIATRIC SURGERY PERCERT QUESTIONS

Note, please also send in clinical notes verifying the answers to the questions below.

Circle procedure and provider:

Roux-en-Y or Sleeve Gastrectomy

Joel L. Sebastien, MD or Lars S. Nelson, MD

Circle Yes or No:

Has the member completed 24 weeks of the Halifax-specific supervised Weight Management program?

Yes or No

IMPORTANT: Halifax coverage is limited to the two procedures noted above, when performed by one of the above MD's, and when member has completed 24 weeks of the Halifax Weight Management program. If any of the above criteria are not met, notify the provider that precert cannot be initiated according to plan guidelines.

1.) Age _____

2.) Diagnosis of Obesity? Yes or No

3.) Primary surgery or Revision Surgery? _____

4.) If this is a revision (due to a complication)

a.) Perioperative or late complication from the previous bariatric surgery? Yes or No

b.) Able to achieve or maintain $\geq 50\%$ excess body weight loss? Yes or No

5.) BMI- _____

6.) List all other Comorbidities _____

7.) List any gastrointestinal symptoms _____

8.) History of any of the following:

a.) Substance/alcohol abuse within the past year? Yes or No

b.) Uncontrolled psychiatric disorder? Yes or No

c.) Has member had a psychosocial evaluation and clearance by a Behavioral Health Provider? Yes or No

- d.) Any tobacco use within the past 6 months? Yes or No
- e.) Have endocrine causes of obesity been excluded? Yes or No
- f.) Member is unable to achieve or maintain weight loss? Yes or No
- g.) Does patient and/or caregiver understand the procedure and post procedure compliance? Yes or No
- h.) Is there follow-up care planned with the health care team? Yes or No

PLEASE FAX COMPLETED FORM TO HPI CMS DEPARTMENT AT: 508-756-1382