

Submit this form for bariatric surgery authorization requests for Office of Group Benefits (OGB) plan participants. **Verify plan participant is enrolled in the OGB Bariatric Benefit Program prior to submitting surgery request.**

Blue Cross and Blue Shield of Louisiana bases its authorization process on medical necessity. An authorization is not a guarantee of payment. Services are subject to review by Blue Cross for contractual limitations or exclusions. Please verify member eligibility, benefits and limitations prior to rendering service. To do this, use iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)).

Member Information				
Last Name		First Name		MI
Member ID Number	Patient DOB		Patient Age	
Surgeon Information				
Contact Name		Contact Phone Number		Fax Number
Surgeon Last Name		Surgeon First Name		Surgeon NPI
Surgeon Address				
Facility Information				
Facility Name				
Facility Address				
Facility NPI		Facility Phone Number		Facility Fax Number
<input type="checkbox"/> Yes <input type="checkbox"/> No   Is this facility accredited by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)?				
Procedure/Surgery Requested				
<input type="checkbox"/> Inpatient Admit/Surgery <input type="checkbox"/> Outpatient Procedure/Surgery			Date of Surgery	
ICD-10 Diagnosis Code(s)				
Surgery CPT®/HCPCS Code(s)				

Page 2 of this form includes clinical criteria for the bariatric surgery request. Completion of Page 2 of this form is required. Submit medical records with this form to support compliance with the criteria.

## Clinical Information

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the plan participant approved for enrollment into the OGB Bariatric Benefit Program?  <b>Yes</b> – Please include the Blue Cross enrollment authorization number. _____  <b>No</b> – STOP: This OGB benefit plan requires program enrollment prior to surgery. The enrollment form is available online at <a href="https://info.groupbenefits.org">https://info.groupbenefits.org</a> >Resources >Forms >Members.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	During the enrollment period, did the plan participant complete four months of a medically supervised weight loss program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	During the enrollment period, did the plan participant undergo nutritional counseling and medical/dietary management, such as diet and exercise?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	During the enrollment period, did the plan participant undergo a pre-operative nutritional assessment and counseling about pre-operative and post-operative nutrition, eating and exercise?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	During the enrollment period, did the plan participant obtain psychological clearance from a licensed professional mental health practitioner documenting their ability to understand and adhere to the pre-operative and post-operative program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	During the enrollment period, did the plan participant undergo routine testing and evaluation(s) such as lab work, radiology services, respiratory services, nutritional consults and psychological consults as directed by the treating provider to ensure appropriateness of bariatric surgery?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	This OGB benefit plan limits the bariatric surgery benefit to one surgery per plan participant's lifetime. Has the plan participant had previous bariatric surgery?
Comments:		

The authorization must be initiated via the BCBSLA Authorizations tool, available in iLinkBlue ([www.bcbsla.com/ilinkblue](http://www.bcbsla.com/ilinkblue)). This completed form must be uploaded to the authorization request.

If you have questions, please contact our Utilization Management Department at 1-800-523-6435.