

Patient Name:		Reference #:
Policy Title/#:	Bariatric Surgery 7.01.47	
Effective Date:	December 1, 2017	
MD Determination:	<input type="checkbox"/> APPROVE <input type="checkbox"/> MODIFY <input type="checkbox"/> DENY	
<b>NOT MEDICALLY NECESSARY</b>		
<input type="checkbox"/>	<p><b>NOT MED NEC - 1</b> LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)</p> <p><b>PRINCIPAL REASON:</b> A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.</p> <p><b>CLINICAL RATIONALE:</b> <b>Bariatric Surgery (General)</b> Your physician has requested an authorization for weight loss surgery. This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m<sup>2</sup> and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California's Medical Policy as not medically necessary and has not been approved for payment.</p> <p>Additional comments:</p>	
<input type="checkbox"/>	<p><b>NOT MED NEC - 2</b> LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)</p> <p><b>PRINCIPAL REASON:</b> A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.</p>	

	<p><b>CLINICAL RATIONALE:</b>  <b><u>Open Gastric Bypass, Roux-en-Y Anastomosis</u></b>  Your physician has requested an authorization for a gastric bypass using a Roux-en-Y anastomosis. This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m<sup>2</sup> and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California's Medical Policy as not medically necessary and has not been approved for payment.</p> <p>Additional comments:</p>
<input type="checkbox"/>	<p><b>NOT MED NEC - 3</b>  LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)</p> <p><b>PRINCIPAL REASON:</b>  A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.</p> <p><b>CLINICAL RATIONALE:</b>  <b><u>Laparoscopic Gastric Bypass, Roux-en-Y Anastomosis</u></b>  Your physician has requested an authorization for gastric bypass using a Roux-en-Y anastomosis through a laparoscope (lighted tube). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m<sup>2</sup> and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing your for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California's Medical Policy as not medically necessary and has not been approved for payment.</p> <p>Additional comments:</p>

**NOT MED NEC - 4**

LEGACY (EOB A118) – FACETS (AJW-claim, JLP-line)

**PRINCIPAL REASON:**

A Blue Shield of California Medical Director has reviewed the submitted medical documentation and determined the service is not medically necessary as established in the Blue Shield of California Medical Policy.

**CLINICAL RATIONALE:****Laparoscopic Adjustable Gastric Banding**

Your physician has requested an authorization for adjustable gastric banding through a laparoscope (lighted tube). This request has not been approved for payment because your medical records do not show that your body mass index, which is a measure of obesity, is not greater than 35 kg/m<sup>2</sup> and you do not have at least one serious obesity related disease like high blood pressure, heart disease, diabetes, obstructive sleep apnea, high cholesterol, gastroesophageal reflux disease (GERD) that has failed maximal medical therapy, or painful or activity-limiting osteoarthritis of the legs. There is also no evidence in your records that you have failed a weight loss program of dieting and exercise. In addition, the required documentation was not submitted with your records: pre-operative checklist clearing you for surgery, psychosocial-behavioral evaluation signed by a psychiatrist or psychologist clearing you for surgery, proof of educational counseling or formal class on bariatric surgery, signed Bariatric Surgery Decision Aid by the physician and patient, signed CollaboRate survey by the patient, and documentation that the surgery is performed by properly credentialed surgeons and preferably at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program accredited hospital. Therefore, the requested surgery has been determined per Blue Shield of California's Medical Policy as not medically necessary and has not been approved for payment.