



BARIATRIC SURGERY PRE-TREATMENT REQUEST

Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

**Mail: Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula, MT 59806-3018**

Phone: (800) 877-1122

INFORMATION MUST BE SUBMITTED BY ORDERING PHYSICIAN

Sent By: _____

Patient Name:	Patient Health Plan ID:	Patient Plan Group #:	Patient Date of Birth:
Provider Name:	Provider Address:	Provider TIN & NPI:	Provider Phone: Provider Fax:
Facility Name:	Facility Address:	Facility TIN & NPI:	Facility Phone: Facility Fax:
Requested Date:		Scheduled Date:	
CPT Codes:		ICD-10 Codes:	

*Requests that include unlisted procedure code(s) will require additional documentation supporting the use of that code(s). If documentation is not submitted supporting the requested unlisted code(s) your request may be delayed and/or denied. Unlisted codes will not be considered eligible if accurate and listed codes are available to describe the requested service or procedure.

Inpatient Outpatient

Please provide the following information:

1. Medical Records to include the following:
 - a. Body Mass Index (BMI) of 40, or 35 with at least 2 co-morbid conditions present.
 - b. Is at least 21 years of age.
 - c. Is a non-tobacco user, or has successfully completed a tobacco cessation program.
 - d. Has completed a twelve (12) consecutive month physician supervised weight loss program.
 - e. Has completed a pre-surgical psychological evaluation.
2. Has been enrolled under the healthplan for a least two (2) consecutive plan years;
3. Complete diagnosis;
4. Physician letter of medical necessity;
5. Written treatment plan;
6. Complete description of the procedure; and
7. Any other information deemed necessary to evaluate the pre-treatment request.

Upon receipt of all required information, the Plan will provide a written response to the written request for pre-treatment. Please allow 3 business days for a response.

The benefits available are conditional on the participant's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. If information obtained at the time of claim places the service(s) in an excluded category or definition, the claim will not be payable. The benefits quoted are not guaranteed. Final determination of benefits to be paid will be made at the time a claim is submitted for payment, with review of the necessary medical records and other information.