Prior Authorization Form

NOTE: Refer to the Provider Manual for additional services requiring **Prior Authorization**

Fax Form To: 616 942-0024

Medical Weight Loss Program

Member

Last Name: ______________________________ First Name: ______________________________

ID #:______________________________ DOB:______________ (Must be 16 years of age or older.)

Primary Care Physician: ______________________________ PCP Phone:______________ PCP Fax: __________

Has PCP been notified of request? ☐ Yes ☐ No Contact Name:______________________________

☐ Initial Request

☐ Retreatment Request Start Date of Last Program: ______________________________

Directed To:

Treatment must be provided by a weight management program approved under Priority Health's Center of Excellence Policy.

Program Name:______________________________ Phone: ______________ Fax: ______________

Address: ______________________________ Contact Name:______________________________

Clinical Condition

Current Weight: ________ Current Height: __________ BMI:_________ Date weight and height measured: ______________

Check criteria that applies: ☐ BMI $\geq$ 35 and two obesity-related co-morbidities **OR**

☐ BMI $\geq$ 40 and one obesity-related co-morbidity **OR**

☐ BMI $\geq$ 45 (co-morbidities not needed)

Obesity-related co-morbidities (check all that apply)

☐ Symptomatic sleep apnea (A/H Index > 10). A/H Index =________

☐ Significant cardiac disease (ASHD, LVH or RVH)
Diagnosis ______________________________

☐ Hypertension
Is medication treatment required? Y N

☐ Hyperlipidemia (>30mg/dl above goal) HDL/LDL ______
Is medication treatment required? Y N

☐ Diabetes (HgbA1C>7.0). HgbA1C ______
Is medication treatment required? Y N

☐ GERD (persistent symptoms despite daily medications). Do symptoms persist? Y N
Is medication treatment required? Y N

☐ Degenerative joint disease markedly limiting daily activities.

☐ Non-alcoholic steatohepatitis (NASH)

☐ Depression requiring medication and psychological counseling

☐ No co-morbidities present.

*****ALL FIELDS MUST BE COMPLETE AND LEGIBLE FOR PRIOR AUTHORIZATION REVIEW*****

Last Revision: January 2012