Allegiance℠
by Cigna Healthcare

BARIATRIC SURGERY PRE-TREATMENT REQUEST

Please return below form and clinicals to Attn: Utilization Management

Fax: (855) 999-3896

Phone: (800) 877-1122

Mail: Allegiance Benefit Plan Management
P.O. Box 21074
Eagan, MN 55121

Office Contact:	Phone Number:	Request Date:	Scheduled Date:
Patient Name:	Participant ID#:	Group ID No.:	Patient Date of Birth:
Ordering Provider:	Address:	TIN & NPI:	Phone Number: Fax Number:
Servicing Provider:	Address:	TIN & NPI:	Phone Number: Fax Number:
ICD-10 Codes:		CPT 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. Patient Age.
   c. Is a non-tobacco user, or has successfully completed a tobacco cessation program.
   d. Has completed a consecutive 6-12 month (SPD plan criteria may vary) physician supervised weight loss program.
   e. Hascompleted a pre-surgical psychological evaluation.
2. Has been enrolled under the healthplan for a least two (2) consecutive plan years (SPD plan criteria may vary);
3. Complete diagnosis;
4. Physician letter of medicalnecessity;
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.

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.