

Weight Loss Procedures



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Nutritional Health & Bariatric Surgery Center

New Patient Information Booklet: Weight Loss Procedures

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What Do You Do Next?

Thank you for attending the University Hospitals Bariatric Information Session.

If you are interested in having a weight loss procedure, please follow these easy steps:

- Fill out the **Yes, I Am Interested** form.
 - See page 4 in this booklet.
 - Once we receive this form, we will call you to make an appointment with the surgeon.

- Verify that your insurance policy will cover weight loss procedures (see pages 7 – 9).
 - Refer to the **Determining Eligibility for Weight Loss Procedures** form (page 7).

- Obtain a referral to see the surgeon/specialist from your primary care doctor.
 - Some insurance companies do not require a referral; check with your insurance provider.

- Fill out the **Primary Care Doctor Support Document** and send this to your primary care doctor to obtain his/her sign-off (page 9).

- Begin your medically supervised weight loss program (if your insurance requires this).
 - See enclosed schedule (page 10).

- Collect any recent medical records from your doctors and bring them to your first program visit.

- Complete the online questionnaire. This must be completed **before** your first appointment with the doctor (see page 11).
 - You will receive a letter from our office instructing you how to begin.

- Identify a support person.
 - You are encouraged to bring a support person to your appointments.

- Schedule your psychological evaluation after your first doctor visit (see pages 12 – 14).



Yes, I Am Interested!

Please complete this form and return it to our office.

Fax: 216-201-4579; Email: BariatricSurgery@UHhospitals.org; or Mail: University Hospitals Bariatric Surgery Program, 3605 Warrensville Center Road, MSC-9187, Shaker Heights, Ohio 44122

Today's date: _____

Seminar location: UH Geauga Medical Center UH Geneva Medical Center UH Parma Medical Center
 UH Chagrin Highlands Health Center UH Westlake Health Center

Name: _____

Address: _____
Street City State ZIP

Telephone: _____
Home Cell Work

May we leave a message on your telephone? Home: Yes No Cell: Yes No Work: Yes No

Email address: _____ Date of birth: _____ Age: _____

Sex: Male Female Height: _____ Weight: _____

Medical history: Diabetes High blood pressure Sleep apnea Arthritis Hypothyroid
 High cholesterol Previous bariatric surgery Other _____

Primary care physician name: _____ Primary care physician phone: _____

Primary health insurance company: _____ Primary health insurance policy number: _____

Primary health insurance phone number (provider services): _____

Secondary health insurance company: _____ Secondary health insurance policy number: _____

Secondary health insurance phone number (provider services): _____

Doctor preference: Abbass Petrosky Khaitan Munshi No preference

Hospital location preference: UH Cleveland Medical Center UH Geauga Medical Center UH Parma Medical Center

Desired surgery: Gastric bypass Gastric sleeve Intra gastric balloon Revision Undecided

How did you hear about our program? Physician Friend/family Website/online search
 Email Letter/mail Television Radio Other _____

Body Mass Index

	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
180	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23
195	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24
200	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24
205	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25
210	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26
215	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26
220	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27
225	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27
230	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28
235	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29
240	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29
245	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30
250	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30
255	50	48	47	45	44	43	41	40	39	38	37	36	35	34	33	32	31
260	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	33	32
265	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32
270	53	51	49	48	46	45	44	42	41	40	39	38	37	36	35	34	33
275	54	52	50	49	47	46	44	43	42	41	40	38	37	36	35	34	34
280	55	53	51	50	48	47	45	44	43	41	40	39	38	37	36	35	34
285	56	54	52	51	49	48	46	45	43	42	41	40	39	38	37	36	35
290	57	55	53	51	50	48	47	46	44	43	42	41	39	38	37	36	35
295	58	56	54	52	51	49	48	46	45	44	42	41	40	39	38	37	36
300	59	57	55	53	52	50	48	47	46	44	43	42	41	40	39	38	37
305	60	58	56	54	52	51	49	48	46	45	44	43	41	40	39	38	37
310	61	59	57	55	53	52	50	49	47	46	45	43	42	41	40	39	38
315	62	60	58	56	54	53	51	49	48	47	45	44	43	42	41	39	38
320	63	61	59	57	55	53	52	50	49	47	46	45	43	42	41	40	39
325	64	62	60	58	56	54	53	51	50	48	47	45	44	43	42	41	40
330	64	62	60	58	56	54	53	51	50	48	47	46	44	43	42	41	40
340	66	64	62	60	58	56	54	53	51	50	48	47	46	44	43	42	41
350	68	66	64	62	60	58	56	54	53	51	50	48	47	46	45	43	42
360	70	68	65	63	61	59	58	56	54	53	51	50	49	47	46	45	43
370	72	69	67	65	63	61	59	57	56	54	53	51	50	48	47	46	45
380	74	71	69	67	65	63	61	59	57	56	54	53	51	50	48	47	46
390	76	73	71	69	66	64	62	61	59	57	56	54	53	51	50	48	47
400	78	75	73	70	68	66	64	62	60	59	57	55	54	52	51	50	48
425	83	80	78	75	73	71	69	67	65	63	61	59	58	56	55	53	52
450	88	85	82	80	77	75	73	71	68	66	64	63	61	59	58	56	55
475	93	90	87	84	82	79	77	74	72	70	68	66	64	63	61	59	58

To qualify for weight loss surgery at University Hospitals: BMI > 35 AND weight-related illnesses OR BMI > 40

To qualify for intragastric balloon procedure at University Hospitals: BMI 30 – 40

Comparison of Bariatric Procedures

	Gastric bypass	Sleeve gastrectomy	Adjustable gastric band (lap band)	Intragastric balloon
Technique	Laparoscopic or open	Laparoscopic	Laparoscopic	Endoscopic
Length of procedure	2 – 3 hours	1 – 2 hours	1 – 2 hours	30 minutes
Time in hospital	2 – 3 days	1 – 2 days	0 – 1 day	0 days
Return to work	3 – 4 weeks	3 – 4 weeks	1 week	2 – 3 days
Weight loss	50 – 75% of excess body weight at one year	50 – 70% of excess body weight at one year	40 – 50% of excess body weight at one year	24% of excess body weight at one year
Risk of death	<1%	<1%	<1%	<1%

Determining Eligibility for Weight Loss Procedures

What to Ask Your Insurance Company

Speaking to your insurance company can be a very confusing process. We have put together an easy-to-follow checklist to help make it easier for you to speak to your insurance company.

1. Call the number on the back of your insurance card.
 - Keep your card on hand during the phone call

2. Tell the representative the following information:
 - I am looking to have a bariatric procedure
 - My diagnosis code is: **E66.01**
 - The CPT codes for the surgeries I am interested are:

<input type="checkbox"/> Laparoscopic gastric bypass: 43644	<input type="checkbox"/> Laparoscopic sleeve gastrectomy: 43775
<input type="checkbox"/> Intra-gastric balloon: 43999	<input type="checkbox"/> Laparoscopic adjustable gastric band (lap band): 437705

3. Ask the representative the following questions:
 - Are these procedures covered by my insurance policy?

<input type="checkbox"/> Laparoscopic sleeve gastrectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Intra-gastric balloon: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Laparoscopic gastric bypass: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lap band: <input type="checkbox"/> Yes <input type="checkbox"/> No
 - Do I need a referral to see the surgeon/specialist: Yes No
 - What is the maximum out-of-pocket dollar amount I must pay per calendar year? _____
 - Do I have a cap on the amount you will pay for the procedure? Yes No
If yes, what is the maximum amount you will pay? _____
 - Am I required to complete a medically supervised weight management program before I have a weight loss procedure? Yes No
 - If yes, how many sessions must I attend? _____
 - If yes, do these sessions need to be consecutive? Yes No
 - What is the representative's name that you spoke to? _____
 - What is the confirmation number for today's discussion? _____
 - Today's date is: _____

Financial Questions

If you have any questions regarding the out-of-pocket cost for your bariatric procedure, please contact one of our financial counselors.

UH Cleveland Medical Center
216-844-1739

UH Geauga Medical Center
440-285-6259

UH Parma Medical Center
440-743-4366

They will be happy to assist you with any financial questions.

Notes: _____

Nutritional Health & Bariatric Surgery Center

Today's date: _____

_____ is an active patient of mine and is currently being evaluated for a bariatric procedure at:
(Patient name/DOB)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> University Hospitals
Cleveland Medical Center
11100 Euclid Avenue
Cleveland, Ohio 44106
216-844-5274
BariatricSurgery@UHhospitals.org
Fax 216-201-4579 | <input type="checkbox"/> University Hospitals
Geauga Medical Center
13207 Ravenna Road
Chardon, Ohio 44023
216-844-5274
BariatricSurgery@UHhospitals.org
Fax 216-201-4579 | <input type="checkbox"/> University Hospitals
Parma Medical Center
6707 Powers Boulevard
Parma, Ohio 44129
216-844-5274
BariatricSurgery@UHhospitals.org
Fax 216-201-4579 | <input type="checkbox"/> University Hospitals
Westlake Health Center
960 Clague Road
Westlake, Ohio 44145
216-844-5274
BariatricSurgery@UHhospitals.org
Fax 216-201-4579 |
|---|---|---|--|

My patient has the following selected medical conditions (check all that apply):

- Diabetes Type I
 Diabetes Type II
 Hypertension
 Hypercholesterolemia
 Sleep apnea
 Arthritis
 Joint pain – location(s): _____
 Infertility
 Incontinence
 Other weight-related conditions: _____

My patient has tried traditional medical weight loss under my supervision and failed.

Medical weight loss programs attempted:

My patient is currently taking the following medications: _____

It is my belief that this patient would be a good candidate for a weight loss procedure.
 Yes
 No

Additional comments: _____

Sincerely,
 Physician signature: _____ Date: _____
 Practice name: _____
 Practice address: _____
 City: _____ State: _____ ZIP: _____

Medically Supervised Weight Loss Programs 2019

The Nutritional Health & Bariatric Surgery Center at University Hospitals is pleased to offer FREE** medically supervised weight loss programs. These programs assist patients in meeting the preoperative, medically supervised nutrition requirement that is mandated by insurance companies prior to weight loss surgery.

We offer FIVE convenient locations to serve you.

UH Cleveland Medical Center

11100 Euclid Ave, Cleveland, Ohio 44106
3rd Tuesday of each month
Bolwell A

4 – 5 p.m.

June 18	July 16
August 20	September 17
October 15	November 19
December 17	

UH Geauga Medical Center

13207 Ravenna Road, Chardon, Ohio 44024
2nd Tuesday of each month
Conference Center

4:30 – 5:30 p.m.

June 11	July 9
August 13	September 10
October 8	November 12
December 10	

UH Parma Medical Center

7007 Powers Boulevard, Parma, Ohio 44129
1st and 3rd Thursday of each month
MAC 2 Suite 303

5:30 – 6:30 pm

June 6	June 20
July 11*	July 18
August 1	August 15
September 5	September 19
October 3	October 17
November 7	November 21
December 5	December 19

UH Minoff Health Center at Chagrin Highlands

3909 Orange Place
Orange Village, Ohio 44122
3rd and 4th Wednesday of each month
3rd Floor Lobby

5:30 – 6:30 p.m.

June 19	June 26
July 17	July 24
August 21	August 28
September 18	September 25
October 16	October 23
November 20	November 27
December 18	

UH Westlake Health Center

960 Clague Road, Westlake, Ohio 44145
2nd Thursday of each month
Conference Room

5:30 – 6:30 p.m.

June 13	July 11
August 8	September 12
October 10	November 14
December 12	

**For more information,
contact us:
216-844-5274**

To read patient stories and learn more about our program, visit UHhospitals.org/WeightLoss.

*Indicates a date change

**Patients requesting to have their Medically Supervised Weight Loss Group records released to a non-UH facility for any reason prior to their weight loss surgery will be required to pay a \$500 program fee prior to record release.

Online Questionnaire

1. After you make your first appointment with the doctor, you will be sent a letter and an email asking you to fill out a mandatory online questionnaire.
2. You will be sent a link that will take you to the online questionnaire.
3. After you click on the link to get into the questionnaire, click on **New Patient Registration**.
4. Fill in the remaining screens by pressing **Next**. (Note: Pressing **Save** before the form is complete will require you to log in again.)
5. The online questionnaire tells the doctor about your health history and **must be completed before** your appointment with the doctor.

Frequently asked questions:

- **Why do I have to complete this questionnaire?**
 - Filling out this form will save time at your doctor visit and allow you and your doctor to have a more focused and productive visit.
- **What do I do if I don't have a computer?**
 - Use the computer at your local public library.
 - Borrow a computer from a family member or a friend.
- **How long will it take me to complete the online questionnaire?**
 - The questionnaire should take you approximately 30 – 40 minutes to complete.
 - If you have difficulty answering any questions on the online questionnaire, your doctor will be happy to discuss them with you during your clinic visit.
- **I don't know how to use a computer; what do I do?**
 - Please contact us for assistance. We can help you complete the questionnaire if you are unable to do so.

Psychologist Visit

You may schedule your psychologist visit after your first appointment with the doctor.

- If you have your own psychologist, please feel free to see him or her for your assessment.
- If you would like to see one of our program psychologists, please directly contact one of the providers listed on the “Psychology Resources” sheets. Your health insurance may also recommend a provider.
- Most insurance companies require that you see an MD or PhD for your evaluation; however, some will accept a social worker. Confirm with your insurance specialist before using a social worker.
- Your psychologist must provide us specific information in your evaluation.
- Please give this form to your psychologist before you begin your visit.

Behavioral evaluation must include:

1. Evaluation of psychological history. Specify if past/present issues have been identified and addressed.
2. Current behavioral health treatment including psychiatric medication.
3. Evaluation of any mental health disorders.
4. Evaluation of any eating disorder (past or present).
5. Does the patient have any psychiatric diagnoses that would contraindicate a bariatric procedure or lead to a poor prognosis?
6. Is this patient intellectually able to understand the risks and realistic goals of the bariatric procedure?
7. Is this patient sufficiently able to understand and adhere to a plan of lifelong behavioral management and dietary management postoperatively?
8. Is the patient committed to long-term follow-up with the physician and dietitian?
9. Statement as to whether the patient is an acceptable candidate for a bariatric procedure.

Additional information that is recommended but not required:

1. History of healthy dieting/weight loss maintenance.
2. Life stressors, past and/or present.
3. Friends or family to provide support.
4. History of alcohol or drug abuse.
5. Is the patient a risk to self or others?
6. History of suicide attempts.
7. Past behavioral health treatment of any type.
8. Family history of mental illness.
9. Objective mood assessment.
10. Objective eating assessment tools.
11. Any intellectual, personality, lack of support/family distraction, insufficient motivation, addiction proneness, unwillingness to comply with recommendations that would cause a barrier to successful adjustment?

Psychology Resources

University Hospitals

Jeffery Janata, PhD
11100 Euclid Avenue
Cleveland, Ohio 44106
216-844-1266

Sheryl Kingsberg, PsyD

11100 Euclid Avenue
Cleveland, Ohio 44106
216-844-5078
Fax: 216-201-4928

Cleveland – Eastside

Debra El-Amin, PsyD
2460 Fairmount Boulevard, Suite 320
Cleveland Heights, Ohio 44106
216-337-7649

John A. Glovan, PsyD

8224 Mentor Avenue, Suite 208
Mentor, Ohio 44060
440-392-2222
Fax: 440-565-2349

Deborah Koricke, PhD

21403 Chagrin Boulevard, Suite 104
Beachwood, Ohio 44122
440-333-4949
Fax: 440-333-5044

Dennis Pinciotti, PhD

33595 Bainbridge Road, Suite 103
Solon, Ohio 44139
216-229-0304
Fax: 330-666-5881

Deborah L. Ross, PhD

1450 SOM Center Road, Suite 22
Mayfield Heights, Ohio 44124
440-460-1500

Cleveland – Westside

John Bertschler, PhD
8040 Corporate Circle, Suite 4
North Royalton, Ohio 44133
216-236-6200
Fax: 216-236-6202

Cate Brandon, PhD

20525 Center Ridge Road, Suite 134
Rocky River, Ohio 44116

2001 Crocker Road, Suite 600
Westlake, Ohio 44145
440-327-1800
Fax: 440-327-1533

Deborah Koricke, PhD

20800 Westgate Professional Center,
Suite 200
Fairview Park, Ohio 44126
440-333-4949
Fax: 440-333-5044

Anita Maximin, PsyD

20525 Center Ridge Road, Suite 610
Rocky River, Ohio 44116
440-331-5770
Fax: 440-234-5994

14843 West Sprague Road, Suite A
Strongsville, Ohio 44136
440-234-9955

George Steckler, PhD

8221 Brecksville Road, Suite 101
Brecksville, Ohio 44141
216-342-4140
Fax: 440-792-4645

Eastern Ohio

Stacey Foerstner, PhD

34950 Chardon Road, Suite 202
Willoughby, Ohio 44094
440-510-5100
Fax: 440-510-5151

Western Ohio

Darlene J. Barnes, PhD, APRN, BC
503 Garrison Street
Fremont, Ohio 43420
419-334-2200
Fax: 419-334-8788

Cate Brandon, PhD

35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

John Zbornik, PhD

5329 North Abbe Road, Suite 1
Elyria, Ohio 44035

35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

Southern Ohio

David Gannon, PhD, LPCC

4572 Dressler Road, NW
Canton, Ohio 44718
330-493-4220
Fax: 330-493-8850

Central Ohio

Dennis A. Marikis, PhD

788 Lexington Avenue
Mansfield, Ohio 44907
419-756-2828
Fax: 419-756-9913

102 East Gambier Street
Mount Vernon, Ohio 43085
740-392-5416

Informative Websites

Below you will find several websites that you might find useful to you as you search for more information on weight loss surgery. These sites are for informational purposes only; any medical questions should be directed to your physician.

Bariatric surgery web resources

UHhospitals.org/WeightLoss	University Hospitals website for weight loss surgery
www.bariatriceating.com	Resource for bariatric recipes, food items and patient support
www.bariatricfoodie.com	Recipes and resources for bariatric patients
www.ObesityHelp.com	Interactive website for patients in all stages of the weight loss surgery process
www.obesitylaw.com	Excellent resources for obesity law and health care matters
www.ASMBS.org	American Society for Metabolic & Bariatric Surgery
www.niddk.nih.gov	National Institutes of Health: Bariatric Surgery for Severe Obesity

