

## *New Life* Weight Loss & Advanced Laparoscopic Surgery

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### **PHYSICIAN SUPERVISED DIET GUIDELINES**

These are sample guidelines required by insurance companies for documentation of a physician supervised weight loss program. Patients are advised to check with their insurance company regarding specific plan requirements.

- Documentation of consistent, active participation in at least one physician-supervised weight loss program within the past one to three years, depending on the insurance carrier.
  - a) Some insurance companies may require that this be monitored by a physician who does not perform weight loss surgery.
  - b) Diet programs/plans such as Weight Watchers®, Jenny Craig®, Physician’s Weight Loss Center, or similar plans alone would not be considered a physician-monitored weight loss program.
  - c) Physician-monitored programs that **only** include pharmacological (medication) management would not be considered a physician-monitored program.
  - d) The submitted material must include clear evidence of at least three to six consecutive monthly visits devoted chiefly, if not entirely, to weight loss management.
  - e) **The duration of the Physician Supervised Diet program varies by insurance company.** Patients should confirm specific plan requirements.
  
- During the physician supervised diet program, monthly visits cannot be skipped. Failure to comply may result in coverage being denied by the insurance company, and/or an additional three or six month diet program may be required. Please note: The three/six month physician supervised diet actually requires four or seven consecutive visits; the initial consultation is considered “Visit 0.”
  
- Documentation at each visit should include the following:
  - a) Current weight and vital signs
  - b) Progress made since the last weight management visit
  - c) Current dietary intake
  - d) Current exercise program or list physical activities performed
  - e) Discussion of behavioral interventions used to reinforce the weight management program

For your convenience, we have provided an example progress note which contains the information required for documenting monthly visits with your primary care physician. Your physician may use this form **or** his/her own documentation, provided all necessary information is included.

Clinic Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Physician Supervising Non-Surgical Weight Loss Program: \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Visit \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

Weight Maintenance Yes  No

Weight Loss \_\_\_\_\_

Weight Gain \_\_\_\_\_

Goals achieved from last visit on: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Nutrition: \_\_\_\_\_
2. Exercise: \_\_\_\_\_
3. Kept food / activity log Yes  No  (attach copy of food/activity log)
4. Comments: \_\_\_\_\_

**Negotiated nutritional goals**

- Put healthful eating guidelines into practice
- Start/Continue food log
- Pt to follow: 1200    1300    1700    1800    2200    2400 calorie diet
- Avoids sweetened beverages (soda, tea, juice, etc.)
- Other \_\_\_\_\_

**Negotiated exercise goals**

- Start/Continue activity log
- Monitoring pedometer steps
- Walk \_\_\_\_\_ minutes per day
- Exercise bike \_\_\_\_\_ minutes per day
- Pedometer \_\_\_\_\_ steps per day
- Other \_\_\_\_\_

**Behavior Modification**

- Practice meal planning
- Use smaller plates and bowls
- Portion Control
- Practice leaving food on your plate
- Avoid tasting while cooking
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_