

## SUPPLEMENTAL QUESTIONNAIRE FOR LIPOSUCTION



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OMIC requires special underwriting review of physicians requesting coverage for the performance of liposuction. Please answer all questions and attach a copy of your protocol, if available.

### TRAINING AND EXPERIENCE

- 1** What training did you receive specific to the performance of liposuction, including any fellowship programs?  
**Attach a copy of your certificate of completion and course outline.**

Course Title	_____	_____	_____
Dates	_____	_____	_____
Location	_____	_____	_____
Instructor	_____	_____	_____
Technique	_____	_____	_____

Did the training include instruction in:

fluid and electrolyte balance?       potential complications of liposuction?       anesthesia?

- 2** During your training, how many cases did you:

**A.** Observe? \_\_\_\_\_

**B.** Assist? \_\_\_\_\_

**C.** Perform? \_\_\_\_\_

Does the surgeon you observed/assisted perform liposuction on a regular basis?       Yes     No

Is the surgeon an approved faculty member of a certification course in liposuction?       Yes     No

- 3** How many liposuction procedures have you performed as primary surgeon (rough estimates are acceptable):

**A.** Since completion of your training? \_\_\_\_\_

**B.** In the past 12 months? \_\_\_\_\_

**C.** Anticipated for the next 12 months? \_\_\_\_\_

- 4** If you do not yet have experience as primary surgeon for liposuction, do you intend to be proctored by an experienced liposuction surgeon for your first several cases?       Yes     No

## INFORMED CONSENT

- 5 You, the physician, must have an informed consent discussion with each patient. Although other health care professionals may be involved in the informed consent process, this duty may not be delegated exclusively to non-physician staff.
- 6 Consent must be obtained in writing. The consent form must be signed and dated by the patient prior to surgery.
- 7 You must write a note in the patient's medical record that the risks, benefits, complications, and alternatives were discussed with each patient.
- 8 You must offer each patient a copy of the consent form.
- 9 Submit a copy of your patient education literature and your consent form for this procedure.

## OPERATIVE PROCEDURES

- 10 Where do you perform these procedures?  Hospital  Surgery center  In-office surgical suite

**NOTE:** If performed in an office surgical suite, **describe on a separate page** the setting, sterility of conditions, types of monitoring performed, emergency/resuscitative equipment available, location in miles and minutes of the nearest hospital, and arrangements for transporting patients to the hospital in the event of an emergency.

- 11 You and designated operating staff must have training in the management of acute cardiac emergencies.

- 12 Do your hospital staff privileges or privileges at an approved surgery center extend to the performance of total body liposuction?  Yes  No

**If yes,** at which facility(ies)? \_\_\_\_\_

- 13 Which technique(s) do you follow?  Tumescent  Ultrasonic  Other \_\_\_\_\_

- 14 The maximum permissible dose of lidocaine is 55 mg/kg.

- 15 The recommended concentration of epinephrine in tumescent solutions is 0.25 mg/L to 1.5 mg/L, and the total dosage of epinephrine must not exceed 50 µg/kg.

- 16 Will liposuction be performed in conjunction with other procedures?  Yes  No

**If yes,** please list other possible procedures to be performed: \_\_\_\_\_

\_\_\_\_\_

- 17 The cannula size must be 4.5 mm in diameter or smaller.

- 18 The volume of fat removed must not exceed 4500 ml in a single operative session.

## POSTOPERATIVE CARE

- 19 Who renders the postoperative care? \_\_\_\_\_

- 20 At what frequency do postoperative visits occur? \_\_\_\_\_

## ADVERTISING

21 Do you advertise your availability to perform this procedure?  Yes  No

Advertisements must comply with state law and FDA- and FTC-mandated guidelines, must not be misleading, and must not make statements that guarantee results or encourage unrealistic expectations. Please refer to the attached **Review of Advertisement for Medical Services** form so that you may evaluate and monitor your compliance with OMIC's underwriting requirements with respect to advertising.

"I have read and hereby agree to comply with OMIC's underwriting requirements specific to liposuction. I also agree to notify OMIC prior to implementing any intended changes to my responses above. **I understand that failure to comply with OMIC's underwriting requirements or to notify OMIC promptly of changes in my protocol may result in uninsured risk or termination of coverage.**"

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Name (Please type or print.)*