

## **Cleveland Clinic Employee Health Plans (EHP)** **Surgical Weight Management FAQ**

**1. Does the EHP cover surgical weight management?** The EHP will cover weight management surgeries performed within the Cleveland Clinic / Akron General Health System, when approved by Utilization Management for those individuals who meet the health plan medical necessity criteria. See the current Summary Plan Description for details.

**2. Who is eligible for coverage of these procedures?** EHP members and their dependents with 24 consecutive months of current EHP coverage are eligible for coverage for these procedures. Member/Dependent must be at least 18 years old.

**3. What procedures will the EHP cover?** Coverage will be provided for the Roux-en-Y, Lap Plication, Lap Sleeve alone, and in some cases, the Lap Sleeve and Roux-en-Y. Repeat surgeries are covered if determined to be medically necessary.

**4. What is the benefit coverage for surgical weight management?** The services that will be included are divided into three phases: the pre-surgical work up, surgery and after surgery care.

- a. The pre-surgery work up includes two (2) registered dietician visits, one (1) preoperative physician visit, one (1) psychiatry/psychology visit (and second if applicable), and two (2) Surgeon visits. These visits will be covered under your regular EHP benefits and the member is responsible for any applicable co-payments. Additional physician visits and diagnostic testing may be required based on the member's individual health status. These visits will be covered under your regular EHP benefits and the member is responsible for any applicable co-payments.
- b. The surgery benefit will include the surgeon's fee, anesthesia and hospital charges. They will be covered at 100% after a flat co-payment of \$2750.00
- c. Members are financially responsible for any non-reimbursable inpatient deductibles, copays and/or coinsurance.
- d. The after surgery care or follow up visits to the surgeon are based on the individual health status of the member. This includes all diagnostic testing ordered by the surgeon at the time of the visit. In addition, registered dietician visits are required. These visits will be covered under your regular EHP benefit and may require any applicable co-payments.

**5. What is the process for obtaining medical necessity review to get approval for surgical weight management from Utilization Management?**

- a. Call the Cleveland Clinic / Akron General Weight Management Program (216-445-2224) to obtain a questionnaire.
- b. Complete and return the questionnaire to the Weight Management team. The Weight Management Team will review your history and call to schedule you for a workup and a visit with the surgeon.
- c. After you have completed those steps and have decided to proceed, call the Bariatric Metabolic Institute to schedule your next appointment.
- d. Upon completion of the work up the Weight Management Team will send your information to Utilization Management for review.
- e. **You must call Utilization Management to fulfill your part of the precertification process.** Utilization Management phones: 1-888-246-6648 or 216-986-1050.
- f. Within 14 days of receiving this information, Utilization Management will notify you in writing of a determination.
- g. If the surgery is approved, and you would like to participate in the Surgical Weight Management Coordinated Care program (to be eligible for co-payment reimbursement), *you must call Utilization Management again to request a Care Coordinator: 1-888-246-6648 or 216-986-1050.* If you already participate in a Coordinated Care program you will need to notify your Care Coordinator of the approval to initiate the Surgical Weight Management program.
- h. ***Any services incurred PRIOR to the date of enrollment in the Surgical Weight Management Coordinated Care program, will NOT be eligible for reimbursement.***

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### **6. What is reimbursable for surgical weight management?**

- a. Reimbursement is contingent on the member attending all follow-up visits and obtaining all lab work ordered by their surgeon.
- b. The following visits have reimbursable copays under the surgical weight management program:
  - 1) PROCEDURE – facility, physician, anesthesia copay \$2750 global period 90 days
  - 2) POST-OP PROCEDURE: Surgeon visit post 90 day period (copays at 6 months, 1 year, 1 ½ years, 2 ½ years, 3 ½ years, 4 ½ years, 5 ½ years) Psych 2 visits (copay), Registered Dietician visit (no copay)
- c. In addition, the member must remain an actively employed or COBRA member of the EHP to receive ANY reimbursement. (See current SPD for eligibility information).
- d. Members that have other insurance that is primary are not eligible for further reimbursement.
- e. **Member will never be reimbursed more than they have paid in co-pays.** Please refer to your EOB (Explanation of Benefits) for determination of applicable copay amount. If your copayment on the EOB is less than what you paid at the time of service, you will be required to go back to the department for the difference. Reimbursement will only be processed for the applied copay amount from the EOB.
- f. Surgical copay reimbursement is based on the schedule below following submission of their paid co-payment receipts. You must submit the receipt within 6 months of the date of service to be logged into our system. Please be aware that NOT ALL claims from the Bariatric Institute process as a Specialist visit. You will be required to obtain a refund from the Department if the EOB does not apply a copay to the visit.

6 months post-op	10%,
1 year post-op	10%
2 ½ years post-op	15%
3 ½ years post-op	20%
4 ½ years post-op	20%
5 ½ years post-op	25%
- g. If payroll deduction is chosen, it must be completed before any reimbursement is released.

### **Where do I send my receipts for reimbursement?**

Documentation needs to be sent to Cleveland Clinic EHP Medical Management.

You have three submission options:

1. **Fax to:** 216-442-5795 to the Attention of Reimbursements
2. **Mail to:** Cleveland Clinic Employee Health Plan(s)  
Attn: Reimbursements  
25900 Science Park Drive/Mail Code AC242  
Beachwood, Ohio 44122
3. **Scan and E-mail to:** [EHPpharmacyreimbursement@ccf.org](mailto:EHPpharmacyreimbursement@ccf.org)

**If I send in all my receipts at one time will they all be processed?** Submit all receipts as you get them. Any receipts that are beyond 6 months after the date of service **WILL NOT be reimbursed.**

**7. What if the process is started and the member is not accepted for surgery?** Members are not eligible for coverage for bariatric pre-surgical work up until they have been on the EHP for 24 consecutive months. At that time the member is responsible for all applicable office visit costs and/or co-payments required during the pre-surgery workup process. The flat surgery co-payment is required following the Utilization Management review for medical necessity. The member or dependent will know at this time if Utilization Management has authorized the surgery.

*If a member does not meet medical necessity criteria and the member chooses to continue the surgical weight management option available to them, the member will be responsible for all charges incurred for physicians and facility during the surgery and follow-up phases of the program.*

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**8. I understand the surgeon sometimes recommends dieting prior to surgery; would this be covered under my insurance?** Nutritional counseling by a Registered Dietician for weight loss management is covered including those required for surgical consideration. The Protein Sparing Modified Fast (PSMF) diet, weight management programs offered by Cleveland Clinic / Akron General, and Weight Watchers are covered through the EHP Wellness program. PSMF and Tier 1 weight management programs are covered under the EHP medical benefit. Weight Watchers is paid by the Employee Health Plan Wellness Program at 50%. Members will be responsible for the remaining 50%.

**9. Is cosmetic surgery for excess skin removal covered after surgical weight loss?** No, the removal of excess skin is considered cosmetic in almost all cases. A panniculectomy is rarely covered (after Precertification) for medical necessity.

**10. What do I need to do to be eligible to be reimbursed for my bariatric surgery copay of \$2,750?**

Complete the post-surgery follow up schedule below:

Time Frame	Type of Follow up Required
1 Week	Physician Visit (Bariatric Surgeon or Fellow)
1 Month	Physician Visit (Bariatric Surgeon or Fellow) Registered Dietician Visit (may be a Shared Medical Appointment or One on One) Psychologist Visit (may be a Shared Medical Appointment or One on One)
3 Months	Registered Dietician Visit (may be a Shared Medical Appointment or one on one) Office Visit: Physician, Nurse Practitioner or Physician Assistant (optional) Support Group Visit (optional)
6 Months	Registered Dietician Visit (can be a Shared Medical Appointment or one on one) Office Visit: Physician, Nurse Practitioner or Physician Assistant (optional) Psychologist (as needed) Lab work (as required at the discretion of the provider)
9 Months	Optional.
12 Months	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychology group (optional) Lab work (as required at the discretion of the provider)
1 ½ years (18 months)	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychologist (as needed) Lab work (as required at the discretion of the provider)
2 ½ years (30 months)	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychologist (as needed) Lab work (as required at the discretion of the provider)
3 ½ years (42 months)	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychologist (as needed) Lab work (as required at the discretion of the provider)
4 ½ years (54 months)	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychologist (as needed) Lab work (as required at the discretion of the provider)
5 ½ years (66 months)	Office Visit: Physician, Nurse Practitioner or Physician Assistant Registered Dietician Visit (as needed) Psychologist (as needed) Lab work (as required at the discretion of the provider)