



## Bariatric Surgery Insurance Benefit FAQ's

### 1. What hospital programs are available through the benefit?

- a. The Ohio State University Medical Center Bariatric Program
- b. Mount Carmel Bariatric Surgery Program
- c. Fresh Start Bariatrics at Riverside Hospital

### 2. How can I learn more about each program?

- a. Each of the programs host information sessions. You can learn more about the programs and their free information seminars by contacting them directly. No cost or fees are charged to attend information seminars.
  - i. The Ohio State University Medical Center Bariatric Program - 614-293-5123  
[www.medicalcenter.osu.edu/go/bariatric](http://www.medicalcenter.osu.edu/go/bariatric)
  - ii. Mount Carmel Bariatric Surgery Program - 614-234-2052  
[www.mountcarmelhealth.com/programs-services/bariatric-center](http://www.mountcarmelhealth.com/programs-services/bariatric-center)
  - iii. Fresh Start Bariatrics at Riverside Hospital - 614-443-2584  
[www.freshstartbariatrics.com](http://www.freshstartbariatrics.com)

### 3. What is the cost to the member?

- a. Each program applies a \$1,700 deductible when surgery is scheduled. Only In-Network programs are available.
- b. Each program requires patients to enroll in dietary counseling and undergo a series of preoperative tests; cost will vary from program to program.
  - i. The Ohio State University Medical Center Bariatric Program
    1. \$1,700 for surgery + dietary counseling cost.
  - ii. Mount Carmel Bariatric Surgery Program
    1. \$1,700 for surgery + administrative fees and dietary counseling cost.
  - iii. Fresh Start Bariatrics at Riverside
    1. \$1,700 for surgery + administrative, activity and dietary counseling fees.
- c. Each program requires patients to have a number of pre operative and post operative office visits, laboratory screenings and other medically based examinations. Standard co pay amounts apply for these services.
- d. Nutrition and dietician group and individual counseling

### 4. What bariatric procedures are covered by the benefit?

- a. Bariatric surgery for morbid obesity includes but is not limited to gastric bypass, gastric banding and gastric reduction such as roux-en-y gastric bypass, vertical banded gastroplasty (VBG), adjustable silicone gastric banding and sleeve gastrectomy.

### 5. Does the cost to the member vary by procedure?

- a. No.

### 6. Are there any benefit requirements to the member?

- a. BMI over 40 (or over 35 with two imminently life-threatening co morbid conditions related to obesity such as diabetes and Stage 2 hypertension).

- b. Letter from the Franklin County Cooperative Health Benefits Program confirming two continuous year's enrollment in the Cooperative prior to enrolling in a program.
- c. All procedures are performed in the previously mentioned network facilities.
- d. Six-month weight loss effort medically documented and supervised by the patient's treating physician. A minimum of one physician visit per month for six consecutive months is required and must be documented.
- e. Statement from a mental health clinician confirming member has completed an appropriate behavioral health evaluation per the hospital program. The hospital program will assist in scheduling this evaluation using a provider in your behavioral health benefit (UBH) network.
- f. Patients must be at least 25 years old.
- g. Candidates being considered for bariatric surgery at a network hospital are required to complete a three to six month nutrition-counseling program offered by the hospital selected for surgery.

**7. What weight loss procedures are not covered by the plan?**

- a. Liposuction
- b. Administrative fee charged by individual program
- c. Liquid or solid food supplements
- d. Exercise programs
- e. Exercise equipment
- f. Nutritional classes
- g. Individual dietician visits

**8. Is there a waiting period before surgery can be performed?**

- a. Each program requires a minimum of 3 to 6 months of weight loss prior to surgery. Pre-surgical schedules vary by program but all include pre operative screenings, dietary counseling and participation in program support groups.

**9. Are there post operative requirements associated with the benefit?**

- a. Each program requires a different sequence of post operative visits. And, each procedure has unique post operative requirements. Check with the programs.

**10. How long post operative will I be unable to work?**

- a. Generally
  - i. Roux-en-Y gastric bypass and Sleeve Gastrectomy is 4 to 6 weeks.
  - ii. Gastric Bands are 2 to 4 weeks.
  - iii. Check with the program selected since there are many factors affecting return to work time.

**11. How will complications be handled under the benefit?**

- a. Complications are billed to the insurance as they occur, as with any other complication arising from surgery.

**Please see the Summary Plan Description (SPD) for detailed information on the Morbid Obesity Surgery benefit.**