

Insurance Information

As coverage for pain treatment varies, please contact your insurance provider before your first appointment to find out which services are covered.

Coverage can be categorized as self-pay, Medicaid coverage, Medicare coverage, managed care/commercial insurance coverage or Worker's Compensation coverage. Please refer to the following guidelines for each category.

Self-Pay

A financial counselor will collect a deposit for services at the time of the patient's visit unless prior arrangements have been made.

Medicaid Coverage

Patients should bring their Medicaid cards to their first appointment. They must show their Medicaid cards to the financial counselor at their first visit and at the first appointment of each month thereafter.

Medicare Coverage

Cleveland Clinic accepts Medicare assignment for physician fees and other services covered under Part B. Please be advised that some of the services the department offers, such as acupuncture, may not be covered by Medicare.

If a service is not covered by Medicare, patients should check with their secondary insurance (if applicable) for coverage. Services not covered by Medicare or by a secondary insurance provider are considered self-pay. Please refer to the self-pay category.

Managed Care/Commercial Insurance Coverage

If a patient's insurance requires a referral from a primary care physician before the patient can be seen by a specialist, it is the patient's responsibility to obtain it. Cleveland Clinic prefers to have this referral in writing or by fax.

If a patient's referring doctor recommends a consultation with the Cleveland Clinic Pain Management Department as well as a certain procedure, patients should make sure it is stated on their referral form.

If patients do not have a referral and their insurance requires one, the patient will either need to reschedule the appointment with the Pain Management Department or sign a waiver form that holds the patient financially responsible for the charges of that day's appointment. Patients may be required to make a deposit to confirm that responsibility.

Patients should keep in mind that referrals are usually for a specific number of visits during a specific amount of time. If a patient continues to receive care in the Cleveland Clinic Anesthesiology Department after the time permitted by the patient's insurance company, it may be necessary for the patient to get more than one referral.

Procedures performed by Cleveland Clinic specialists often have to be pre-certified by a patient's insurance company. Please have the specialist check with Precertification before any procedure is performed.

Future procedures performed at the Pain Management Department may also require precertification.

Before a patient's next appointment, they should call Precertification at 216.445.7372 or toll-free 800.223.2273 ext. 57372 to confirm that their procedure has been precertified by his or her insurance company.

Workers Compensation Coverage

Before a patient can be seen by one of the department specialists, it is a patient's responsibility to obtain authorization from his or her primary care physician (or physician of record) unless the appointment is to obtain a "second opinion."

If a patient is coming to the Pain Management Department for a second opinion, only the evaluation is covered (not the diagnostic tests). No other services will be covered unless a patient's referring physician of record has submitted the appropriate request to the Bureau of Workers Compensation. After submitting the request, a physician must receive written approval from the Bureau for coverage of services other than a "second opinion."

If patients are covered by a self-insured company or out-of-state Workers Compensation Bureau, they should bring a written authorization for services to their appointment.

In all cases, it is a patient's responsibility to know the claim number and all pertinent information regarding a claim.

If a patient does not have a "physician of record" or desires to change a "physician of record" to a Cleveland Clinic specialist, the patient must ask the specialist if he or she would be willing to become a physician of record. If the specialist accepts this responsibility, a "Change of Physician" form must be completed and submitted to a patient's compensation case manager.

Financial Counseling is Available

If patients have any questions about their insurance coverage or workers compensation, they should contact their insurance company and/or case manager.

If patients have any questions about the fees associated with your evaluation and treatment, they can call a Cleveland Clinic Financial Counselor at 216.445.7372 or toll free 800.223.2273 ext. 57372.

Since some services may not be covered by a patient's insurance provider, financial counseling is available to help patients decide how to manage their treatment expenses.