



# MANAGING BIOLOGICS

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# Susan

- 54 year old woman with severe asthma. She is maximized on ICS/LABA therapy, LAMA, and leukotriene modifier. She has taken 3 bursts of prednisone this past year and uses her rescue inhaler 2-3x/week.
- She has never been on biologic therapy in the past.
- Eosinophil count is 420 with an IgE level of 212.
- Allergen skin testing is positive for dust mite, trees and mold
- Fev1 74%, fef 25-75 54%
- FeNO 29

# Biologics

- Assuming that all other workups were negative, biologics are considered
- Xolair- Home/In office
- Fasenra/Fasenra Pen
- Nucala versus Nucala Autoinjector
- Dupixent versus Dupixent Pen
- Cinquair



# Consideration

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- Patient compliance
- Patient proximity to the office
- Patient ease in use
- Multiple conditions- Nasal polyposis along with asthma, etc.
- Staff training and resources- Intermediary services
- Make sure that all documentation is in- Pharmacy records and clinical records
- Know the coding protocols and modifiers needed to get paid.

# Workflow for a Successful Biologics Program

## Nurse Navigator Responsibilities

- Chart Review /Authorizations
- Documentation – PA numbers and expiration dates
- Inventory Control
- Clinic guidelines

## Administrative Navigator

- Eligibility Copays/Coinsurance
- Scheduling
- Billing/Payment tracking

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# Buy and Bill vs Specialty Pharmacy

- Buy and Bill

Prior Authorization Usually Medical Benefit

Purchase Drug

Inject and Bill

- Specialty Pharmacy

PA pharmacy Benefit

Order Drug to be shipped


Inject and Bill

Order Drug to be shipped

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# Expanding your practice Clinical Administrative, Reimbursement Strategies Biologics

Presented by  
Teresa Thompson  
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› I have nothing to disclose





## Biologics for use in allergy practice

- › Omalizumab
- › Dupilumab
- › Mepolizumab
- › Benralizumab
- › Reslizumab
- › Administration may be at home or in your office depending on the biologic



## Administration in your office for biologics

- › Initially – may have an Evaluation and Management service provided by physician or NPP to review and begin patient on biologic
- › Injection of biologic is not billable with a nursing encounter per CMS guidelines (NCCI edits) National Correct coding initiative edits
- › Injection of biologic may be billable with physician or provider encounter as long as the definition of 25 modifier is supported.

## Modifier 25

- › ---The patient's condition required a significant, separately identifiable E/M service above and beyond the other service.
- › A physician shall not report a separate E&M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure.



## Procedure codes for administration of biologics outpatient setting

- › CPT 96372 – therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular
- › CPT 96401 – administration, subcutaneous or intramuscular; non-hormonal antineoplastic
- › Payers have specific guidelines specific for injection code selection
- › More than one injection – may use two units or two lines
- › Payer guidelines may limit CPT 96401 to one unit







## Coding for Buy and Bill Patient

- › Purchase drug in quantity most effectively used by the patient
- › May bill for wastage JW modifier but vials must be in most efficient quantity for the patient
- › RAC is auditing Medicare claims for past billings with JW modifier
- › Prior authorizations required

Thank you for joining us

