

MANAGING BIOLOGICS LIKE A PRO

SPECIALTY PHARMACY

Dianne LeDuc RN, RNFA, CNOR

Allergy Partners of Northern Virginia and Flow Cytometry Lab

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PREP WORK FOR ALL BIOLOGICS

- HAVE A DEDICATED BIOLOGICS TEAM THAT HANDLES PRIOR AUTHORIZATIONS, AND INVENTORY CONTROL.
- CHECK INSURANCE POLICIES REQUIREMENTS ON A REGULAR BASIS.
- WHAT TRACKING TOOLS ARE AVAILABLE FOR PRIOR AUTHORIZATIONS EXPIRATION DATES?

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PATIENT SELECTION

- IS THE NEEDED QUALIFICATIONS FOR THE PRESCRIBED MEDICATION DOCUMENTED APPROPRIATELY IN THE CHART?
- DOES THE PATIENT HAVE UPDATED INSURANCE AND DEMOGRAPHICS IN THEIR CHART
- DOES THE PATIENT TRULY WANT TO GO ON THE MEDICATION.

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PRIOR AUTHORIZATION

- MOST BIOLOGICS COMPANIES HAVE A SPECIAL TEAM TO INVESTIGATE COVERAGE BENEFITS. BEFORE GOING TO THE PRIOR AUTHORIZATION
- THE PHARMACY BENEFIT MANAGERS (CAREMARK, OPTUM RX EXPRESS SCRIPTS ETC.) TYPICALLY MAKE THE DECISION REGARDING APPROVALS OR DENIALS.
- SPECIALTY PHARMACIES- WILL DISPENSE AND SHIP THE DRUG SUCH AS: ACCREDO, CVS SPECIALTY PHARMACY, BRIOVA ETC.
- ONCE APPROVE SEND AN ESCRIPT OR CALL THE SPECIALTY PHARMACY AND ORDER THE MEDICAITON.

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EMPOWER THE PATIENT

- EDUCATE THE PATIENT AS TO WHAT FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE IF NEEDED.
- THE PATIENT SHOULD KNOW PRIOR TO STARTING TREATMENT THAT THEY WILL NEED TO ANSWER THE PHONE WHEN THE SPECIALTY PHARMACY CALLS TO GET PERMISSION TO SHIP THEIR MEDICATION.
- THE PATIENT SHOULD UNDERSTAND THAT INSURANCE INFORMATION SHOULD BE UPDATED IMMEDIATELY WITH CHANGES.
- WHAT IS YOUR PROCESS FOR DELIVERING TREATMENT?

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BUY AND BILL PROS

- EASE OF OBTAINING THE DRUG
- FLEXIBILITY WITH INVENTORY
- SAME PROCESS FOR APPROVAL AS SPECIALTY PHARMACY BUT CLINIC RECEIVES THE PROFIT.
- ABILITY TO HAVE CLOSER OBSERVATION OF PATIENT TREATMENT ADHERENCE

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BUY AND BILL CONS

- INVENTORY CONTROL AND TRACKING IS EXTREMELY IMPORTANT.
\$\$ DRUG ON THE SHELF IS MONEY ON THE SHELF. \$\$
- REIMBURSEMENT IS ANYWHERE FROM 30 TO 90 DAYS.
- THERE IS A GREATER FINACIAL RISK. AR TRACKING IS KEY.
- INSURANCE MARKET IS EVERCHANGING

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BUY AND BILL PROCESS

- FOLLOWS SAME PATH AS SPECIALTY PHARMACY.
- PURCHASE INVENTORY FROM A WHOLESALE COMPANY SUCH AS CURASCRIPTS ,
ACCREDITO ETC.
- USUALLY ON THE MEDICAL SIDE OF INSURANCE BENEFITS
- WHEN CALLING FOR THE PRIOR AUTHORIZATION ENSURE THAT THE PBM
UNDERSTANDS THIS IS BUY AND BILL AND THE PRIOR AUTHORIZATION IS LISTED
UNDER THE PHYSICIANS NPI OR CLINIC NPI.

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BUY AND BILL PROCESS

- ORDER INVENTORY.
- SCHEDULE PATIENT FOR TREATMENT.
- CHECK INSURANCE ELIGIBILITY TWO DAYS OUT.
- BILL FOR DRUG AND ADMINISTRATION
- TRACK EOBS
- ONCE EOBS ARE BACK FROM THE INSURANCE COMPANY RUN COPAY CARDS /FINACIAL ASSISTANCE MONIES FOR CLAIM.
- THERE IS A 30 TO 90 DAY REIMBURSEMENT PERIOD. USUALLY, THE SPECIALTY PHARMACIES WILL GIVE YOU A 90 DAY CREDIT ON THE PURCHASE OF THE DRUG.

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BUY AND BILL TIPS AND TRICKS

- DO NOT RELY ON QUICK LOOK INVENTORY MANAGEMENT USE A TRACKING SHEET.
- DOCUMENT DOCUMENT DOCUMENT. INSURANCE CALLS REFERENCE NUMBERS ETC.
- ENSURE THAT YOUR PATIENTS TREATMENT RECORD IS SIGNED BY THE PROVIDER
- GOVERNMENT INSURERS REQUIRE THE SUPERVISING PROVIDER TO BE ON SITE AND THE PROVIDER THAT SIGNS THE TREATMENT RECORD. NOT THE PROVIDER OF RECORD.
- MEDICARE DOES NOT NEED PRIOR AUTHORIZATION BUT COPAYS AND DEDUCTIBLES DO APPLY.

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BIOLOGICS TIPS AND TRICKS

- IF THE MEDICARE/COMMERICAL PATIENT HAS A SECONDARY INSURANCE, THEY MAY OR MAY NOT REQUIRE A PRIOR AUTHORIZAITON- CHECK.
- IF THE MEDICATION PRESCRIBED IS FROM A PHARMA COMPANY WITH A BENEFITS INVESTIGATION TEAM USE THE TEAM TO INVESTIGATE ALL BIOLOGICS PATIENT BENEFITS INCLUDING MEDICARE.
- MAKE SURE YOU ASK FOR A PA RECORD TO BE FAXED TO YOU WITH THE PA NUMBER AND UNITS OR DAYS OF TREATMENT.
- EDUCATE YOUR PATIENTS ON THEIR INSURANCE CHOICES.

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COPAY CARD ACCUMULATORS

- COPAY CARD ACCUMULATORS – COPAY CARDS TYPICALLY COVER ANY DEDUCTIBLES, COPAYS AND COINSURANCE WITH EXCEPTION OF 5 OR 10 DOLLARS.
- SOME INSURANCE COMPANIES HAVE IMPLEMENTED THESE ACCUMULATORS SO THAT NONE OF THE MONIES THAT ARE PAID GO TOWARDS THE PATIENT'S DEDUCTIBLES
- THE DISADVANTAGE IS IF A PATIENT HAD SAY A 5000 DOLLAR DEDUCTIBLE AND IS PART OF THE DRUG COST IS 2000.00 UNTIL HIS DEDUCTIBLE IS MET, HE MAY HAVE TO STOP TREATMENT IN A FEW MONTHS.

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Below is an example of a historical payment model for medication versus an accumulator model. For this example, the patient has a \$2,000 deductible, 20% coinsurance, and a \$4,000 out of pocket max. The drug in this example is \$2,000 per month:

Patient out of pocket	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Copay assistance (manufacturer)	\$2,000	\$400	\$400	\$400	\$400	\$400	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000
Payer	\$0	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$20,000

Note: In the historical model example, the patient has met the deductible and out-of-pocket obligation as a result of the manufacturer's copay assistance program with \$0 out-of-pocket cost.

Copay Accumulator model													
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Patient out of pocket	\$0	\$0	\$0	\$0	\$0	\$2,000	\$400	\$400	\$400	\$400	\$400	\$0	\$4,000
Copay assistance (manufacturer)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,000
Payer	\$0	\$0	\$0	\$0	\$0	\$0	\$1,600	\$1,600	\$1,600	\$1,600	\$1,600	\$2,000	\$10,000

Note: In the copay accumulator model example, the payer only pays 50% of the amount that is paid in the historical model example.

National Infusion Center Association (NICA)

Managing Biologics Like a Pro

UTILIZING A 3RD PARTY VENDOR
TIPS AND TRICKS

Kathy Wilson, Practice Manager, Allergy and Asthma Wellness Center

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WORKING WITH A 3RD PARTY VENDOR

- Your patients will be in 2 systems which will need to be managed.
- Establish who within the practice will manage the biologics.
- Determine which party will be responsible for entering patient information into the 3rd party's system.
- Assign a place for the biologics to be stored separately from specialty pharmacy and samples.
- Create a system for billing as they will need to enter charges appropriately and reconcile the incoming invoices.
- Communication is key within the practice, with patients and with the vendor!

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FIRST STEPS

- You will need to provide or enter the patient name, insurance information, demographics, office notes, supporting labs and tests to the vendor.
- The physician's order will need to be entered for the biologic.
- The 3rd party will be obtaining your prior authorizations but you will need to send supporting documents or set up peer to peer if needed.
- Establish a method for overseeing and managing your patients in both systems.

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TRACKING IS KEY

CREATE A LOG FOR TRACKING YOUR PATIENTS

- The log should include patient name, ID number assigned by 3rd Party, biologic name, and status (pending, denied, approved).
- This spreadsheet is key to tracking all of your patients and for keeping your staff informed of which patients are utilizing biologics from the vendor
- Share the log with your biller, front desk for collection of co-pays, and your clinical staff so they know which stock to pull from.

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BIOLOGIC ORDERING AND TRACKING

- Patient appointments will be in 2 systems.
- The vendor we work with will automatically ship biologics based on the appointments entered in the system.
- Order extra biologics for last minute patients.
- Closely monitor your patient appointments weekly to ensure you have enough drug on hand.
- When the drug arrives, create a log to track who is receiving the drug and the date of service. Only patients approved for buy and bill should be receiving the biologics from the vendor.

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PARTNERSHIP

- Communication is key between the practice, patients and the vendor.
- Patients need to understand where the drug is coming from.
- Patients need to be educated as to why the 3rd party is being utilized.
- Staff needs to understand the difference between specialty pharmacy and a 3rd party vendor to avoid confusion.
- The practice needs to keep in touch with the vendor on a daily basis for updates and action items.
- Collaborate for a successful partnership.

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Expanding your practice Clinical Administrative, Reimbursement Strategies Biologics

*Presented by
Teresa Thompson
TM Consulting*

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Biologics for use in allergy practice

- Omalizumab – J2357 5mg
- Dupilumab - J3590
- Mepolizumab – J2182 1mg
- Benralizumab – J0517 1mg
- Reslizumab - J2786 1mg
- Administration may be at home or in your office depending on the biologic

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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.

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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.

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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

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Coding for Biologic

- J Codes:
- Omalizumab J2357 – 5mg
- Dupilumab J3590 – requires documentation
- Mepolizumab J2182 – single dose
- Benralizumab J0517 – 1 mg
- Reslizumab J2786 – 1mg
- Patient education a requirement if patient is using medications at home.
- If only self administration is approved for drug, make sure medical necessity is documented for injections given in practice setting.

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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

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Thank you for joining us

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