Important Things to Know/UsefulTidbits

InFusion Cent$

Make It Make Sense!!!

- Never schedule an infusion earlier than FDA-approved for a given diagnosis; this will result in a denial by the insurance company even if you have an auth on file; dose & frequency must adhere to manufacturer's guidelines for medications & diagnoses

- Patients cannot use their insurance as they please! If the patient is working and have their own insurance coverage through their employer, then the pt's insurance is PRIMARY, their spouse's insurance would be 2nd dary. If the pt is not employed or doesn't have their own insurance plan but they are on their spouse's plan, then the spouse's plan would be primary

- If the patient is less than age 65 and have Medicare but also have commercial coverage through their spouse's employer group, then the spouse's plan is Primary to Medicare IF the spouse works for a company with more than 20 employees, if the spouse's employer group is less than 20 employees, then Medicare is primary for the patient.

- If possible, try NOT to infuse "unspecified" NOC-not otherwise classified drugs. Wait until the biologic/drug gets its permanent Jcode or Qcode.

Reimbursement for these claims can hold up cash flow for months! The claims will pay eventually, but you'll need to send the payment invoice from the drug vendor, it's a process and not worth the delay in my opinion.

- ABN-advance beneficiary Notice of non-coverage Form must be explained and signed by the patient PRIOR to rendering services; the form cannot be backdated. This form is used when the patient has a diagnosis that is not covered by Medicare.

- Medicare will not reimburse your office infusion center for services provided to a patient in skilled care-SNF. Patients in SNF who are under Medicare Part A episode of care, fall under Medicare consolidated billing rules. Those rules prohibit certain services from being billed and paid by Medicare Part B during this "episode of care"