**THE EYE INSTITUTE FOR MEDICINE & SURGERY**

**POLICY/PROTOCOL**

**EYLEA & LUCENTIS – PRE-AUTHORIZATION/INSURANCE REVIEW**

01102012

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Applies to: Billing, Front Office Staff, Retina Clinic Staff, Clinic Supervisors

It is essential that we ensure payment - in advance of providing services - particularly when providing costly services such as Lucentis or Eylea injections. The cost of just one use of either of these medications is slightly less than two thousand dollars ($2,000).

If we fail to obtain authorization or verify insurance in advance of treating a patient, even with a signed ABN, it is quite difficult in many cases to collect these monies and cover our costs.

Because of this, everyone must know what their responsibilities are and be prepared to carry these out consistently.

**When Dr. Ganiban or Dr. Vaishnav send a patient out to be scheduled to return for a Lucentis or an Eylea injection, the following is the protocol**:

**The assistant** needs to mark the encounter form "Eylea injection at next visit" or "Lucentis injection at next visit."  Use a yellow hi-liter or red pen to help make certain this stands out on the encounter form.

The **check out person** needs to bring the chart and superbill to **Billing** promptly for processing.

(The check out person should inform the patient that the insurance department has to verify coverage and any possible copayment responsibilities relating to the medication prior to the next visit.  Inform the patient that he or she may receive a call from a member of our insurance department.

If there is a question regarding billing/coding for Jerry, make a note of it for follow up later, but do not delay sending the chart to the Billing Lead.).

Billing needs to provide the chart and a copy of the superbill to **the Billing Lead** promptly in order that she be able to verify insurance and coverage prior to the injection being performed.  If the Billing Lead is out, provide the information to **another billing staff member**.

**Billing Lead** - when you have verified coverage and any amounts that are patient responsibility, this information should be explained via telephone to the patient and clear notes placed in writing and added to the patient's chart.  Please communicate this information to the **physician's lead assistant**, as well.

When verifying coverage it is important not only to verify information for the primary insurance, but for the secondary insurance, if applicable.  (In the case of Medicare, copayments may amount to five hundred dollars or more!).

**Billing Lead** - If the patient has a considerable copayment and the primary or secondary insurance will not cover all of the costs of this treatment, the patient should be informed as to what their personal financial responsibility will be.  Carefully explain that payment is expected at the time services are rendered.  Inquire and note what method of payment the patient intends to make on that day - credit card, check, etc.

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Authorized Signature/Date