



COMPASSION*WORKS MEDICAL, LLC.

MEDICAL REIMBURSEMENT CONSULTANTS

RAENETTE FRANCO, CBCS, Email: raenettef@compassionworksmrs.com

Medical Food Coverage Support Process and Tips

Insurance Verification (Benefits):

1. **Contact insurance carrier** and follow the prompts as a provider and enter for benefits. Enter Providers Tax ID or NPI number. Follow the prompt for member (patient) ID number and DOB.
2. **For HMO insurance carriers that do not give benefits to out-of-network providers**, find an in-network provider and obtain their Tax ID number or NPI to move forward. As a specialist, you want to make sure that you obtain benefits “no matter what “and use your insurance terminology when verifying.
3. Verify benefits online with Navinet or insurance carrier’s online to get it in writing.
4. **Request to verify benefits for a service code(s)** (use HCPCS code) and include the diagnosis code (ICD-9/10). **Make sure you get the benefit specialist name and reference number.** Follow the insurance verification form when verifying benefits.
5. **Medical Benefits go by HCPCS Codes and Pharmacy benefits go by particular product NDC numbers.** HCPCS codes are by service provided. NDC numbers are assigned to particular products. However, with state/federal insurance programs, products are assigned a HCPCS code and will need to follow it that way. Typically a service code (HCPCS) are to give a description of what type of services the physicians are requesting. The specialist responsibility is finding a code that will match the service and is billable. If a service code has been preauthorized and approved for a DME or clinic, then it is a billable service. Sometimes benefit CSR’s do not understand each medical service and just reads the patients policy.
6. **Requesting for Enteral Formula/Medical Food** is typically a DME benefit, but depending on insurance carrier Enteral Formula can fall under general medical benefits, nutrition therapy or pharmacy. Ask the benefit specialist which medical benefit does the HCPCS code/Enteral Formula falls under.



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7. **Ask the benefit specialist if there are any exclusion, pre-existing**, if requires pre-certification, ask if you can request a pre-determination. For exclusions, make sure you catch the fine wording because there can be contradicting that can confuse you with the benefit exclusion and/or try to print out on their website. If you really need to read benefit exclusion, contact the patient and have them send you their credible coverage contract.
8. **Benefit alternatives for the low-income families** are Medicare (managed) Disability and Medicaid. For patients not eligible for the above, there could be state programs such as medically needy programs through various state Medicaid plans. The medically needy program is a spend down account that weighs your income to your medical expenses to determine eligibility and coverage. If your medical expenses outweigh your income and falls under the FPL, then you are covered.

Pre-certification/Pre-determination Process:

1. Don't take "no" for an answer, prepare any pre-certs, predeterminations or appeals even if it's not required. Prepare pre-certs and/or predeterminations on behalf of the clinic and special request an in-network DME provider.
2. If Pre-certs are denied, check the state mandate (if not ERISA plan) and file an appeal or look for another benefit alternative. Also, ask DME providers if they have a patient assistance program. You don't want to leave the patient without any alternatives. If it is an ERISA plan, they sometimes make an exception.

DME Supplier Reimbursement issues:

1. Most DME companies do not support metabolic formulas due to low reimbursement and is not cost effective. There are program exceptions with insurance companies that can help get the DME supplier reimbursed effectively for the products. The DME supplier would have to send it as a precertification and request proper reimbursement.



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2. The supplier will submit a separate letter asking;
 - a. *We are asking for an exception to your allowed reimbursement amount for our cost of \$_____. Due to medical necessity and proper supply of formula, we are requesting an exception to get reimbursed for this product at our cost. Your allowed amount is not cost effective to the product that we have to pay out of pocket. This causes problems supplying the formula to the patient that is required to sustain their life-long health capacity and business decline.*

3. A second way to ask for a program exception is to have the doctor's office (clinic) send in a precertification program exception letter mentioning the following;
 - a. *Several suppliers had refused to provide services to (patient) due to low reimbursement issues (Make sure there are more than three suppliers).*
 - b. *The office can mention a few suppliers refusing to accept patient services and how it is causing problems by delaying the process for the (patient) to maintain their diet and lifestyle.*
 - c. *Clinic will special request a particular DME provider and get their cost vs. insurance reimbursement prices and ask for an exception. This is the only way the (patient) can afford to stay on their required diet, maintain their current supplier and sustain health capacity.*

- It is always recommended to contact a Certified Reimbursement Specialist to assist with any or all of these transactions. The Reimbursement Specialist can assist with the causes properly, relieve any burdens and save time.
- Please contact [Raenette Franco, CBCS](mailto:raenettef@compassionworksmrs.com) Certified Medical Reimbursement Specialist and Consultant Founder of Compassion*Works Medical, Ph. (973) 832-4736, Fax (973) 387-1223, email: raenettef@compassionworksmrs.com for assistance.

This information is used for Medical benefits for Enteral Formula/Medical Foods and not pharmacy benefits support. Pharmacy benefits uses NDC codes to identify a particular "product" not a medical service such as a HCPCS code.

*****This information is not a guarantee of benefits and/or payments *****