

# Infusion Center: Billing and Insurance

Infusion Appointment Scheduling: 703.635.7324 - Option #4

Gastroenterology Appointment Scheduling: 703.876.2788

Gastroenterology Nurse Line: 703.635.7324 - Option #2

[psvcare.org](http://psvcare.org)

## Your insurance claims are divided into two parts:

- **Medication:** Charge for the medication itself.
- **Administration:** Charge for the direct application of the medication via IV infusion at the facility.

## Important Information

- **Many insurers require Prior Authorization for IV (infusions) consisting of the medication and the administration charges.**
  - PSV is committed to initiating any required prior authorization within 2 weeks once the patient's medication has been ordered by the provider. Once approved, a staff member will be in contact.
- **Changes to Insurance Plan**
  - It is critical that PSV is notified of any insurance changes as soon as possible to avoid any delays in the patient treatment plan.
- **Prior Authorizations and your infusion location**
  - Prior authorizations are specific to the facility administering the infusion. If patients are receiving infusions at more than one facility throughout the year (such as college-aged patients attending school outside the area), their prior authorization may need to be updated each time they switch facilities.
    - We recommend booking appointments in advance to secure optimum timeframes for the patient's treatment; this will help to minimize the need for frequent prior authorization adjustments and reduces the risk for delays in care.
- **Buy & Bill vs. Specialty Pharmacy**
  - Buy & Bill
    - Some insurances may require IV/infusion drugs to be purchased by the facility/clinic (PSV); in these cases, PSV purchases the medication, administers it to the patients, and then submits the insurance claim to your insurance for payment. Any leftover balance is patient/guarantor responsibility.
  - Specialty Pharmacy
    - Some insurances may allow the patient/family to purchase the medication directly through their specialty pharmacy. In these cases, the amount owed (after insurance coverage) is paid up front by the patient/family to the pharmacy, and the medication is sent to the facility to administer.
      - Medication must be delivered to PSV in advance of the patient's infusion appointment to prevent delays.



## Copay Assistance Program

Despite insurance coverage and obtaining prior authorizations, these medications can be very expensive. The Copay Assistance Program is designed to assist patients with their out-of-pocket obligations set by their insurance and helps cover the cost of medication. Patients are responsible for administration fees, procedures, or office visits for each infusion. Eligible patients pay \$5 per infusion with a maximum of \$20,000 per calendar year and there is no income requirement. Patients are responsible for submitting a rebate request and providing a copy of their explanation of benefits (EOB) for reimbursement. We recommend including your PSV statement if the EOB does not specify which injectable drug was administered. When all supporting documents are submitted, the Copay Assistance Program will load the amount to their program-provided debit card, or they will mail a check to PSV until their insurance covers 100% of the cost.

### Additional Medication Details

- **Remicade**
  - Application submitted by PSV's Infusion Center
  - Janssen CarePath: 877.227.3728
  - [www.janssencarepath.com/patient/remicade/patient-support](http://www.janssencarepath.com/patient/remicade/patient-support)
- **Avsola**
  - Amgen: 866.264.2778
  - [www.amgensupportplus.com/copay](http://www.amgensupportplus.com/copay)
- **Inflectra**
  - Pfizer Encompass: 844.722.6672
  - [www.pfizerencompass.com/patient/inflectra/right-patient-support](http://www.pfizerencompass.com/patient/inflectra/right-patient-support)
- **Entyvio**
  - EntyvioConnect: 855.368.9846
  - [www.entyvio.com/copay-support](http://www.entyvio.com/copay-support)
- **Stelara**
  - The patient's individual specialty pharmacy will provide details regarding applicable programs.
- **Humira**
  - The patient's individual specialty pharmacy will provide details regarding applicable programs.

