

i-port Advance[®] Reimbursement Tool Kit

To purchase the i-port Advance[®] injection port from Medtronic, you will need a prescription (Rx) on file at Medtronic from your healthcare provider and a method of payment.

Medtronic has assembled this tool kit composed of sample documents and information intended to help assist you in pursuing coverage from your insurance company (if you choose to) either before or after you purchase i-port. Please be aware that getting coverage of new medical technologies by insurance companies is often a long process and may include several appeals.

Every insurance company has different rules and processes, so the information provided here should be used as a general guide. Be sure to check with your insurance company for their specific documentation needs and processes including who the coverage request must come from as well as the details on how to submit your request.

Documents from Your Healthcare Provider

1. Prescription from Your Healthcare Provider

Your insurance company will want a copy of your prescription.

2. Letter of Medical Necessity

Ask your healthcare provider for a “letter of medical necessity.” The purpose of the letter is to explain why it is medically necessary and clinically beneficial for you to use the i-port Advance[®] and should include:

- a. Your demographics
- b. Your diabetes history
- c. Any current diabetes challenges you are experiencing which i-port Advance[®] would solve or address

3. Durable Medical Equipment Coverage Request Form *(sample form included)*

Complete all sections of the i-port Advance[®] coverage request form:

- Have your healthcare provider fill in his/her **NPI number** information as well as the patient diagnosis codes needed on the form.
- Work with your healthcare provider to provide any clinical information to support the medical necessity of using the i-port Advance[®] injection port.
- Attach all supporting documents requested by your insurance company to this form, and complete the attachment check boxes on the bottom of the form.

Documents Provided By Patient

4. Copy of Invoice

This is needed only if you have already purchased i-port Advance[®] and are asking your insurance company for reimbursement. To obtain a copy, email rs.pfsinvoicerequest@medtronic.com and include:

- a. The patient’s name
- b. The patient’s date of birth

c. Your request for a copy of the invoice

You will receive a copy of your invoice via email transmission within 24 hours.

5. **Letter From Patient Requesting Coverage** (*sample letter included*)

Submit a letter from yourself to your insurer requesting coverage approval. The letter should explain:

- Your purpose: to request coverage for i-port Advance®.
- Why i-port Advance® is “medically necessary” for you (please review your specific insurance plan and use the language it contains to describe a “medically necessary” product.)
- Your personal medical history to demonstrate medical necessity. For example, you may detail how **often you’ve experienced hypoglycemia, ambulance events or hospital visits**. Provide specific incidences requiring medical intervention which i-port could likely have lessened or allowed you to avoid.
- Request approval for i-port Advance® and **ask for the next step in the process** for obtaining coverage.

6. **Description of i-port Advance®**

Your insurance company will want details about i-port Advance® and how it works. To obtain descriptions and photos of the system, log onto www.i-port.com and print the sections that provide helpful product information for your insurance company.

7. **Recent Blood Sugar Logs** (*if available*)

If recent blood sugar logs are available, then including a copy may provide more data to support medical necessity.

Appeal Process

Pursuing coverage for new technology often requires an appeal (or two). After your initial request for coverage, your insurance company will send you a letter either agreeing to your request or denying it. If you receive a denial, review the letter for details on how to submit an appeal. Gather whatever information your insurance company has asked for and submit an appeal.

1. **Appeal Letter From Patient** (*sample letter included*)

Submit a letter from yourself requesting an appeal. The letter should include:

- Your purpose: to appeal your coverage denial for i-port.
- Specific mention of the reason your insurance company denied your initial request and documented reasons why the company should re-evaluate.
- Any supplemental information your insurance company has requested.
- Repeat your request for coverage approval for the i-port.

IMPORTANT After all your best efforts, please be aware the i-port Advance® injection port is a “non-contracted” item. Any item not contracted with your insurance company may not be reimbursed to you in full. So be aware that any balances not reimbursed by your insurance company would be your responsibility.

SAMPLE COVERAGE REQUEST FORM

Durable Medical Equipment Coverage Request Form				
Instructions: Complete the applicable sections and sign below				
Subscriber name: _____		ID #: _____		
Patient Name: _____		ID #: _____	Patient Date of Birth: _____	
Servicing Provider Name: <u>MiniMed Distribution Corp.</u>				
Referring Physician Name: _____			NPI #: _____	
Diagnosis Codes: (1) _____ (2) _____ (3) _____ (4) _____				
Date of Service	HCPCS	Item Description	Quantity	Price
	A4211	i-port		
Clinical information / description:				
Attachments:				
<input type="checkbox"/> Prescription				
<input type="checkbox"/> Letter of Medical Necessity				
<input type="checkbox"/> i-port Product Overview				
<input type="checkbox"/> Copy of invoice and receipt (cash pay only)				
Submitted by: _____		Phone: _____		Email _____

Sample Patient Coverage Request Letter

Date

Contact (if known)

Insurance Company name

Address

City, State and ZIP Code

Re: **Patient's Name**

i-port Advance® Injection Port

Group number: [] Policy number: []

Dear **[insurance company contact]**,

Please accept this letter as a patient's request to **insurance company name** to review and make a positive coverage determination for the i-port Advance® injection port which provides a simple and reliable way to deliver multiple daily subcutaneous insulin injections.

As you may know, **patient's name** was diagnosed with diabetes on **date**. Currently Dr. [] believes that **patient's name** and their caregivers will significantly benefit from the use of the i-port Advance® injection port.

To assist with your initial review, please see the enclosed letter of medical necessity from Dr. []. Dr. [] is a specialist in the treatment of diabetes and the letter of medical necessity discusses the benefits of the i-port Advance® injection port in more detail. Also included is the prescription from Dr. [], product information explaining the i-port Advance® injection port, and information on how this device can be billed to **insurance company name** by the provider of service.

Based on this information, I ask that you allow coverage for this device, which has been deemed medically necessary per Dr. []. Should you require additional information, please do not hesitate to contact me at **[xxx-xxx-xxxx]**. I look forward to hearing from you in the near future.

Sincerely,

Patient's name or Parent / legal guardian for minors

Contact phone no. & email address

cc: Dr. []