AVYXASSIST™

CLAIMS PROCESSING CHECKLIST

FOR COMMUNITY ONCOLOGY PRACTICES

PROACTIVE

- ☑ Confirm active insurance coverage and coordination of benefits, if applicant is covered by multiple health plans.
- ☑ Complete benefit investigation.
- ☑ Determine if prior authorization or referral is required by the payor before administration and submission.
- ☑ Include the NDC, NDC qualifier, NDC number of units, and the NDC units of measure.
- ☑ Include correct cancer diagnosis codes, specialized chemotherapy encounter diagnosis Z-codes, and antiemetics diagnosis codes, unless payer guidelines dictate otherwise.
- ☑ Include a screenshot from Redbook, Medi-Span, or FDB listing the WAC pricing of the NDC used. Some may require a copy of the provider invoice.
- ☑ Submit supporting documentation such as clinical notes and medical records.

REACTIVE

- ☑ Following verification of the ICD-10-CM, HCPCS Level II, and CPT codes submitted, the provider is required to furnish documentation in support of medical necessity.
- ☑ Acceptable documentation includes the NCCN Clinical Practice Guidelines in Oncology, the product prescribing information, or the applicable Compendia, as appropriate.
- ☑ Claims denied under Claim Adjustment Reason Code (CARC) 50, indicating lack of medical necessity, are subject to appeal.

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CONTACT US

For assistance, please call an AVYXASSIST™ Patient Access Specialist at 866-939-8927, or email reimbursement@avyxa.com