

# FAQs for Reimbursement

**Q: What can I do prior to administration of BONIVA Injection to understand if my patient has coverage for BONIVA Injection?**

**A:** Coverage, coding, and reimbursement policies vary significantly by payor, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payors following the receipt of claims.

Genentech strongly recommends that healthcare professionals conduct a verification of benefits to determine all relevant Boniva Injection coverage coding/billing, and reimbursement issues for each patient prior to treatment. The BONIVA Injection Reimbursement Support and Patient Assistance Hotline (1-888-587-9438) is available to provide information to patients and healthcare professionals relating to payor-specific policies.

**Q: How does traditional fee-for-service Medicare Part B cover and reimburse BONIVA Injection?**

## **Physician Office Setting**

**A:** Generally, Boniva Injection is eligible for Medicare Part B coverage when administered incident to a physician service for the treatment of osteoporosis in postmenopausal women. Some Medicare contractors may require the documented failure of an oral bisphosphonate prior to the consideration of coverage. Specific coverage, coding, billing, and documentation guidelines vary by individual Medicare contractors. Healthcare professionals should refer to their local Medicare contractor for Boniva Injection coverage, coding, and billing policies specific to their region.

Medicare Part B reimbursement for covered drugs provided in the physician office setting is usually based on 106% of the Average Sales Price (ASP). ASP-based payment rates are updated quarterly by CMS and posted on the CMS website. Medicare will reimburse 80% of the allowed amount to participating providers. Patients or their secondary insurers are responsible for paying the remaining 20% coinsurance.

## **Hospital Outpatient Setting**

**A:** Generally, Boniva Injection is eligible for Medicare coverage when administered incident to a physician service in the outpatient hospital setting for the treatment of osteoporosis in postmenopausal women. Some Medicare contractors require the documented failure of an oral bisphosphonate prior to the consideration of coverage. Specific coverage, coding, billing, and documentation guidelines vary by individual Medicare contractors. Healthcare professionals should refer to their local Medicare contractor for Boniva Injection coverage, coding, and billing policies specific to their region.

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Medicare payment to facilities for services provided in the hospital outpatient setting is based on the Ambulatory Payment Classification (APC) system. Medicare reimbursement in the hospital outpatient setting for Separately Covered Outpatient Drugs (SCODs), including Boniva Injection, is ASP+4%.

## Q: How is BONIVA Injection reimbursed by other payors?

**A:** The reimbursement rules used by various payors – including commercial payors (like HMOs), and Medicaid – vary. Providers should contact their payor representative to understand individual payor policies.

Typically, patients are required to share in the cost of medical care through coinsurance or copayments and deductibles.

### **A: Physician Office Setting**

BONIVA Injection administered in the physician's office is typically reimbursed by commercial payors and Medicaid programs based on charges, wholesale acquisition cost (WAC), average wholesale price (AWP), ASP, or other methodologies.

### **A: Hospital Outpatient Setting**

When BONIVA Injection is administered in a hospital outpatient setting, commercial payors typically reimburse based on charges, discounted charges, or costs. Recently, many insurers have moved to case rate payments for specific types of outpatient visits.

Providers should verify the patient's specific benefits to determine coverage policy and claim filing requirements.

While every effort is made to provide helpful information, Genentech makes no representations about the eligibility or guarantee of coverage or reimbursement for any particular claim. Genentech cannot guarantee success in obtaining third-party insurance reimbursement. Third-party coverage and payment for medical products and services is complex and affected by numerous factors. It is always a provider's responsibility to determine and submit the appropriate codes, charges and modifiers for services that are rendered. Providers should contact third-party payors for specific information on their coding, coverage and payment policies. All coding and claims used by a provider in seeking reimbursement must be accurate, complete, and adequately documented in the applicable patient record. All services must be medically appropriate.

See back cover for Important Safety Information for BONIVA Injection.

Please see complete Prescribing Information contained in front pocket.