

# Insurance-Based Billing Steps

1. Complete the Paxman Hub Enrollment Form: **all steps in Sections 1 and 3\***
2. Fax Enrollment form to Paxman Hub **888-358-0410**
3. Paxman Hub conducts a Benefit Investigation (BI) and sends Summary of Benefits (SOB) within 1-3 business days after receipt of fully completed Enrollment Form.

## Results:

- a. Insurance coverage
- b. No insurance coverage or high patient cost
  - If your patient has no insurance coverage, the Paxman Hub will automatically screen for Patient Assistance (PAP)
  - If your patient has insurance coverage, but their copay or coinsurance is unaffordable, you must write "patient cannot afford copay/coinsurance - please screen for PAP" on the original enrollment form and fax to the Paxman Hub
  - Once PAP screening is completed, the Paxman Hub will fax you confirmation on the patient's PAP status within 1-2 business days
- c. Prior Authorization (PA) required
  - If PA is required, site must submit PA request directly to insurance company

4. There are 3 pathways to patient access: **insurance coverage, Patient Assistance Program (PAP) or direct payment**. Once access pathway is established via the BI and SOB, the site:
  - a. Acts upon the Access Pathway confirmed by the Summary of Benefits for the patient:
    - **Insurance coverage:** charge CPT 0662T to patient insurer
    - **PAP:** do not charge the patient or insurer for CPT 0662T; Paxman Hub will send a replacement cap kit free of charge
    - **Direct payment:** if patient has no insurance coverage and doesn't qualify for PAP, they will pay your site directly; your site may charge them for each code separately or a lump sum
  - b. Size patient if not previously done
  - c. Give patient the cap kit
    - Patient takes the cap kit home and watches videos to practice their prep by viewing coldcap.com, Instagram or closed Facebook group
  - d. Patient will return to site to receive chemotherapy
  - e. Patient will bring their cap kit and prepare their hair for treatment at your site
    - **Insurance coverage:** charge CPT 0663T to patient insurer along with one of your 9000 series infusion codes; continue to bill for each subsequent day of treatment
    - **PAP:** do not charge the patient or insurer for CPT 0663T; you are receiving a replacement cap kit free of charge
    - **Direct payment:** if patient has no insurance coverage and doesn't qualify for PAP, they will pay your site directly; your site may charge them for each code separately or a lump sum

\*If your site sizes the patient after receiving Benefit Investigation results, you may leave off the cap size

**90 days -** Contract with Paxman executed

Date

Dept/Role Responsible

**80 days -** Complete Customer Data Form and send to Paxman

Date

Dept/Role Responsible

**70 days -** CPT codes in system

Date

Dept/Role Responsible

**60 days -** Order set in system

Date

Dept/Role Responsible

**50 days -** MPB or MSD will reach out with account information

Date

Dept/Role Responsible

**40 days -** Documentation in EMR set up for scalp cooling necessity

Date

Dept/Role Responsible

**30 days -** Account active with MPB or MSD; log in to ensure accurate pricing

Date

Dept/Role Responsible

**20 days -** Order Cap Kits

Date

Dept/Role Responsible

**10 days -** Enrolment Form Training

Date

Dept/Role Responsible

**5 days -** Machine and cap fitting training with Paxman Clinical Product Specialist

Date

Dept/Role Responsible

**Go live**

Date

Dept/Role Responsible