Oncology Pharmacy Billing (20% of Exam)

Domain III will focus on the billing process of oral oncolytic medications. Pharmacy billing is integral to the pharmacy, especially with oral oncolytic medications. This section will demonstrate how to properly process and bill oral oncolytic medications according to indication, cycle, quantity, and day supply. You will also need to know the difference between each healthcare plan, billing, and processing rules.

Instructions: This guide contains a description, concepts to know, and practice problems for each section of the exam content outline. Use the corresponding hyperlinks in each section to complete this guide.

Important Note: This guide was developed to help you prepare for the COPT examination. It should be utilized in addition to your notes, as it is not an all-inclusive review of all exam topics.

Common Oncolytics Learning Guide: Use the Common Oncolytics Learning Guide downloaded in Domain 2. This guide contains 60 of the most common oncolytic medications, and you will be responsible for filling in and knowing the information.

Objective 3.1 Identify the appropriate information needed for insurance verification of oral oncolytic medications.

Description	Insurance verification is the process of confirming a patient's insurance information and making sure it's valid. Checking eligibility confirms that the patient has active insurance coverage and is enrolled in a plan covering the healthcare provider or service. Oral oncolytic medications are often very expensive. Proper billing ensures that insurance companies are billed correctly, which is vital for obtaining coverage and minimizing out-of-pocket costs for patients. Incorrect billing can lead to insurance claim denials, which can delay access to medication. Oncology pharmacy technicians must be precise to avoid errors that might result in patients not receiving their prescribed therapy on time. By understanding the insurance coverage, oncology pharmacy technicians can also help patients understand what their financial responsibility is likely to be.
Insurance Verification	The Rx Benefit Identifier (RxBIN), Rx Group Number (RxGrp), and Processor Control Number (RxPCN) are critical pieces of information found on most health insurance cards. These unique identifiers are used to verify a patient's insurance and ensure accurate processing of prescription drug claims. By understanding the significance of these codes, pharmacy technicians can facilitate the efficient processing of a patient's prescription claims and maximize the benefits of their health insurance coverage. Review What Do Rx, Rx BIN, Rx Grp, And Rx PCN Mean on An Insurance Card? Identify the purpose of the following information on insurance cards: - Bin Number: - Group Number: - Member ID Number: - RxPCN: - Member Name: - Member ID:

Practice Problems	1. What is the purpose of a BIN Number on an insurance card?
	    a. Identifies a member's group health plan
	    b. Identifies your insurance company that will pay for your prescription

	c. Tells the pharmacy whether your prescription is covered under your drug plan
	d. Provides a list of prescription medications covered by your health insurance
	2. What does the PCN (Processor Control Number) represent in pharmacy claims processing?
	a. The patient's unique identification number within the pharmacy's database
	b. The pharmacy's National Provider Identifier (NPI) is used for electronic claims transmission.
	c. The identifier for the Pharmacy Benefits Manager (PBM) or third-party processor responsible for adjudicating the claim.
	d. The code indicates the specific medication and strength being dispensed to the patient.

Objective 3.2 - Identify principles for oncolytic billing, including billing per cycle, quantity, and days' supply, to accurately bill using oncology-specific terminology.

Description:	It is critical to have accurate and efficient pharmacy billing, particularly within oncolytic medications. Pharmacy technicians must thoroughly understand relevant principles such as per-cycle billing, dispensed medication quantity, and days' supply. Fully understanding these principles helps streamline the billing process and assists pharmacy technicians in effectively communicating details to patients.
Billing a Prescription	Review the following prescription. This prescription will be used as an example to help explain the terms below.

Prescription
Patient Name: JS **DOB:** 11/24/66 **Date:** 02/17/23 **Rx:** LONSURF (trifluridine and tipiracil) **Directions:** Take one 15 mg trifluridine/6.14 mg tipiracil tablet and three 20 mg trifluridine/8.19 mg tipiracil tablets by mouth twice a day on days 1-5 and 8-12 every 28 days. **Patient information:** ● JS has metastatic colorectal cancer and was previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy as well as anti-VEGF biological therapy. ● Height: 69 inches ● Weight: 200 lbs

	A pharmacist verifies this prescription to ensure that all information is correct. The pharmacy technician determines the total quantity of this medication in order to bill for this cycle.
Treatment Cycle	A treatment cycle is a period of treatment followed by a period of rest (no treatment) that is repeated on a regular schedule. For example, treatment given for one week followed by three weeks of rest is one treatment cycle. When this cycle is repeated multiple times on a regular schedule, it makes up a course of treatment. Also called a cycle of treatment.

	For example, you might get a dose of chemotherapy on the first day and then have 3 weeks of recovery time before repeating the treatment. Each 3-week period is called a Treatment Cycle. Several Treatment Cycles make up a Course of Treatment. A course usually lasts 3 months or more. The Treatment Cycle for the prescription above is **28 days.**
Drug Quantity and Billing Per Cycle	Drug Quantity is the amount of a prescription drug that is given to a patient by the pharmacy over one cycle. The drug quantity is the number of tablets or capsules that are billed per cycle. For the prescription above, the billing cycle for this drug is 28 days. Each drug cycle length (days) and quantity are found in the Dosage and Administration section of the PI and depend on the indication. The Drug Quantity for this prescription is **80 Tablets** for the 1st cycle. 20 of the 15 mg tablets and 60 of the 20 mg tablets. Remember that the patient must take the prescription 2 times daily.
Days' Supply	Days' Supply is the number of days the drug quantity for the prescription will last the patient (i.e. the number of days the patient will take the medication). Many oral oncolytics are given on a cyclic basis and each regimen is different. It is important to understand days' supply when billing for medications including rest periods and unitions of service (i.e., tablet, capsule, milligram, gram, etc.) For this prescription, the medications are taken two times per day and need to be taken on days 1-5 and 8-12. The Days' Supply for this prescription is **10 Days** because of the days of rest when the drug is not taken.
Treatment Calendar	A calendar like the one below can help explain the days' supply, rest days, and treatment cycle. ■ Days' Supply ■ Rest Days ■ Treatment Cycle. <table><tr><td>**Day 1** AM Dose PM Dose</td><td>**Day 2** AM Dose PM Dose</td><td>**Day 3** AM Dose PM Dose</td><td>**Day 4** AM Dose PM Dose</td><td>**Day 5** AM Dose PM Dose</td><td>Day 6</td><td>Day 7</td></tr><tr><td>**Day 8** AM Dose PM Dose</td><td>**Day 9** AM Dose PM Dose</td><td>**Day 10** AM Dose PM Dose</td><td>**Day 11** AM Dose PM Dose</td><td>**Day 12** AM Dose PM Dose</td><td>Day 13</td><td>Day 14</td></tr><tr><td>**Day 15**</td><td>**Day 16**</td><td>**Day 17**</td><td>**Day 18**</td><td>**Day 19**</td><td>Day 20</td><td>Day 21</td></tr><tr><td>**Day 22**</td><td>**Day 23**</td><td>**Day 24**</td><td>**Day 25**</td><td>**Day 26**</td><td>Day 27</td><td>Day 28</td></tr></table>
Common Oncolytics Learning Guide: Dosage and	Understanding quantity and day supply is essential for accurate billing and reimbursement. Oncology medications often have specific dosing regimens and treatment durations, and incorrect information can lead to claim rejections, delays in reimbursement, or even financial losses for the pharmacy. Also, by knowing the day supply, oncology pharmacy technicians can provide patients with accurate information about how much medication they should have on hand and

Administration	when they need to refill their prescriptions. This supports patient adherence to treatment plans, which is crucial for optimizing therapeutic outcomes in oncology. Knowledge of billing cycle length, quantity, and day supply, as outlined in the Dosage and Administration section of the prescribing information, is essential for oncology pharmacy technicians to ensure accurate billing, support patient adherence, comply with regulations, and promote patient safety. The Dosage and Administration section of the Prescribing Information also contains the following information: • Premedication/Supportive medication required • Medication to be taken with or without food • Medication to be taken with a full glass of water • Safe handling/storage and disposal NOTE: This information is covered in Domain 4 Objective 2 (4.2). You will fill out the Common Oncolytics section with all information in Domain 4.

Dispense as Written (DAW)	Review A Closer Look at: DAW.
	Define the purpose of Dispense as Written:
	
	Identify the Dispense as Written codes:
	    0:
	    1:
	    2:
	    3:
	    4:
	    5:
	    6:
	    7:
	    8:
	    9:

Practice Problems	Review the following prescription to answer questions 1-3

Prescription

Patient Name: LR
DOB: 11/24/66
Date: 02/17/23

Rx: Inqovi (decitabine / cedazuridine)

Directions: Take one 35 mg decitabine/100 mg cedazuridine tablet orally once daily on Days 1 through 5 every 28-days

Patient Information:
• LR has myelodysplastic syndrome (MDS) with history of refractory anemia.
• Height: 72 inches
• Weight: 306 lbs

1. What is the Drug Quantity for the prescription above?
   Answer:

2. What is the Days' Supply for the prescription above?
   Answer:

3. How many days of rest are there in this treatment cycle?

	Answer:

	4. What is the billing cycle for bicalutamide?
	    a. 14-day cycle
	    b. 21-day cycle
	    c. 28-day cycle
	    d. 30-day cycle

Objective 3.3: Compare the billing rules, regulations, and compliances of Medicare Programs and Federal Employee Plans.

Description	Understanding billing rules, regulations, and compliance of Medicare and Federal Plans is necessary for pharmacy technicians to fill oral oncolytic medications properly. Knowing these guidelines ensures the proper collection of patient information, and processing claims accurately. This reduces errors and delays in reimbursement, protects the pharmacy from penalties, and ultimately provides a better experience for patients covered by these programs.
Medicare	Medicare is a US federally funded health insurance program for people 65 and older or some younger people with disabilities. Review Parts of Medicare and take notes on how the four parts differ. • Part A: • Part B: • Part C: • Part D: Review Medicare Open Enrollment and take notes. Notes: Review CMS eliminates retroactive DIR fees and take notes on CMS fees. Notes:

Part B	Medicare Part B covers some oral oncolytic medications with an approved diagnosis. Without a proper diagnosis, the medication will not be approved by Medicare.
	Some examples of common diagnoses for these medications include:
	• Brain cancer
	• Breast cancer
	• Colorectal cancer
	• Esophageal cancer
	• Head and neck cancer
	• Lung cancer
	
	Review What Part B Covers and take notes.
	Notes:
	
	Review the Medicare Claims Processing Manual Chapter 17 - Drugs and Biologicals and take notes on the following sections:
	• 80.1 – Oral Cancer Drugs
	   o What are the medication requirements for Part B medication to be approved and covered?
	
	• 80.1.1 – HCPCS Service Coding for Oral Cancer Drugs
	   o List the only oral oncolytic medications that will be approved by Medicare Part B with a proper diagnosis.
	
	• 80. 1.3 – Other Claims Processing Issue of Oral Cancer Drugs

	○ What is required in order to process an oral oncolytic under Part B? Review the Oral Anticancer Drugs - Policy Article. This article provides diagnosis codes for Part B billing by drug. • Identify how this list would be utilized by the pharmacy when billing Part B oral oncolytics:
Part D	Medicare Part D is an optional prescription drug program for seniors on Medicare. As a pharmacy technician, you need to understand how to process Part D prescriptions and explain benefits to patients. This can include explaining costs and how to get the most out of their plan. Review What Medicare Part D drug plans cover and take notes. Notes: Medicare Changes: The out-of-pocket cap for Part D prescription drugs is $2,000 due to the Inflation Reduction Act (IRA). This means that once a beneficiary reaches $2,000 in out-of-pocket spending and has paid their deductible, they will qualify for cataphoric coverage and will not pay more for the covered drugs for the rest of the year.
TRICARE	TRICARE is the health care program for active-duty military, retirees, and their families. It combines military hospitals and clinics with civilian healthcare providers to offer comprehensive medical coverage around the world. Tricare is a federally funded program. Review TRICARE 101 and take notes. Notes:
Patient Assistance Programs	Be aware of the functions of drug manufacturer copay cards and understand their use. It is important for pharmacy technicians to explain to patients that Patient Assistance Programs cannot be used in conjunction with any federally funded programs. Review Prescription Discount Cards and Coupons for Medicare Beneficiaries and take notes. Notes:
Federal Employee Plans	Federal Employee Plans (FEP) insurance refers to health insurance coverage provided to federal employees, retirees, and their families through the Federal Employees Health Benefits (FEHB) Program. It is managed by the U.S. Office of Personnel Management (OPM) and offers various health insurance options, including medical, dental, vision, and prescription drug coverage. These plans are designed to meet the healthcare needs of federal workers and offer comprehensive coverage at different levels (such as Standard, Basic, and High-Deductible Health Plans (HDHP). Federal Employee Plans Options: • Standard Option: Higher premiums, lower out-of-pocket costs, and more provider flexibility. • Basic Option: Lower premiums, requires in-network care, but higher out-of-pocket costs compared to Standard. • HDHP: Lowest premiums, highest deductibles, and includes a Health Savings Accounts (has) for future medical costs. Federal Employee Plans provide: • Medical and hospital coverage • Preventive care (e.g., check-ups, vaccinations) • Prescription drug benefits

	• Mental health services • Maternity and newborn care Federal employees can choose from different insurance providers and plans based on their personal and family needs.

Practice Problems	1. Starting in 2025, Medicare will allow beneficiaries the option to:
	    a. Spread out prescription drug payments over the calendar year
	    b. Automatically receive discounts on brand-name drugs only
	    c. Opt-out of coverage for high-cost specialty drugs
	    d. Use Health Savings Accounts (HSAs) to pay for Medicare premiums
	
	2. Which type of Medicare plan covers inpatient hospital stays, hospice, and nursing facility care?
	    a. Medicare Part A
	    b. Medicare Part B
	    c. Medicare Part C
	    d. Medicare Part D
	
	3. Which of the following statements about Medicare Part D billing is correct?
	    a. Medicare Part D fully covers all oral oncolytic medications with no out-of-pocket costs for patients.
	    b. Manufacturer co-pay cards can be used in conjunction with Medicare Part D to lower patients' out-of-pocket expenses
	    c. Oral oncolytic medications may be subject to formulary restrictions and prior authorization requirements under Medicare Part D.
	    d. Medicare Part D automatically approves all prescribed oral oncolytic medications without the need for additional documentation or verification.
	
	4. Which of the following statements best describes TRICARE's approach to covering specialty medications?
	    a. TRICARE may require prior authorization, step therapy, and use of TRICARE network specialty pharmacies to cover specialty medications.
	    b. TRICARE covers all specialty medications without needing prior authorization or step therapy.
	    c. TRICARE requires that specialty medications be filled exclusively at military treatment facilities.
	    d. TRICARE covers specialty medications only if they are administered in an inpatient hospital setting.
	
	5. Which statement about Federal Employee Programs (FEP) is NOT true?
	    a. Tier 4-preferred specialty drugs with a 30% copay
	    b. A FEP member is not allowed to participate in prescription discount copay cards for specialty medication
	    c. The first fill of specialty medications may be filled at the patient's pharmacy of choice, but all subsequent fills must be through the preferred specialty pharmacy
	    d. Federal employees may have Medicare and an FEP

Practice Problem Answers

Objective 3.1
1. b. Identifies your insurance company that will pay for your prescription
2. c. The identifier for the pharmacy benefits manager or third-party processor responsible for adjudicating the claim

Objective 3.2
1. 5 Tablets
2. 5 Days
3. 23 days of rest
4. d. 30-day cycle

Objective 3.3
1. a. Spread out prescription drug payments over the calendar year
2. a. Medicare Part A
3. c. Oral oncolytic medications may be subject to formulary restrictions and prior authorization requirements under Medicare Part D.
4. a. Tricare may require prior authorization, step therapy, and use of Tricare network specialty pharmacies for coverage of specialty medications.
5. d. Federal Employee Health Benefits (FEHB) plans provide prescription coverage, and patient assistance programs may still be available to help with high-cost medications.