

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.
- d. Anticipated frequency of use (quantity anticipated per month).

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

Complete all sections of the i-Port Advance™ coverage request form:

- a. Have your healthcare provider fill in his/her NPI number information as well as the patient diagnosis codes needed on the form.
- b. Work with your healthcare provider to provide any clinical information to support the medical necessity of using the i-Port Advance™ injection port.
- c. 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

1. 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, please submit your request online at medtronicdiabetes.com/contact-us or call **1-800-646-4633 (toll-free), option 4** for Payments and Billing (Monday - Friday, 8:00 a.m. to 6:00 p.m. CT).

2. Letter From Patient Requesting Coverage (sample letter included)

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

- a. Your purpose: to request coverage for i-Port Advance™.
- b. Include anticipated frequency of use (quantity anticipated per month).
- c. Why i-Port Advance™ is “medically necessary” for you.
- d. Your personal medical history to demonstrate medical necessity. Include any specific details that may be pertinent to your need for i-Port Advance™.
- e. Request approval for i-Port Advance™ and ask for the next step in the process for obtaining coverage.

3. 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 i-port.com and print the sections that provide helpful product information for your insurance company.

- f. Indications for Use: The i-Port Advance™ injection port is indicated for patients who administer or receive multiple daily subcutaneous injections of physician prescribed medications, including insulin. The device may remain in place for up to 72 hours to accommodate multiple injections without the discomfort of additional needle sticks. The i-Port Advance™ injection port may be used on a wide range of patients, including adults and children.
- g. Code Description: A4211 - Supplies for self-administered injections
 - i. Additional Description: This code refers to the materials a patient uses to administer a self-injection. These supplies may include the medication itself, syringes, needles, and alcohol swabs.

4. 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 appeals to your health insurance company. 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 below)

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

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

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: MiniMed Distribution Corp.

Referring Physician Name: _____ NPI #: _____

Diagnosis Codes: (1) _____ (2) _____ (3) _____ (4) _____

Date of Service	HCPCS	Item	Quantity	Price
	A4211	i-Port		

Clinical information / description:

Attachments:

- Prescription
- Letter of Medical Necessity
- i-Port Product Information
- Copy of invoice and receipt (cash pay only)

Submitted by: _____ Phone: _____ Email _____

Sample Patient Coverage Request Letter

[Date]

[Contact Name (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. []