

Tip of the Week # 5
Are baby wipes and
Desitin covered through
your insurance provider?

FIND OUT!

Are Wipes and Desitin provided through your insurance provider?

(Diapers are covered at age 3)



Huggies All Natural Care Baby Wipes

“Our simplest formula ever – with a touch of Aloe and Vitamin E MI-free, Alcohol-free, Fragrance-free With TripleClean* layers for a gentle clean”

My daughter was getting 32 packs of the 56 count pack of wipes per month. This month it changed from 32 packs to 5 packs. I'm looking into why it has changed and appeal if necessary as this is not enough for a month.



Desitin Rapid Relief Creamy Diaper Rash Ointment - 16 oz.
(6 jars per month)

Your prescribing doctor may have to call the insurance company, and explain why it is medical necessary. It is a lengthy process that involves the pharmacy, insurance company and the few members of the doctor's office that are involved to try to get things approved like this and even then, the insurance may deny it. However, do not give up. Ask a provider that is willing to go to bat for you. If the request is denied, you can appeal the decision. Read your denial letter in its entirety. If you have Medicaid, it will tell you how to appeal and where you can get free legal aid. This may be the case with Medicare or with Private insurance companies as well.

Family member:

- 1.) Call insurance (primary and secondary / medical assistance - Medicaid)
- 2.) Ask which pharmacies in the area can supply durable medical equipment?
- 3.) Give the following example scripts to your child's pediatrician. Take the script (if your doctor hasn't already called it in) to the pharmacist with a print out of information below.

Possible scenario: you receive your wipes and Desitin at no cost. You receive a bill at some point in the near future. If the patient has Medicaid, the pharmacy **is not allowed to bill you**. Call the pharmacy (**politely and calmly**) explain that you have Medicaid and as a result are not responsible for any co-pay.

Thinking beyond this situation:

- “We” do not want pharmacies to stop providing these items. Tell the pharmacy, you may be able to help get your Medicaid provider to cover the cost as you greatly appreciate their service and do not want it to go away.
- Then call your prescribing doctor (pediatrician) ask them to call the insurance company on the patient’s behalf stating why it is medically necessary or ask them to write an LMN (letter of medical necessity and submit it to the insurance company as to why they should pay for this item: i.e. paying for Desitin is cheaper than wound care treatment, supplies, possible ER trip because the child will not stop screaming etc. **Many baby wipes contain alcohol. When you use wipes that contain alcohol the rash becomes more irritated and painful.**

*** We don't want our providers having to “eat the cost” as more and more families learn that this is available. (Meaning they will eventually stop providing these items rather than eating the cost.) To make sure that does not happen we need to do our due diligence and make sure our insurance providers pay these pharmacies or other facilities what they are owed.

Be polite on the phone with billing departments or anyone for that matter. These individuals have a tough job and most of the time deal with angry people.

If you are kind, understanding and show patience – there are times they may bring your balance to zero - even if you do not have Medicaid.

They are giving you a fresh financial start / a clean slate. Sending a thank you card goes along way as well... You never know when you might be in this situation again. 😊

For Pharmacist:

1.) Call insurance provider (both primary and secondary – if primary denies – it does not mean secondary will automatically deny) Get connected to Medical part.

2.) Give them the HCPC codes:

Desitin- A6250

Wipes- A4649

Ask insurance to *look up the benefit on them*: **Ask**: *Is this a billable item?*

As long as it is billable just let them talk... They will tell you whether it's covered at 80% or one hundred percent etc.

Find out: *Does it require prior authorization?*

If the codes above change - look at the **Fee schedule** for Medicaid and Medicare for updated codes. If you do not have access then you can try this link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>

Dear Pharmacists: Thank you for helping parents with children that have special needs! It is challenging but very rewarding and it is people like you that make it a little easier.

Example of Desitin Script

NAME		START OF CARE	
ADDRESS		HGT	
CITY/ST/ZIP		WGT	
PHONE		DOB	AGE
MRN		DIET	
DIAGNOSIS #1	788.30 Urinary incontinence NOS	DIAGNOSIS #3	
DIAGNOSIS #2	691.0 Diaper or napkin rash	DIAGNOSIS #4	
ACCESS			
ALLERGIES	No Known Drug Allergy		

PRESCRIPTION INFO

Rx Number	
Original Rx Date	09/10/2014
Qty To Dispense	6
Refills Allowed	12
Rx Expiration Date	03/09/2015
Prescription	DESITIN RAPID RELIEF CR each Top 5 Times a Day
Admin. Directions	APPLY TOPICALLY 5 TIMES A DAY

Pharmacist	
Signature	_____
Date	_____

Physician Signature	_____	_____
	(Dispense as Written)	(Substitutions Permitted)
Date	_____	
Physician Office Address		NPI #
City / St / Zip		DEA #
Phone		UPIN #
Fax		License #

Example of Huggies Baby Wipes Script

NAME
ADDRESS
CITY/ST/ZIP
PHONE
DOB
MRN
AGE
DIAGNOSIS #1 788.30 Urinary incontinence NOS
DIAGNOSIS #2 691.0 Diaper or napkin rash
DIAGNOSIS #3
DIAGNOSIS #4
ALLERGIES No Known Drug Allergy

PRESCRIPTION INFO

RX NUMBER 48971
ORIGINAL RX DATE 04/17/2014
QTY TO DISPENSE 32 REFILLS ALLOWED 11
RX EXPIRATION DATE 10/16/2014
PRESCRIPTION HUGGIES BABY WIPES XF - 56 BOX
ADMIN. DIRECTIONS USE 15 WIPES PER DAY, WITH EVERY DIAPER CHANGE.

there are other quantities available for wipes

PLEASE COMPLETE THE INFORMATION BELOW, SIGN, AND RETURN VIA FAX TO 71

- I authorize this refill plus _____ additional refills
- Do not refill: have patient contact my office
- Discontinue Order

PHYSICIAN SIGNATURE _____

(Dispense as Written)

(Substitutions Permitted)

DATE _____

PHYSICIAN
OFFICE ADDRESS
CITY / ST / ZIP
PHONE
FAX
NPI #
DEA #

DELIVERY TICKET For

From 08/10/2016 To 08/10/2016 Delivered

Rx DIAPERS

Ship To

(H)
(C)
(W)

PHYSICIAN
PHONE
PCG

DOB: 11/01/2004

OF PACKAGES 1

PRIMARY INSURANCE / ID # Highmark/PA Blueshield-FMC /

PAYOR Highmark/PA Blueshield-EMC

SECONDARY INSURANCE / UPMC for You

DELIVERY DOB

INSTRUCTIONS

IS THE PT BEING SEEN BY NURSING AGENCY Y N
IF YES WHICH ONE

DOES PATIENT REQUIRE TRAINING ON THE PRODUCT Y N
PT PICKING UP

Category	Delivery Item	Qty	Bill Price	Ext. Price
Compounded Drugs				
Rx #:	DESITIN RAPID RELIEF CR each	6	15.13	90.78
Rx #:	HUGGIES BABY WIPES XF - 56 BOX	32	2.20	70.40

We did not pay \$161.18 - our co-pay was zero.

Total: \$161.18

Beneficiary/Third Party Signer

Date

Employee/Lessor

If beneficiary is unable to sign, complete the following section: (May be completed by employee)

By:

Beneficiary Name

Name of Signer

Date

Relationship to Beneficiary

Address Of Signer (If Not Signed By Beneficiary)

Telephone Number Of Signer

Reason Beneficiary Is Unable To Sign

Should the discontinuation of your therapy result in medication and supplies remaining, no credit will be issued for unused medication or supplies. Durable medical equipment and biohazard containers will be picked up after your therapy is completed. If you have any questions or concerns for the pharmacist at any time, please call

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