THE PROFITABLE RETINA PRACTICE

Medication Inventory Management

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Medication Inventory Management

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INTRODUCTION

It's well-known among retina specialists that treatment options related to anti-VEGF medications have increased over the past few decades. While these ongoing advancements allow growth in the retina practice, they also constantly challenge the stability of the inventory management system already set in place. Effective inventory management requires a complex system dependent on various factors and workflows. In the current progressing business climate, continuous assessment of this system is necessary to ensure your retina practice not only maintains, but also effectively manages its inventory.

Developing a comprehensive inventory management system is essential for maximizing efficiency and profitability in your retina practice. This module is designed to provide the background, opportunities and inspiration to analyze your current system and identify steps for improvement. To aid you in assessing, developing and improving your inventory management system, this handbook will explore the three key components necessary to manage your inventory:

- Control
- Reimburse
- Monitor

Each practice may have a different approach to inventory control. Some may use computerized spreadsheets to effectively monitor each step of the process. Others may embrace a computerized inventory system that provides efficient tracking and advanced reporting for higher volume. Regardless of the type, it is essential to confirm the system is accurately managing each step of the process. In the this module we will identify each step in the process, which will lay the foundation for opportunity development and continuous process improvement.

After the treatment is completed, the reimbursement of these high-cost drugs is the priority. Current policies and correct coding support the appropriate reimbursement for each vial dispensed. The ever-changing requirements from insurance carriers, including prior authorizations, complicate this process. Designing systems to manage these various nuances will improve success.

A high-level analysis of the system through monitoring and auditing will provide another layer of security and identify contributing factors that impact profitability. Creating this culture of continuous process improvement provides perspective and identification with opportunity to improve effectively.

1	2	3
CONTROL	REIMBURSE	MONITOR

IMPROVE INVENTORY CONTROL

Managing the medication inventory in a retina practice is a key function necessary for both clinical efficiency and practice profitability. The first component of this process is control, which contains multiple steps that must be identified, maintained and analyzed for maximized efficiency. Identifying the expectations for the system is equally crucial and helps guide the process documentation. This section will review these essential factors to managing inventory control:

- Life of a vial: the conceptual process of medication inventory
- Goal development
- Process documentation

LIFE OF A VIAL

Each step plays a role in the overall success of inventory management. Consider the details and process of the "life of a vial" to begin developing a comprehensive analysis of the big picture. Defining each step and how it relates to the overall process is essential for process improvement. From these discoveries, your retina practice can develop a system unique to its goals.

The order of the process may vary based on internal inventory system and vendor. Below, we define the most common steps to the life of a vial. Each step plays a crucial role in the overall management of inventory and can be assessed for maximum efficiency. Once you are familiar with these steps, you can evaluate opportunities for process improvement.

Order

The first step in the inventory process is ordering the medication. This is typically driven by the need for medication in the clinic or based on protocols for maintaining inventory levels. Orders can be placed manually, via phone or electronically based on the vendor. Some practices may use a purchase order to track in their accounting system.

The timing or frequency of placing the order is dependent on many factors. Practice volume, inventory minimum levels or payment terms may determine the schedule.

The most important aspect of this step is to meet the requirements and expectations of the practice goals.

> **TIP**
> Confirm that all medications are ordered from an FDA approved vendor within the United States and that all compounded drugs are provided by an FDA registered 503B outsourcing facility and is compliant with all state and federal laws.

Receive

Within a short period of time, the order is received at the office. At this point the medication is reconciled with the packing slip, original order and purchase order, if applicable. The vials are counted and inspected for damage and placed promptly into refrigeration or frozen as necessary.

Life of a Vial

ORDER ⟩ RECEIVE ⟩ LOG ⟩ TRACK ⟩ INVOICE ⟩ MONITOR ⟩ DISPENSE

Log

Regardless of type of inventory system, the shipment should be logged. At this step, the order should be updated as received. The medication log would include: quantity, drug type, lot number(s), expiration date, invoice and purchase order and date received. This will add the medication to your current inventory and start the tracking process of the vial.

Track

Next, the inventory system should have a system to track the medication. This step will vary based on a manual or electronic system. If the practice has an electronic inventory system, the vials may come with bar codes already adhered or the staff would need to print labels for the medication. Other systems may have RFID tags that track the vial. Manual systems may need a unique tracking number per vial documented in a spreadsheet or other log.

Invoice

The timing of receiving the invoice may vary by vendor. It may be sent with the shipment, mailed or emailed at a later date or provided electronically. Based on the contract with the vendor, the terms of invoice may differ. Most, however, provide a reasonable deadline to allow receipt of the insurance and/or patient payment.

The inventory system should document the invoice number and due date. Additionally, practices will typically have an accounts payable system in their accounting software to monitor the aging and payment of the medication expense.

Some vendors allow the invoices to be paid by credit card. This allows for an extension of the payment for the medication and allows more time for the insurance payment. However, it also creates another layer of tracking for the accounts payable team.

Monitor

Now your inventory is available for use. At this point it is essential to monitor the medication. This step could be considered as inventory control. Examples include maintaining an appropriate temperature for the drug, perhaps refrigeration or frozen, for proper storage. Expiration dates should be monitored in storage and rotated. In addition, use the medication log to identify vials close to expiration dates.

Inventory counts should be monitored to guarantee that medications are always on hand. This reconciliation would include a visual count of each vial in storage and comparison to the medication log for verification.

Dispense

The final step is the dispensing of the drug for the injection. When the medication is ordered, the vial is obtained from the inventory. In a manual process, the dispense may be recorded in a written log or spreadsheet. Scanning a barcode or an automatic count by RFID would record the use of the vial in the electronic system. At this point, the inventory system should account for the vial and allocate to the appropriate patient, location and date of service.

Because of the fast-paced environment of a retina practice it is essential to review the dispense log daily and reconcile with the current inventory. This may be an inventory flow report produced by an electronic system or a manual sheet used to count the vials used per clinic.

EVALUATE GOALS AND DEVELOP SOLUTIONS

Now that you are familiar with the overall process of the life of a vial in your retina practice, from ordering to dispensing, you can develop expectations for each phase to improve the process and avoid costly errors.

Expectations provide the guidance necessary to maintain quality management. To develop inventory management goals, evaluate the entire process step-by-step for improvement opportunities. This will create a purpose for the system and provide direction for any necessary action. The goals you develop at each step of the life of the vial will contribute to the overall mission in improving your management system.

Each retina practice will implement unique solutions to improve their inventory management system. This is due to varying patient volume, insurance contracts, clinic flow and practice vision. However, the process of identifying and developing these solutions is the same for all retina practices. In the following sections, we will discuss the essential goals for any retina practice and evaluate how to implement them by:

- Establishing concrete objectives to support your goal

- Identifying the relevant step in the life of the vial

- Developing solutions to meet your objectives

Provide necessary treatment efficiently

Providing the necessary treatment to your patients efficiently is a priority goal in inventory management. Many factors will affect the success of accomplishing this goal, so begin by determining one concrete objective and the relevant step in the life of the vial for meeting this objective. For example, to meet this goal, first consider that your system must guarantee that the medication needed for treatment is always available. Your specific objective therefore must institute a protocol related to inventory levels. We have identified the objective in this example as: maintain appropriate inventory levels.

Document the process improvement analysis for reference and protocol development. Record your objective and the relevant step, then include solutions to meet this specific objective as detailed below.

Provide necessary treatment efficiently

OBJECTIVE	STEP	SOLUTION
MAINTAIN APPROPRIATE INVENTORY LEVELS.	ORDER	Develop protocol for maintaining inventory at two-week volume levels based on analysis. Periodically analyze to identify outliers and rapid changes in use. Monitor delivery time to meet objective effectively.

Figure 1

To create your inventory protocol, complete an analysis of historical data of inventory flow and levels. From this information, develop a workflow for ordering, considering how much inventory to keep on hand. Review the consequences of a low or high inventory. Inventory maintained too low risks a lack of drug availability. Alternatively, high levels of inventory can impact cash flow and practice profitability.

To determine an appropriate level, a calculation of the monthly average per medication is a good starting point. Then an analysis of the daily and weekly inventory flow will assist in identifying any unusual highs, lows or outliers. From this analysis, a specific volume of inventory may meet the goals. It could range from two to four weeks of volume, but consider these other factors as well:

- Average turnaround time from order to receipt from the vendor

  – Delays in delivery can cause low inventory
- Consistent ordering patterns to maintain inventory levels
- A constant analysis of volume to identify changes in flow

Once you have developed solutions to implement for your specific objective, remember to review the primary goal and consider additional relevant steps in the life of the vial that could benefit from improvement. For example, when dispensing the medication how efficient is the process? Consider the following:

- Is the medication stored too far from the clinic?
- Are the vials organized based on expiration dates for ease in dispensing?
- Are planned injections prepped prior to clinic?

From these considerations, we can develop another objective: Placement of the stored medications will be organized and convenient. This can be outlined as:

Provide necessary treatment efficiently

OBJECTIVE	STEP	SOLUTION
PLACEMENT OF THE STORED MEDICATIONS WILL BE ORGANIZED AND CONVENIENT.	DISPENSE	Refrigerators should be placed close to clinic for easy access. Medications will be organized for efficient dispense by expiration date and labeled for planned injections.

Figure 2

Maintain inventory with appropriate quality control

Maintaining your inventory's quality control is another critical goal to consider when evaluating your management system. Achieving this goal starts with analysis of the monitoring process. Developing specific objectives from the protocols will guide the process to improve quality. Considering other steps related to quality control can develop additional objectives.

Maintain inventory with appropriate quality control

OBJECTIVE	STEP	SOLUTION
STORE MEDICATIONS AT APPROPRIATE TEMPERATURES AND MONITOR.	MONITOR	Provide locked refrigerators and freezers to maintain all drugs. Have thermometers in the refrigerator to monitor the temperature. Use alarm system to notify management if refrigerators fail or during an electrical outage. Confirm transportation of medications to satellite offices are appropriate temperature.
REVIEW EXPIRATIONS DATES IN STORAGE AND ROTATE EFFECTIVELY.	MONITOR	Assign technician lead to weekly review expiration dates and rotate. Reconcile to medication log for accuracy.

Figure 3

Is your system outdated?

The purpose to reviewing the overall inventory management systems is to identify potential problems and develop solutions. As retina practices continue this process, some may find that their current system has become outdated. Perhaps a practice has grown and the manual spreadsheet system has not been catching certain errors. Sometimes changes to the environment or culture have impacted the process by creating new challenges. Regardless, one system will not work for every practice and one system will not work indefinitely. Our practices are continually changing, so must our processes.

Additional Goals to Consider

Continue the evaluation process for all your practice goals. Create objectives that will facilitate the process to identify all the controls necessary for a comprehensive inventory system. Protocols and clinic flow procedures may vary which means the goals for your retina practice will be unique from others. Developing goals will provide the direction as each inventory workflow is analyzed.

When evaluating the medication inventory in a retina practice, consider what other goals would be necessary for best practice. What goals are appropriate for your retina practice?

In addition to the goals we have already covered, you may want to consider the following conceptual goals for your inventory system.

- Provide patient safety and quality care
- Administer medication appropriately per physician orders
- Dispense and reconcile accurately
- Pay invoices on time and accurately
- Develop a culture of continuous process improvement

Considering the conceptual goals, remember to review each step in the life of a vial process as it may provide objectives or areas for process improvement to reach the target.

DOCUMENT YOUR PROTOCOLS

Once your goals are clearly identified and you have developed solutions, you can document your new or updated protocol. The purpose is to provide direction for the users and a reference for process improvement. Protocols are a living and breathing document that will be used and analyzed for even better results. The format of the protocol should allow any user in the practice to use it as reference independently with a clear step-wise path. Oftentimes, visuals or print screens from computer systems are advantageous in effective training.

Administer medication appropriately per physician orders

In the following example, the objective, relevant step, and a solution have been defined for the goal: administer medication appropriately per physician orders. After reviewing the details for this goal and objective, a protocol can be developed. See the Clinical Protocol: Sample Medications for Intravitreal Injections that follows.

Administer medication appropriately per physician orders

OBJECTIVE	STEP	SOLUTION
ELIMINATE ERRORS WHEN DISPENSING SAMPLE MEDICATIONS FOR INTRAVITREAL INJECTIONS.	DISPENSE	Develop a protocol for sample medication dispense that includes confirmation of physician order and type of medication prior to procedure to avoid using a regular dose instead of the sample dose.

Figure 4

Clinical Protocol – Sample Medications for Intravitreal Injections

Purpose: Eliminate errors when dispensing sample medications for intravitreal injections by incorrectly dispensing a regular dose

Sample medication for intravitreal injections are provided by the pharmaceutical company for our patients and ordered by the physician instead of a regular dose. To appropriately assist the physician by providing the sample medication, prior to the injection complete the following:

- In the EHR system, review the surgical order for the intravitreal injection
  - Confirm the drug type and the physician order for a sample
- Review the procedure consent for the patient documenting a sample dose
- Pull the sample vial from the refrigerator
- Identify SAMPLE on the medication box and vial
  - Sample medications are gray, regular doses are yellow
- Record the sample vial as dispensed in the medication log
- After the injection, document the use of a sample drug in the procedure note
- Sample medications are provided at no cost and will not be billed to the insurance carrier or the patient as a charged amount. The practice will not receive any compensation for sample drugs.

Pay invoices on time and accurately

Below is another review of the inventory management system with the goal and related protocol for training and direction for timely and accurate invoicing.

Pay invoices on time and accurately

OBJECTIVE	STEP	SOLUTION
ENTER INVOICES INTO ACCOUNTING SYSTEM AS RECEIVED TO ACCURATELY SHOW MEDICATION ACCOUNTS PAYABLE.	INVOICE	When invoices are received by the tech lead, they will be delivered to the accounting department for posting.

Figure 5

Clinical Protocol – Accounts Payable Entry, Medication Invoices

Purpose: Enter invoices into accounting system as received to accurately show medication accounts payable

- After recording the medication invoice information in the inventory system, deliver the invoice to the accounting department for processing
- The accounts payable clerk enters the invoice into the accounting system
- The controller provides the administrator and partners a medication accounts payable report weekly
- Invoices are paid by the due date

Additional Documentation Resources

Along with the written protocols, you can develop visual guides and other resources for users. Use these resources to identify the goals for the inventory management system and outline the protocols to ensure success.

Reviewing, documenting and improving a medication inventory system is an ongoing process. Continue to evaluate the system each day as end-users complete the necessary steps. Key changes can be identified and improved creating a comprehensive system that reduces errors and increases productivity.

Improving your inventory control by evaluating goals, developing solutions and documenting protocols is fundamental to managing your medication inventory. Continuing the process, complete chart documentation, coding and reimbursement are essential to successfully managing medication inventory. The next section will review the coding principles related medication reimbursement and how your retina practice can appropriately maximize reimbursement.

MAXIMIZE MEDICATION REIMBURSEMENT

Providing intravitreal injections in the retina practice is a high-volume cost center. Controlling the medication is an essential first step. Maximizing reimbursement is crucial to the profitability of the practice. To achieve appropriate compensation for all services provided, adhere to the following:

- Obtain policies and appropriate authorizations prior to injections
- Utilize all patient assistance programs effectively
- Complete all the necessary documentation to strengthen your audit armor
- Code your case appropriately by following the medication coding checklists

POLICIES AND PRIOR AUTHORIZATIONS

Due to the volume and high-dollar cost of anti-VEGF medications, your retina practice can face the risk of decreased profitability if current coverage policies and prior authorization rules are not followed. Each insurance carrier has unique policies and can change them periodically. This creates the opportunity to identify and monitor policies for the most common insurance carriers. The number one rule of coding is: identify the payer. Research and review each unique policy.

Medicare Part B

The local carriers that provide Medicare Part B services per region, or Medicare Administrative Carriers (MACs), publish Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs). These policies provide guidance regarding documentation, medical necessity and coverage requirements for medical services. They are updated periodically and should be monitored frequently.

There are many policies that are published related to intravitreal injections and the coverage for certain anti-VEGF medications. Even the testing services used to monitor treatment plans, for example optical coherence tomography (OCT) and

fluorescein angiography (FA), have LCDs published in various MACs.

The LCD guidelines for administrating anti-VEGF medications typically include:

- Coverage indications, limitations and/or medical necessity
- Approved coding information for the service
  - CPT, HCPCS and ICD-10 codes
- Documentation requirements
- Utilization guidelines

28-day rule – Some of the LCDs discuss frequency limitations and require that treatment be generally accepted by peers and based on package inserts. Other policies may be more specific and have frequency limited to every 28 days or 4 weeks or even different intervals based on the diagnosis. There have been audits and probes surrounding injections sooner than 28 days. As a result, scheduling treatment at least every 28 days or at intervals defined in a specific policy should be within frequency limitations.

> **TIP**
> To locate the LCDs in your region, access directly at *aao.org/lcds*.

Commercial payers

Some commercial payers may have published policies regarding coverage for intravitreal injections and anti-VEGF medications on their website or portal. Others may have policies that are not easily accessible or published. In these cases, you may be able to request directly from the insurance carrier.

These policies may be similar or even differ from the Medicare LCDs. Best practice is to identify any published policy for contracted insurance companies and review for any unique coverage or documentation requirements.

Medicare Advantage (MA) Plans

Medicare Advantage Plans are considered Medicare Part C coverage and are often administrated by commercial payers. Although MA plans should provide the same coverage as Medicare Part B, there may be specific policy or administrative rules for reimbursement.

MA plans may have published policies similar to Medicare LCDs, or none at all. Being that some of the MA carriers are national they may base their policy on a different MAC than your state or be similar to their own commercial plan polices. With all the possibilities of variances, researching the policies for the MA plans seen in your retina practice is advantageous.

Referrals and prior authorization

After reviewing the policies per insurance payer, the next step is to identify carriers that have referral and/or prior authorization requirements. Typically, these are commercial payers or Medicaid products with health maintenance organization (HMO) or Affordable Care Act (ACA) plans and many of the MA plans.

When required, referrals are often necessary for office visits, diagnostic testing services and procedures based on the insurance policies. In a high-volume retina practice, it is crucial to identify the insurance carriers that require referrals and develop a process to obtain and track per encounter.

Prior authorizations (PAs) are typically required for intravitreal injections and anti-VEGF medications. The process and rules to obtain the PA can include the following :

- Completing the PA request form via an online portal, fax or by phone
- Chart notes may be required for review
- Retroactive requests may be automatically denied
- Same day requests may be delayed and seen as retroactive
- A new referral may be required prior to requesting a PA

After requesting, the insurance carrier will send an approval or denial. Denied requests can be appealed, but not guaranteed to be overturned. The approved PA may be authorized for a number of services, a date range or have other contingencies.

> **TIP**
> If the insurance carrier allows, request a one-year PA for intravitreal injections.

Step therapy

Some MA plans and some commercial carriers may require step therapy. This requirement is a protocol to begin treatment with a preferred drug therapy, often lower cost, before treating with a high-cost medication. Some have exceptions to this rule, for example, showing failed response to treatment from the preferred drug, others may allow only upon appeal. If the carrier has this requirement, it is best practice to update internal protocols to ensure timely approval of prior authorizations.

What is your process?

As a result of the requirements for prior authorizations, it is crucial to evaluate the internal process for obtaining and tracking PAs for intravitreal injections. The lack of a PA can result in zero-dollar payment for the injection and medication. This consequence can devastate the profitability in a retina practice. A review of the current process and evaluation for areas to improve is a continuous process that demands attention. The evaluation can begin with information gathering including:

- What is your current process?
- Who is responsible for completing each step?
- How are you monitoring current PA requirements from each insurance carrier?
- How are you documenting the process in your computer system? Is it accessible to all users?
- How do you track the dates of the approval and expiration date?
- Do you document any unusual requirements or exclusions in the PA?
- Are there steps in your process that are inefficient?
- Do you track all denials related to PAs?
- How do you know if you have a "green light" for intravitreal injection at an encounter?
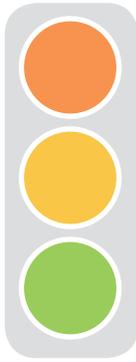
Red light, green light

As you continue to evaluate the process, an important step is identifying if you have the necessary authorization on file prior to performing an intravitreal injection. Creating a protocol that provides easy access to review the approved PA is essential. Basically, outlining a red light or green light process that provides timely, clear direction is advantageous to the retina specialist and staff.

The green light could be a notification in the computer system or documentation in the chart, superbill or other patient information readily available during the encounter. This could be communication that a PA is either not required for this insurance,

or that there is approval on file. For all scheduled injections, the PA could be confirmed and documented prior to the encounter.

For same day injections, there would be a timeout process to confirm the green light to inject. If identified that a PA is not on file and required, what is your next step? How do you communicate with the physician and patient?

Taking the time to check for the PA is the most important step. But with various insurance carriers and different requirements, a resource to identify these nuances promptly will provide efficiency. Developing a quick reference guide can communicate:

- **Red light** – referral and/or prior authorization is required, please confirm approval
- **Yellow light** – caution, confirm secondary insurance requirements
- **Green light** – no referral or PA required

There are many types of resources that can be helpful in the "green light" process. The takeaway is to find a guide that is effective. As the resource is used and new insurance carrier rules are introduced, the guide is revised or improved. This continuous process will help ensure that all injections have the appropriate authorization.

Medication PA/Referral Resource

	EYLEA (2 UNITS)		LUCENTIS (5 UNITS)		TRIESENCE		OZURDEX		AVASTIN		SPECIAL INSURANCE REQUIREMENTS
	PA	REF	PA	REF	PA	REF	PA	REF	PA	REF	
HMA COMMERCIAL	CALL		CALL		CALL		CALL		CALL		Prior authorization via phone request only
USA MA PLAN	✔		✔		✔		✔				PA not required for Avastin
BB MA PLAN	✔		✔		✔		✔				Requires step therapy
MEDICARE PART B											**confirm secondary coverage if HMO and PA/REF requirements
CARE COMMERCIAL	✔	HMO	✔	HMO	✔	HMO	✔	HMO	✔	HMO	888-222-2222 REF needed for HMO plans (from PCP only)
MEDICAID HMO	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	
HMO INSURANCE	✔	HMO	✔	HMO	✔	HMO	✔	HMO	✔	HMO	REF needed for choice or medical home plans only

✔	Prior authorization is required
HMO	HMO – Referral required
CALL	Prior authoriztion is required, must call is request
	No referral or PA required
	Caution – confirm other coverage requirements

Figure 6

Example:

> Dear Dr Smith,
>
> ABC Medicare Advantage plan has approved the requested coverage for EYLEA (Aflibercept Intravitreal Injection 2MG/0.05 (40 MG/ML)).
>
> This approval is from 1/1/2019–12/31/2019.
>
> Approval for 12 vials (12 visits) of EYLEA, 1 vial by intravitreal injection every 4 weeks in the right eye until the expiration date.
>
> This approval is only covered for the dates listed above. After the expiration date or frequency limit, a new prior authorization is required. If an approval is not obtained, the claim will de denied and considered a contractual adjustment.
>
> This authorization is based on the limitations of coverage in the member's health plan benefits and member eligibilty.

Specialty Pharmacies

Some insurance carriers may require that their specialty pharmacies provide the vial of medication directly to the provider for intravitreal injections. When this policy is in place, the practice orders from the Specialty Pharmacy and identifies the vial to use for the specific patient. When billing the insurance carrier for the injection, there would be no charge for the medication.

PATIENCE ASSISTANCE PROGRAMS

After approvals and receiving all the insurance payments, patients may still be responsible for co-insurance deductibles. When the services are for intravitreal injections of high-cost medications, the out-of-pocket amounts can be substantial. Many patients may consider declining treatment as a result of the extensive personal cost.

The pharmaceutical companies that provide the high-cost medications provide and facilitate multiple programs that based on eligibility can provide financial assistance for the patient responsibility by paying all or a portion of the balance directly to the practice.

There are programs for Medicare, commercial and even self-pay patients. Other programs may be provided based on diagnosis and treatment.

To apply, the patient will complete an application provided by the program. Depending on the program, it may be a paper application or electronic. In addition to the application, some programs have patient eligibility checks that assist with eligibility, coverage and PA requirements.

After the patient is approved for a program it is important to track their coverage, including the limitations (some are lower copays) and expirations dates. An internal process to monitor the eligibility for these patient assistance programs will maximize the reimbursement. Also, there is a billing process to request payment from the program after the insurance paid.

To learn more about these programs and the application process, contact your anti-VEGF pharmaceutical representatives and they often can provide training for staff and the physicians.

Damaged or dropped vial

Periodically a vial or syringe may be damaged, or dropped, during the procedure and is unable to be used. In these incidences, it is important to clearly document the disposed vial in your inventory system. Next, contact the pharmacy or pharmaceutical company for a possible replacement vial or syringe.

DOCUMENTATION

Along with being knowledgeable about all the authorization and polices, the documentation for intravitreal injections should include all the necessary elements. The goal is to strengthen your audit armor and to protect your revenue from recoupment.

The challenge is to meet the requirements based on each published insurance policy. From that information it is helpful to develop a checklist of the documentation requirements that would meet the requirements for the specific insurance payer. Checklists can also be a resource for internal audits.

The following is a basic example that could be reviewed for unique payer guidelines based on current policies:

Checklist for Drug Documentation

☐ **USE INSURANCE POLICIES AS A REFERENCE**
Review of the Medicare Administrative Contractors (MAC) Local Coverage Determination (LCD) and National Coverage Determination (NCD) or other commercial insurance policies, as applicable. These policies provide guidance for insurance coverage and documentation requirements.

☐ **CHART NOTES SUPPORTING MEDICAL NECESSITY PER INSURANCE POLICIES**
A review of the patient's medical records provides documentation of the medical necessity for an injection of medication.

☐ **DIAGNOSTIC TESTING SERVICES**
Copy of any relevant diagnostic testing services, with interpretation and report, supporting the need for the drug administered. (ie, OCT or FA) Chart records may be from previous dates of service as relevant. Many policies require OCT performed at 4-week intervals during treatment.

☐ **PHYSICIAN ORDER**
Written or electronic physician order for the procedure including:
- Date of service
- Medication name and dosage
- Diagnosis
- Physician signature

☐ **MEDICATION INVENTORY**
Current medication inventory log tracking purchase of medication is kept. Record will include invoice number, date of purchase, lot number, expiration date, patient name and date of service administered.

☐ **INTERVAL OF ADMINISTRATION IS APPROPRIATE**
There is at least 28 days from the previous injection.

☐ **PROCEDURE RECORD**
Documentation of the procedure including:
- Diagnosis
- Route of administration (intravitreal injection)
- Site of injection - eye(s) treated
- Medication name
  - o If a sample is used, this is clearly documented

- Dosage in mg and volume in ml, (ie, Avastin 1.25 mg@ 0.05 ml)
- Lot number
- Single vial medications record wastage greater than 1 unit (ie, Triesence)
- Single vial medications record wastage less than 1 unit as:
  - o *Any residual medication less than 1 unit was discarded*
- Consent completed for injection and medication used per eye(s) treated. For initial treatment of Avastin, a consent stating off-label use is completed.

☐ **ADVANCED BENEFICIARY NOTICE (ABN) OR WAIVER OF LIABILITY IS COMPLETED, AS APPROPRIATE**
An ABN is completed for non-covered use of medication for Medicare Part B beneficiaries. For Medicare Advantage, Medicaid or commercial insurance patients, a waiver of liability provided by the insurance or created by the practice is completed for non-covered procedures.

☐ **PHYSICIAN SIGNATURE**
The physician signature is legible on paper chart records and a signature log is available to provide during an audit. For EHR, the electronic physician signature is secure. The practice has an Electronic Signature policy and provides it in the event of an audit.

☐ **CHART NOTES ARE LEGIBLE**

☐ **CHART NOTES HAVE APPROPRIATE BENEFICIARY/PATIENT NAME AND DATE OF BIRTH**

☐ **ABBREVIATION LIST**
The practice has an approved abbreviation list for acronyms used in the medical record and is readily available for all audits.

CODE THIS CASE

The next step in the process is to code this case and bill the insurance carrier. When reviewing the superbill for the injection there are specific steps to review. A seven-step process assists in confirming all the necessary information is obtained prior to submitting the claims.

1. Identify the Appropriate J-Code

2. Recognize Single-Use or Multidose Vial

3. Confirm National Drug Code (NDC) Number

4. Calculate Average Sales Price (ASP) and Units

5. Evaluate Medication Inventory Log

6. Review Referral/Prior Authorization

7. Code the intravitreal injection

1. Identify the Appropriate J-Code

Injectable drugs are billed using HCPCS codes, mostly those starting with J as the alpha character, or J-codes. There may be exceptions for facility billing that use HCPCS C-codes. The HCPCS code contains:

- Description of medication

- Dosage per unit

- Route of administration

To identify the appropriate J-code for billing there are various resources:

- A Table of Common Drugs is available at *aao.org/practice-management/coding/injectable-drugs*

- HCPCS coding book available at aao.org/store

- A complete list of medication under the CMS ASP Drug Pricing files is available at *www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2018ASPFiles.html*

- Sample medications – most insurance carriers will require the J-code to be submitted along with the 67028 for processing. However, the J-code should be no charge and the practice should not receive any compensation for sample medications.

2. Recognize Single-Use or Multidose Vial

Each medication vial is classified as single-use or administered as multidose based on the manufacturing guidelines. This identification is necessary for coding the appropriate units injected. Single-use vials are reimbursed for the entire vial, billing for the units injected and wasted. Multidose vials are paid based on only the units injected. Examples include:

Single-use vials

- Eylea

- Lucentis

- Triesence

Multidose vials

- Kenalog

3. Confirm National Drug Code (NDC) Number

The NDC number for the medication can be located on the packing insert, vial or FDA NDC lookup *https://www.accessdata.fda.gov/scripts/cder/ndc/index.cfm*. The NDC number is required for claim submission. The NDC numbers are usually a 10-digit format, but most insurance payers recognize an 11-digit, 5-4-2 format. To convert to the 11-digit format, add a zero to the appropriate field:

	LUCENTIS 0.5 MG	KENALOG
NDC FORMAT	5-3-2	4-4-2
NDC CODE	50242-080-01	0003-0293-05
NDC CLAIM FORMAT	5-4-2	5-4-2
NDC CODE FOR CLAIM	50242-0080-01	00003-0293-05

Figure 7

4. Calculate Average Sales Price and Units

CMS publishes the ASP drug pricing files quarterly (see link from step 1). The drug reimbursement is listed per unit.

Review the CMS ASP pricing files to identify per drug:

- J-code to bill

- Description and dosage

- Payment limit (allowable) per HCPCS code dosage

Payment Allowance Limits for Medicare Part B Drugs
Effective October 1, 2018 through December 31, 2018

HCPCS CODE	SHORT DESCRIPTION	HCPCS CODE DOSAGE	PAYMENT LIMIT	VACCINE AWP%	VACCINE LIMIT	BLOOD AWP%
J3285	TREPOSTINIL INECTION	1 MG	66.136			
J3300	TRAMCINOLONE A INJ PRS-FREE	1 MG	3.857		TRIESENCE	
J3301	TRIAMCINOLONE ACET INJ NOS	10 MG	1.742		KENALOG	

For updates, refer to www.cms.gov/Medicare/Medicare-Feefor-Service-Part-B-DrugsMcrPartBDrugAvgSales-Price/2018ASPFiles.html

Figure 8

Each quarter the payment limit may change. For example, a review of the payment limit adjustments for Triesence shows the following trend:

TRIESNCE J3300	ASP PRICE PER 1 UNIT
Q1 2017	$3.72
Q2 2017	$3.74
Q3 2017	$3.89
Q4 2017	$3.89
Q1 2018	$3.87
Q2 2018	$3.87
Q3 2018	$3.86
Q4 2018	$3.86

Figure 9

TIP
Commercial and Medicare Advantage payer contracts may reimburse based on CMS ASP pricing or a percentage of your billed fee.

Calculating units for coding –

A) If the dosage injected is less than the HCPCS code descriptor (the minimum dosage for the drug) bill for one unit to identify the minimum dosage amount.

- **Example 1:** Kenalog (Triamcinolone acet inj nos) HCPCS description is 10 mg (minimum dosage). 4mg are administered = 1 unit is billed

J3301	TRIAMCINOLONE ACET INJ NOS	10 MG	1.766

B) If the dosage is the same as the HCPCS code descriptor

- **Example 2**: HCPCS description of drug is 6 mg

  6 mg are administered = 1 unit is billed

C) If the dosage is more than the HCPCS code descriptor

- **Example 3**: HCPCS description of drug is 50 mg

  200 mg are administered = 4 units are billed

- **Example 4**: HCPCS description of drug is 1 mg

  10 mg are administered = 10 units are billed

Calculating units with wastage -

Triesence has a minimum dosage of 1 MG, if 4 MG are injected and 36 MG wasted

- Submit a total of 40 units, identifying units injected and wasted

  – Single use vial billed as:

J3300	4 units x 3.857	=	$15.43
J3300-JW	36 units x 3.857	=	$138.85
Total reimbursement			$154.28

J3300	TRAMCINOLONE A INJ PRS-FREE	1 MG	3.857

5. Evaluate Medication Inventory Log

When billing the medication dispensed, we will reference the dispense step in the life of a vial and review the dispense log. This report may be an

electronic inventory flow report or patient log. For a manual process, it may be a patient log spreadsheet. From this report we can verify key components of the dispensed medication including:

- Invoice number
- Date of purchase
- Lot number
- Expiration date
- Patient name
- Date of service administered

This information will then be compared to the medical record to confirm accuracy and documentation requirements including the physician order, procedure note and consent. Any discrepancies should be quickly identified and reconciled.

6. Review Referral/Prior Authorization

For the intravitreal injection superbill, confirm that all necessary referrals and/or prior authorization are approved. The authorizations should be active for the date of service and authorized for the medication injected.

7. Code the Intravitreal Injection

CMS-1500 paper claim or Electronic Data Interface (EDI) transaction 837P electronic claim completed with:

- CPT 67028, eye modifier appended
- HCPCS J-code for medication used
- Appropriate units administered
- HCPCS J-code on a second line for wasted medication, if appropriate
- Diagnosis linked to 67028 and J-codes supporting medical necessity and appropriate laterality
- 11-digit NDC code in box 24a or EDI loop 2410 and dosage per insurance guidelines (ie, Avastin 1.25 mg@ 0.05 ml)

Although the volume of intravitreal injections in a retina practice is growing and can present challenges, appropriately maximizing reimbursement can be achieved with appropriate steps, checklists and resources. Committing to the research will lay the foundation for a successful revenue cycle. Complementing by effectively utilizing patient assistance programs, will reduce the accounts receivable. A commitment to comprehensive documentation and accurate coding will strengthen your audit armor and protect your revenue from recoupment.

MONITOR AND AUDIT YOUR SYSTEM

The final step to effectively managing injectable drugs is to monitor the overall inventory system. Specific reports can focus on key areas to monitor. This section will review the various reports that can assist in identifying areas for improvement, require attention or demonstrate success.

- Inventory
- Revenue Cycle
- Accounts Payable
- Profitability
- Productivity
- Analysis

INVENTORY

Reviewing the steps in the life of a vial, there is valuable information to extract and analyze to improve the process. As the reports are reviewed new goals, as demonstrated in Section 1, may be identified or others revised.

Inventory count

Having a process to count medication vials and compare to inventory reports in your manual or computerized system is crucial. This is a reconciliation that will promptly identify any discrepancies. The count should also be completed by location to confirm the balances are maintained per the inventory goal.

Inventory flow

The trend of medication used in the practice, per physician and location is valuable information. Along with the count of injectable drugs per month, the weekly flow per clinic is crucial. A high-volume clinic in a satellite office can impact the inventory dramatically, and reviewing these trends is advantageous. The goal is to identify these variances and maintain consistent inventory – not too high, and especially never too low.
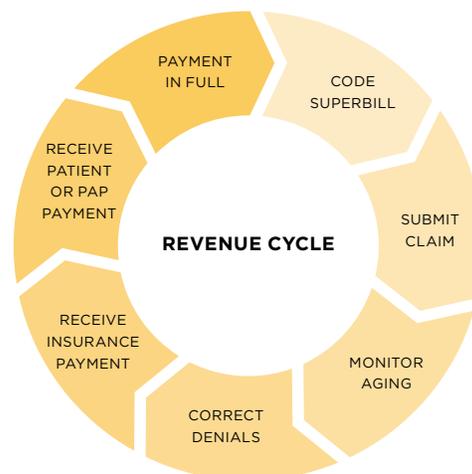
Alerts

If possible in the computerized system, creating an alert when any medication reaches a specific count is helpful. Even though there is consistent analysis of inventory flow, there can be situations that are unique and impact inventory counts. Having another check in the system is valuable to improve the order step in the life of a vial.
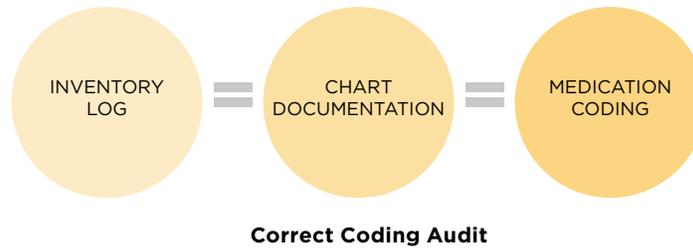
The monitor step included watching expiration dates and rotating. Using a manual spreadsheet or the computerized inventory system to review the expiration dates is the first step. Then visually inspect the vials weekly to confirm the accuracy of reports.

REVENUE CYCLE

The Revenue Cycle and the process to manage this system is crucial to the profitability of injectable drugs. The most important goals related to the revenue cycle are:

- Submit clean claims
- Reduce coding errors
- Collect full reimbursement in a timely manner
- Address any type of claim denial promptly
- Identify challenges in the process and improve with revised workflows and training
- Communication with the team players

REVENUE CYCLE

PAYMENT IN FULL
CODE SUPERBILL
SUBMIT CLAIM
MONITOR AGING
CORRECT DENIALS
RECEIVE INSURANCE PAYMENT
RECEIVE PATIENT OR PAP PAYMENT

Correct Coding Audit

Correct coding

Submitting claims to the insurance carrier that will be approved and paid promptly is a common goal. Later in this section we will review denials and how to avoid them with clean claims. But even prior to submission when coding the medication, the documentation and inventory log are reviewed for accuracy.

Develop an audit report to identify potential errors in this review process. The goal is to confirm the inventory log, chart documentation and coding all matches. It is essentially an internal audit on your process.

Achieving this goal is dependent on a report that confirms the three components are consistent. The way to produce this report may vary based on the computer systems; inventory management system, practice management system and electronic health records (EHR) or paper charts. Understanding the type of errors to identify will assist in developing and analyzing the report.

Accounts receivable aging

Monitoring the accounts receivable aging for the medication claims is essential. Creating reports that are reviewed constantly for potential delay in payment will identify any insurance challenges. Most electronic claims should be paid at 3-4 weeks and paper claims

at 4-6 weeks. Aging reports that show 30 days and over, by physician, by location and by insurance will provide the information necessary. A weekly review will quickly show any outliers or delays in payment. Problems related to claims can include:

- Clearinghouse denial or scrub edit
- Delay in sending request for medical records from insurance carrier
- Insurance carrier not receiving claim
- Payment on 67028 and medication denied
- Claim denial not corrected
- Insurance carrier computer glitch

Insurance denials

Effectively analyzing and addressing insurance denials, in a timely manner, is crucial to the success of the revenue cycle. It is even more imperative as it relates to medication reimbursement. Due to the cost of injectable drugs and the lower margins, monitoring these denials are a priority.

After receiving an insurance denial, the following steps can be taken:

Claims Denial Process

1. Determine the error

Potential errors

INVENTORY LOG	CHART DOCUMENTATION	MEDICATION CODING	ERROR
Eylea vial dispensed	Avastin injection	Avastin injection	@ $1850 potential loss, incorrect coding & documentation
Lucentis 0.3 mg dispensed	Lucentis 0.3 mg inj., DME	Lucentis 0.5 mg, 5 units	Incorrect coding, overbilled $746.72 0.5 mg off label use for DME
Eylea vial dispensed, Patient – John Smith	Eylea injection – Jane Smith	Eylea injection – Jane Smith	Inventory log has incorrect patient assignment for vial
Lucentis 0.5 mg – OD	Lucentis 0.5mg – OS	Lucentis 0.5mg, 5 units, left eye	Inventory log was correct, chart was incorrect and coding 67028-LT, should be -RT
Triesence 40 mg vial	Triesence 2 mg injected, 38 wasted	Triesence 4 mg injected, 36 wasted	Incorrect coding medication injected and wasted, neglected to check the chart

Figure 9

2. Correct the claim

3. Appeal the claim

4. Confirm payment received

5. Track denial trends

6. Update workflows as appropriate

7. Train staff and/or physicians

When reviewing the claim denials, the first step is to determine the error. There are various reasons why a claim can be denied. Once identified, the solution to correct the claim can be completed. Finally, the goal would be to avoid the error in the future. The answers and solutions can be determined by asking the following:

- What is the reason for the denial?

- How can we correct and resolve this claim promptly?

- What can we do to avoid this in the future?

Some of the common denials are shown in Figure 10 below. The type of denial can vary and be either internal or external related.

   When you receive a claim denial responding promptly is key. The denied claim is already 14-21 days in aging. Delaying action will increase the accounts receivable and impact cash flow. As the claim is corrected and appealed, this account becomes a priority and tracking until full reimbursement is required.

   Once you have identified the error communicate with others so the problem doesn't perpetuate. Tracking trends in denials and the reasons provide opportunity to improve workflows and educate staff and physicians. This key step is a proactive approach that can reduce denials and unnecessary tasks.

Patient balances

After the insurance has paid the claim, often the patient has a balance. Typically, this is their deductible or coinsurance. Being that the costs of anti-VEGF drugs are high, these out-of-pocket expenses can be significant. Additionally, the patient balance is part of the reimbursement for the cost of the drug and delaying payment can impact profitability.

   Similar to monitoring the insurance accounts receivable aging, these accounts should be closely tracked so that the payment is received timely. Some of the strategies to improve this process may include:

- Prior to treatment, check benefits and notify the patient of out-of-pocket expense. Coordinate prompt payment per office financial agreement policies

- Run aging reports by drug, by patient responsibility, and monitor closely

- Utilize patient assistance programs
  - Offer PAP to all eligible patients
  - Assist the patient with the enrollment process
  - Track approval and effective/expiration dates
  - Promptly bill the program for the patient responsibility

Full reimbursement

The ultimate goal is to receive full reimbursement for the injectable drugs. Closely monitoring insurance and patient aging reports will ensure payment is received. However, even if the claim is paid in full, the allowable may not be correct. Frequently an insurance carrier may not accurately pay the contracted reimbursement. This should be closely

Common reasons for denial

INTERNAL: CODING & BILLING	EXTERNAL: INSURANCE
Data entry error	Computer glitch or edit error
Incorrect J-code	Not following their own policy
Diagnosis link/wrong laterality	Denying no referral or PA, approval on file
ICD-10 code unspecified	Not adapting CPT or ICD-10 changes
ICD-10 code does not support medical necessity or carrier policy	Patient not eligible, date of service
Wrong modifier	Procedure not medically necessary
Incorrect units	Testing service required for injection
Less than 28 days since last injection	Medical records requested
Referral or PA not valid	Incorrect denial, must appeal

Figure 10

monitored during the payment posting process, but can be easily missed. Additional reports to analyze monthly will also confirm the payment matches the contracted allowable.

The report can be created by insurance carrier and actual allowable. Reviewing the report for any discrepancies from the contract will be easily identified. A master list of top payer contracted allowable is useful in this process. Each payer may have a different methodology for contracts including:

- 100% of CMS Medicare Part B ASP
  - Updated quarterly – confirm allowable is consistent with date of service
- Percentage of ASP price
  - Example – 110% of Medicare ASP
- Carve-out in contract
  - Contracted set amount for specific medication reimbursement
- Percentage of usual and customary billed fee
  - 60% of billed fee (confirm this amount is higher than cost)

Because the contracted allowable may vary, and the insurance carrier can incorrect reimburse based on your specific contract, a periodic analysis of contracted allowables is necessary to maximize reimbursement.

ACCOUNTS PAYABLE

Similar to the system monitoring the revenue cycle, it is essential to develop reports to manage the medication accounts payable (AP). The total outstanding invoices at any point in time can be significant and it is necessary to manage the AP and cash flow. Along with the total AP, the aging of the invoices will provide the due dates for payment and crucial information for management. The accounting or inventory system may provide the necessary AP reports, included total AP and aging.

During the invoice step of the life of the vial, each invoice is entered into the accounting and/or inventory system. During this process the cost of the medication can be noted from the invoice. A monthly report to review the cost per medication can then be reconciled with the vendor contracted fee. The contract fee and all negotiated discounts should be consistent with the invoices per month. Additionally, a review of the cost compared to the Medicare Part B ASP price is another double check. As the ASP allowable changes quarterly, the cost to physician may not be adjusted immediately. Monitoring these changes and renegotiating with the vendor will improve the profit margin.

PROFITABILITY

Evaluating the profitability of the injectable medication in a retina practice is an important aspect of the overall management process. There are various ways to analyze the profitability of this cost center. The objective is to develop a process that evaluates the aspects that can affect the overall profitability of the practice:

- Gross profit margin
- Medication income statement
- False profit or loss

Gross profit margin

The difference between the cost of the medication and the full reimbursement would equal the gross profit margin. In this calculation all discounts from the vendor should be considered.

Example 1

Anti-VEGF medication A

Average allowable	$1950
Cost of medication	-1825
Gross profit margin	$ 125

This is an important starting point using the average cost and reimbursement to calculate. To expand this analysis, a review of each insurance carrier allowable, less cost would be beneficial. This would provide the perspective of any variances.

Example 2

Anti-VEGF medication A – ABC Medicare Advantage

Average allowable	$2200
Cost of medication	-1800
Gross profit margin	$ 400

Example 3

Anti-VEGF medication A – Best Care Commercial Plan

Average allowable	$2000
Cost of medication	-1800
Gross profit margin	$ 200

Although the gross profit margin may vary, it is advantageous to calculate per medication and insurance. This perspective will provide information for additional reports and calculations. It will also be useful when negotiating insurance contracts.

Medication income statement

After calculating the gross profit margin, the next step could be to create a medication income statement. The purpose of this report would be to allocate any expenses related to the medication cost center. Considerations could include the direct costs for inventory management, monitoring, maintenance, coding and reimbursement and general overhead allocation.

As the expenses are reviewed and allocated an income statement for the medication cost center can be developed. This can be created for the overall practice, per doctor and/or location. The example below shows how a medication income statement can be calculated to determine the profit or loss directly related to this cost center. The income and expenses are fictional and are not necessarily to be used for internal benchmarks.

Retina Practice, Inc
For the Month Ended 9/30/2019

Revenue

Medication Revenue	$	2,012,300.00
Less Medication Cost	$	(1,785,916.25)
Gross Profit	$	226,383.75

Expenses

Direct Medication Expense	$	(36,885.00)
Overhead Allocation	$	(175,639.00)
Total Expense	$	(212,524.00)

Profit or (Loss)	$	13,859.75

Once this report is created it can be used to assist in monitoring medication profitability. This is essential to the overall process as there are many factors that can dramatically impact and reduce the profit and even create a loss.

- No prior authorization, appeal denied
- Payment allowable incorrect and below cost
- Charges not billed
- Incorrect coding for lower cost medication not identified

- Claim denied for timely filing, no appeal allowed
- Non-participating provider, claim denied and patient responsibility
- Exhausted all appeal levels for denial, write-off

False profit or loss

A crucial part of managing injectable drugs is to track the timing of the revenue collected and expenses paid. In a perfect world, the full reimbursement would be received then the expenses would be paid immediately resulting in the gross profit margin. However, due to the nuances of insurance and patient reimbursement along with the various terms for the payment of these expenses, the perfect timeline for income and expense does not typically exist.

This aspect relates to cash flow. If ten vials of a high-cost drug are completely reimbursed you may receive a total of $20,000. This will increase your cash on hand and profit. This would be considered *false profit* until the associated expenses are paid and deducted.

If the same ten vials of drugs have not received any related revenue, but the expenses associated are paid you could have an -$18,500 expense. This would reduce your cash on hand and create a temporary loss until the associate revenue is received. This would be a *false loss*.

As the payments and expenses related to injectable drugs are posted, the false profit or loss will fluctuate. Monitoring this calculation is important as it dramatically affects the bottom line. If the false profit increases due to prompt insurance payments along with extended vendor terms, a practice can report inflated profitability on their financial statements. As a result, if the false profit is not realized, physician compensation could be overpaid.

Alternatively, reporting a false loss could present a poor financial performance, result in a reduction of physician compensation and distort practice value.

To accurately report the financial picture for the medication cost center and consider the ever-changing false profit and loss, matching the accounts receivable (revenue not yet collected) plus current inventory on hand, less the accounts payable (expenses not yet paid) would capture the anticipated impact on the cash flow and current profit.

MEDICATION ACCOUNTS RECEIVABLE (A/R) (PLUS CURRENT INVENTORY)	$2,456,009	$2,456,009
MEDICATION ACCOUNTS PAYABLE (A/P)	$1,356,023	$2,656,098
DIFFERENCE	$1,099,986	-$200,089

There are a variety of methodologies and systems to manage false profit and loss. Most important, is to first identify this moving target and how it can impact your bottom line. After reporting and monitoring, the practice can decide how to minimize the impact on cash flow and how to accurately review the overall financial performance with this important consideration.

PRODUCTIVITY

Complimenting profitability is a review of the medication productivity. This analysis provides yet another perspective. Productivity reports typically provide:

- Count of specified services by CPT and description
- Amounts per physician, location and/or insurance carrier
- Month, quarter and year to date totals

For a medication analysis the report could be specific to the injection code (67028) and all the J-codes. Monitoring this data over time and comparing to the prior year will display changes in the productivity and even growth.

ANALYSIS

A comprehensive analysis could be a compilation of various medication reports to provide a new perspective and prompt additional review. Consider the medication productivity and income statement reports. Reviewing together may provide valuable information.

Identifying increased production, for example, does not necessarily mean increased profit. If the production for medication had increased and the revenue was reporting the same this could prompt further review. Perhaps the ASP pricing had been reduced that quarter or a commercial payer reduced the contract allowable. Or, the revenue increased in relation to productivity, but the cost of the drug increased and consequently the profit reduced.

Another analysis could be comparing inventory flow, account receivable aging and the medication productivity report. Reviewing the monthly inventory flow counts in relation to the productivity report could reflect the timely posting of the charges. The aging report compared to production could show the value of the current services (0-30 days) and monitor the collection process.

> **TIP**
>
> Consider searching for a new perspective and financial analysis of your medication system to identify the contributing factors that can impact profitability.

CONCLUSION

The management of the medication inventory and profitability in a retina practice is a complex system requiring constant analysis, change and improved processes. Starting with basic steps of inventory management provides the foundation. Gaining knowledge along with a commitment to understanding coding and reimbursement policies can appropriately maximize reimbursement. Continuing with analysis of the system through comprehensive reports that focus on discovery, action and transformation will contribute to the success of the retina practice.

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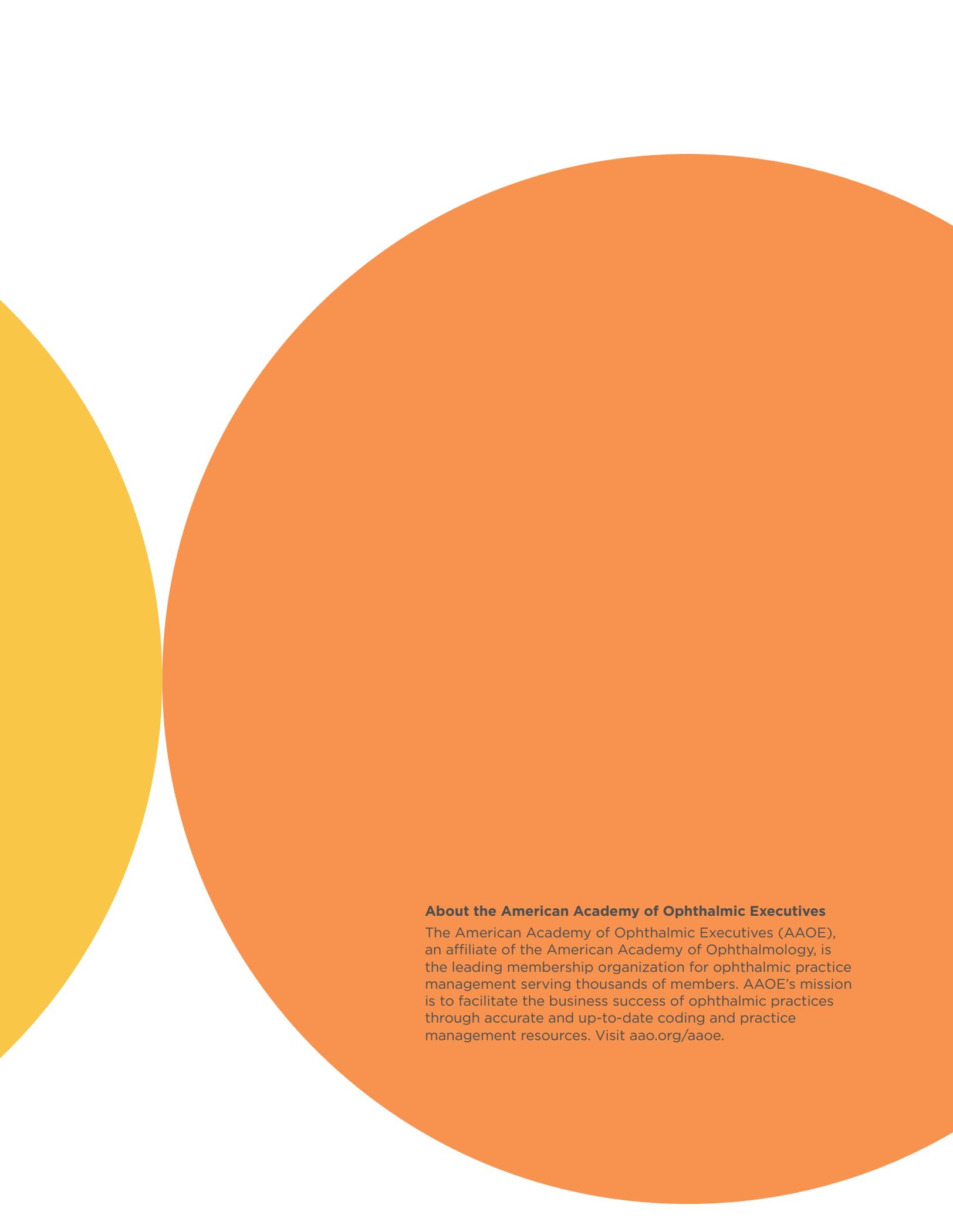
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