



INSURANCE REIMBURSEMENT GUIDE

Many private health insurance plans provide reimbursement for the Medi-Jector Needle-Free Insulin Delivery System. The following information is provided to assist you in obtaining reimbursement from your insurance company. It is always advised when talking to your insurance company to get the representative's name and direct phone number.

VERIFYING INSURANCE BENEFITS

To verify eligibility, contact the member service phone number listed on your health insurance card and ask the following questions:

1. Does your policy cover *Durable Medical Equipment*? If yes,
2. Ask if the Medi-Jector Product is covered under your plan. Please provide the *procedure code* or HCPC code "A4210" for the Device and "A4211" for the Needle-Free Supplies Kits. The *diagnosis code* or ICD-9 code "250.01" is for persons with diabetes using insulin.

If the Medi-Jector system is covered under your plan, ask the following:

1. What coverage do I have for the Medi-Jector system?
2. Do I have a deductible for durable medical equipment? If yes, how much has been met year to date?
3. Do I need to purchase the Medi-Jector from an in-network provider? If yes, request a list of the providers' names and phone numbers to contact to order the Medi-Jector and/or supplies.
4. Is a *Letter of Medical Necessity** required?
5. Request a written Explanation of Benefits (EOB.)

*A *Letter of Medical Necessity* is a document that needs to be completed by your health care professional. The letter indicates your need for a Medi-Jector Needle-Free Insulin System. Many insurance companies will require that this be submitted with your insurance claim. Please call Antares Pharma, Inc. to obtain a Letter of Medical Necessity form.

If the Medi-Jector system is not covered under your plan:

You have the right to appeal. Ask your insurance company the name and phone number to contact to file an appeal. Ask for a written Explanation of Benefits (EOB.)

FILING YOUR CLAIM

You may need to submit your own claim to obtain reimbursement. Use the standard HCFA 1500 claim, which your insurance company can provide.

Remember to attach a copy of the Letter of Medical Necessity if required by your insurance company, and **always keep copies of your insurance claims.**