

# BEST PRACTICES FOR INFUSION & INJECTION REFERRALS

Provider-administered medications are complex, but ordering them for your patients doesn't need to be.

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## Identify and Infusion Center

Use NICA's Infusion Center Locator at [locator.infusioncenter.org](http://locator.infusioncenter.org) to find a convenient and economical infusion center that aligns with your patient's schedule and lifestyle.

**Patients' out-of-pocket costs can vary significantly depending on the care setting.**

Infusion/injection services can cost 2-3x more at hospital-affiliated infusion centers compared to non-hospital infusion centers. Infusion centers can often help patients navigate financial assistance and manufacturer support programs.

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## Contact The Infusion Center

Contact the infusion center to learn about their referral process. Some infusion centers will provide an order set. If not, you can find a sample form here:

[www.infusioncenter.org/infusion-order-form](http://www.infusioncenter.org/infusion-order-form)

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## Send Order And Supporting Documentation

In addition to the order, it is important to provide documentation supporting medical necessity so the infusion center can submit for a prior authorization such as:

- Test results supporting the diagnosis
- Treatments that have been tried and failed
- Pre-treatment screening results

**Dont forget to include the patient's demographics, home medications and allergies, and a copy of their insurance card (front and back).**

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## Prepare Your Patient

The Infusion Access Foundation (IAF) is a nonprofit association that empowers and advocates for patients who use provider-administered medications to manage their chronic, complex diseases. IAF supports patients on their disease management journey, from preparing for their treatment to paying for it. These free resources can be found at [www.patientaccess.org](http://www.patientaccess.org)



# HIGH-QUALITY ORDERS = HIGH-QUALITY CARE

## Patient Info

In addition to the patient's name and date of birth, height and weight may be required to calculate or double check weight-based dosing.

## Diagnosis Codes

Select a valid ICD-10 diagnosis code that is supported by the patient's medical records. To ensure a diagnosis code is billable, be as specific as possible.

## Patient Monitoring

Note if the patient should be screened for contraindications before treatment, and/or monitored for a period of time after treatment.

## Medication Orders

Ensure the order includes all necessary information such as:

- Medications to be given before treatment ("premeds")
- Medications that may be given during treatment if needed (be sure to include the indication)
- Infusion rate titration instructions

INFUSION/INJECTION ORDERS			
PATIENT INFORMATION			
Patient Name:		DOB:	
Date of last treatment <input type="checkbox"/> N/A (new start)	Height: <input type="checkbox"/> IN <input type="checkbox"/> CM	Weight: <input type="checkbox"/> LBS <input type="checkbox"/> KG	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Diagnosis: (include ICD-10 codes)			
Please check to indicate the following required documents have been attached:			
<input type="checkbox"/> Patient Demographics	<input type="checkbox"/> Records of previously tried/failed treatments		
<input type="checkbox"/> Copies of insurance card (front/back)	<input type="checkbox"/> Current medication/allergy list		
<input type="checkbox"/> Notes supporting diagnosis & medical necessity of ordered treatment (office notes, lab results, imaging reports)			
<input type="checkbox"/> Other:			
ORDERS			
Patient Monitoring:			
<input type="checkbox"/> Hold treatment and notify provider for: _____			
<input type="checkbox"/> Monitor for _____ minutes after treatment prior to discharge			
<input type="checkbox"/> Other:			
Lab Orders: (include frequency)			
Pre-medications:			
Infusion Reaction/Anaphylaxis Orders: <input type="checkbox"/> Per facility protocol			
MEDICATION (drug and dose)	INSTRUCTIONS (route, infusion rate(s), diluent type/volume)		
Additional Orders:			
Frequency: <input type="checkbox"/> Once: <input type="checkbox"/> Every _____ days / weeks / months (circle one) <input type="checkbox"/> Other: _____			
REFERRING PROVIDER INFORMATION			
Practice Name:		Phone Number:	
Office Contact:		Fax Number for treatment notes:	
Provider Name: (please print)		Date:	
Provider Signature:		Order valid for: <input type="checkbox"/> One (1) Year <input type="checkbox"/> Other _____	

Make an effort to build a professional rapport with the appropriate staff member/department in the center who manages new referrals. Creating a relationship with the clinics you refer to most often can help both you and your patients feel comfortable during their infusion journey.



The National Infusion Center Association (NICA) is a nonprofit advocacy organization formed to improve patient access to office administered intravenous and injectable medications and therapies. For more information about NICA, visit [www.infusioncenter.org](http://www.infusioncenter.org)