

### **How long will I have the catheter in place?**

Your healthcare prwovider will decide how long you need the catheter. It can stay in place as long as you need it, provided that you do not have any complications.

### **Will my insurance cover the supplies?**

Most insurance plans cover these supplies because they fall into the durable medical equipment (DME) category. Most patients have DME coverage, but there are plans that do not cover DME.

### **How long until I receive my order? Will it come automatically?**

While an order is waiting for insurance approval or documentation from your doctor, a DME Provider will stay in touch with you to ensure you do not run out of supplies. In the event that you have not heard from a DME Provider, please call the number listed on the patient introduction letter in your Aspira patient packet. Insurance requires that you be contacted prior to each order sent to avoid overstocking. Nothing can be sent automatically.

### **If admitted to the hospital, can I bring my supplies in the event that the hospital does not carry them?**

No. While an inpatient, at the hospital, the hospital should be providing you with supplies per your insurance guidelines. We always recommend bringing one drainage bag and one dressing kit to show the hospital what you are using and to ensure they order the correct supplies. The hospital can order supplies from Merit Medical, as they should have an account already in place if they are the same facility that did the procedure.

### **The hospital or agency (home health, hospice, skilled nursing) has something similar but not the same product. Can I use that instead?**

No. You should avoid using generic or other brands of drains, as it could damage the valve. If the valve is damaged, you will not be able to use the Aspira Drainage Catheter until the valve is repaired, which may require re-admittance to the hospital.

### **Does home health, hospice, or skilled nursing cover these supplies?**

If you have commercial/private insurance and are receiving home health services, our Preferred DME Providers may be able to continue to provide supplies, but it is dependent on your insurance plan coverage. If you are receiving hospice care, or are at a skilled nursing facility, insurance requires they provide the supplies.

If you have Medicare insurance, home health, hospice, or skilled nursing will be required to provide supplies, as their Medicare Part A service will prevent the DME Provider from billing Medicare Part B. The supplies are already included in the payment these agencies are receiving from Medicare.

### **If I have no insurance, how much will my expenses be?**

The DME Provider will work with you to determine how much your expenses will be.

### **If you are not contracted with my insurance, what do I do?**

In the event that our Preferred DME Providers are not contracted with your insurance, they will inquire what DME Provider is contracted to coordinate care. They will call the contracted DME Provider to ensure they carry the supplies and accept your insurance. With your permission, they will conference call you with the contracted provider to exchange necessary information and transfer service. With your consent, they will also fax all documentation on file to the contracted provider to expedite your order.

### How often will I receive my supplies?

You will receive one month of supplies at a time. The DME Provider will contact you each month approximately 10 days before your order is due to ship to see how you are doing on supplies and remind you of your upcoming shipment.

### What is required before I can begin receiving Aspira supplies?

When you are discharged from the facility where you had your Aspira Drainage Catheter placed, they will need to send the DME Provider the following forms before you may begin to receive supplies:

- Prescription
- Clinical notes or post-op notes documenting Aspira Drainage Catheter placement
- Demographic information
- Voucher information

### What is required to increase the amount of supplies I need?

Your healthcare provider will need to send the DME Provider the following information:

- An updated prescription with the new listed quantity
- Updated clinical needs addressing the need for the listed quantity

### What insurances are accepted?

The DME Providers do their best to work with all insurance plans. Even if the DME Provider is out of network with the insurance plan, they still request an authorization exception to be covered as an in-network provider. The DME Provider does not turn away insurance plans for out-of-network benefits. The DME Provider attempts to work with and through the insurance plan each time.

### How can I order a repair kit?

If your Aspira Drainage Catheter needs to be repaired, you will need to contact your healthcare provider, so they can repair it.

### What will my out-of-pocket costs be?

Your out-of-pocket costs will be dependent upon which insurance plan you have.

### Where do I get my supplies after the voucher runs out?

You will continue to work with the DME Provider to obtain additional supplies.



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