Product Replacement Program

ZySupport
Toll-Free: 866-891-9938 (Mon-Fri 8am - 8pm EST)
Fax: 703-738-7254
www.zydussupport.com

ZySupport
Patient Services

Description

This program allows physician offices or hospital outpatient departments to receive Zydus replacement product if all eligibility criteria are met.

Eligible Product Replacement Reason

Payer Denial (after eligibility criteria is met)

- If the Zydus product is administered for a medically appropriate use, as determined by the specific payer's policies and coverage guidelines
- If the office conducted a product-specific benefit verification and followed all payer coverage requirements prior to treatment or has used ZySupport services to conduct the benefit verification
- If the Zydus product is not reimbursed after all eligibility criteria are met
- This program does NOT require that providers have ZySupport perform benefit verification for the patient prior to therapy
- Providers may register claims for product replacement after an initial claim for Zydus product by a payer

Mishandling of the Drug

- Dropped vial
- Incorrect mixing
- Other mishandling of drug

Patient Unavailable to Receive as a Result of:

- Illness/death
- Patient refuses treatment
- Adverse event
- Patient cancels or is a no-show
- Otherwise ineligible for treatment

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How The Program Works

For Payer Denials*

1. Fax a copy of the completed enrollment form, the denied claim, appeal, and all required documentation (listed below) to ZySupport to the number above.

The provider is required to submit all required documentation
- Signed product replacement request form and patient consent
- Proof of benefit verification (medical record or payer reference number)
- When appropriate, Prior Authorization (PA) results
- Explanation of Benefits (EOB)
- Denied appeal

2. Coordinate with ZySupport on the appeal process if necessary.

Providers may work with ZySupport on understanding the appeal process (if applicable) to attempt to have the claim paid. If the claim remains unpaid after one unsuccessful appeal, then the provider may be eligible for product replacement.

3. Your Field Reimbursement Manager (FRM) will review all necessary documentation before final submission to ZySupport.

4. Look back period is 30-180 days based on medical plan policy.

*Providers must adhere to all program terms and conditions. Provider must submit appeals within the timely filing limit.

For All Other Reasons*

1. Fax a copy of the completed enrollment form, invoice, and any additional documentation applicable to ZySupport to the number above.

2. Look back period is 60 days

3. Your Field Reimbursement Manager (FRM) will review all necessary documentation before final submission to ZySupport

*Providers must adhere to all program terms and conditions. Provider must submit appeals within the timely filing limit.

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Terms and Conditions

For Payer Denial

For each claim, prior to initiation of a Zydus therapy, providers must perform a product-specific benefit verification to confirm that the Zydus product will be covered by the payer for the intended use. The provider does not need to have this completed by ZySupport; however, ZySupport can assist providers with the Zydus product benefit verification process upon request if providers obtain patient consent. If required, the provider must also obtain PA approval from the payer.

The provider must keep a record of the benefit verification/PA results in the patient's record. This should include: the dates of these interactions, the name of the insurance representative by whom coverage was verified, and written information from the payer. Whether the patient's primary insurer is Medicare, Medicaid, or a private commercial payer, the patient's claim must meet the specific payer's guidelines for use of the therapy. If providers need assistance identifying the Medicare guidelines or Medicaid guidelines for their respective state, they may contact ZySupport on the details above.

Once a provider receives a denial for a properly verified claim, **fill out the Product Replacement Enrollment Form and provide relevant documentation of claim, denial and appeal to ZySupport.**

Once these materials are received, ZySupport will: confirm appropriate benefit verification and review the denied claim, help determine the reason for the denial, and provide information on the appeal process (if applicable). If ZySupport confirms that the patient's coverage was verified prior to treatment, and the original claim was submitted appropriately, ZySupport will enroll the claim in the Product Replacement Program.

ZySupport can assist the provider with the appeal process. However, if the appeal is unsuccessful, the provider must promptly notify ZySupport to request enrollment in the Product Replacement Program for the specific claim. ZySupport may provide replacement product(s) to the provider for Zydus products if all the above eligibility criteria are met.

For All Replacement Reasons

The Product Replacement Program is available for outpatient use only and does not cover any costs related to office visits or administration of Zydus products. Zydus may modify or terminate this program at any time without notice. Nothing in this program is intended to induce or reward referrals of product.

Providers should not bill the patient for any product that was replaced under this program. If providers receive any payments for products replaced under this program, they agree to return or pay Zydus for the cost of the product.

Providers that are reimbursed under a fully capitated rate for drug products or practices that account for drug products as part of their negotiated rates assume full risk and cannot participate in the product replacement program.

Zydus maintains sole determination to the interpretation and application for this Policy and may in its sole determination deny replacement for suspected or actual abuse of this Policy. Approval for the Product Replacement Program is at Zydus discretion and reserves the right to modify or terminate this program, or recall or discontinue, at any time without notice.

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