PROCRITline®

Easy Access to Reimbursement Information and Support

Information Kit
This kit offers helpful information for successfully using PROCRITline®, a service that takes the guesswork out of the PROCRIT® (epoetin alfa) reimbursement process for physicians and billing professionals.

The information in this kit, along with the links below to the Business Associate Contract and Benefit Investigation Form, provides the basic support needed to initiate services through PROCRITline®.

And, if you have any questions, your personal PROCRITline® Site Coordinator is ready with answers via phone, fax, or e-mail through PROCRITline® Provider eSupport. The PROCRITline® team looks forward to working with you!

Additional Information and Forms

PROCRITline® Business Associate Contract (BAC)

The BAC is an agreement between your office and LASH Group, Inc., the administrator of PROCRITline®. Read ahead to learn more about the BAC.

PROCRITline® Benefit Investigation Form (BIF)

The BIF requests patient information that allows PROCRITline® to research and verify patients’ eligibility for PROCRIT® treatment. PROCRITline® will then issue a Summary of Benefits to the office within 48 hours, saving time in the insurance reimbursement process. Read ahead to learn more about the BIF.

Please click here to read the Prescribing Information, including Boxed Warnings and MEDICATION GUIDE, for PROCRIT® (epoetin alfa).
Business Associate Contract (BAC)

Understanding the BAC

A BAC is an agreement between your office, Janssen Products LP, and LASH Group, Inc., the administrator of PROCRITline®.

With an executed BAC on file, PROCRITline® can complete a benefit investigation without requiring individual patient authorization.

Additionally, with a BAC, your office will be able to sign up on PROCRITline® Provider eSupport—a fast, online, easy way to verify insurance benefits for your patients who use PROCRIT® (epoetin alfa). Read ahead to learn more about PROCRITline® Provider eSupport.

Getting started is easy

Your office can call PROCRITline® to request a BAC or download one from PROCRITline.com.

The executed BAC will need to be faxed to 1-800-987-5572.

Once you’ve returned the BAC, you’re ready to take advantage of the support services of PROCRITline® without requiring patient signature on the BIF.
Benefit Investigation

Benefit investigation made easy

Understanding the insurance reimbursement process can be difficult, which is why PROCRITline® is here to help you understand when you have questions.

Getting answers to your reimbursement questions starts with calling PROCRITline® and completing a BIF, which initiates the research and identification of a patient’s specific health insurance policy and specific product or treatment coverage.

Determining your health insurance coverage for PROCRIT® (epoetin alfa)

Fill out a BIF with your patient, have him/her sign the patient authorization, and fax the form to PROCRITline® at 1-800-987-5572. You may also call PROCRITline® at 1-800-553-3851 to fill out a BIF over the phone with a PROCRITline® site coordinator. If registered on PROCRITline® Provider eSupport (www.PROCRITlineProviderESupport.com), you may log in and complete a BIF online.

PROCRITline® will fax back to you a Summary of Benefits within 48 hours outlining the details of your patient’s health insurance coverage for PROCRIT®.

Summary of Benefits includes:

- ✔ Patient co-payment requirements (such as co-payments, deductibles, and out-of-pocket maximums)
- ✔ Coverage restrictions
- ✔ Benefit restrictions
- ✔ Other insurance requirements specific to a patient’s health insurance policy

PROCRITline®

1.800.553.3851 (Phone)
1.800.987.5572 (Fax)
Monday to Friday 8:00 AM to 8:00 PM ET

www.PROCRITline.com | www.PROCRITlineProviderESupport.com
Prior Authorization Assistance

Understanding prior authorization
Prior authorization is the process by which an insurance plan determines whether a product or service is medically necessary for a particular patient, and whether the plan is likely to pay for the product or service provided.

Prior authorization by an insurance company is not a guarantee of payment for a product or service but is one requirement for payment if a product or service provided actually satisfies the plan’s requirements.

Request prior authorization support
Check the appropriate box(es) on the PROCRITline® BIF to take advantage of prior authorization support services.

- Prior Authorization Form Preparation
- Prior Authorization Status Monitoring

Sign the form and fax to 1-800-987-5572

Prior authorization support includes:
- Research of the patient’s health plan for prior authorization requirements and forms
- Prepopulation of the Prior Authorization Form with patient-specific information provided on the BIF for review and possible submission to the health plan
- Active monitoring of the status of the prior authorization submission

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Additional Services for You and Your Patients

Appeal process and procedure research
In some cases, the insurance provider may deny insured patients coverage for a specific drug treatment. If a patient chooses to appeal the denial, PROCRITline* may be able to help identify the procedures and processes necessary for filing an appeals claim with the insurance company.

Alternative sources of payment
If you have a patient who cannot afford the out-of-pocket costs of treatment, PROCRITline* may be able to help. PROCRITline* can identify alternate sources of funding, such as a patient assistance program. A comprehensive list of programs is also available at http://www.janssenprescriptionassistance.com/PROCRIT-cost-assistance.

General billing and coding questions
Answers to general billing and coding questions are available by calling PROCRITline*, and online at PROCRITline.com.

Single point of contact
Because ease of use and positive relationships are important to us, PROCRITline* offers the convenience of a single point of contact for you related to access and reimbursement. Providers will be assigned a Site Coordinator and can speak with the same representative each time they call PROCRITline*.
Online Tools

PROCRITline® Provider eSupport

www.PROCRITlineProviderESupport.com

PROCRITline® Provider eSupport is an online tool to help you manage your patients enrolled in PROCRITline®. The portal helps you with:

- **Efficiency** – review the status of all your PROCRITline® patients online, and submit enrollment forms electronically
- **Timeliness** – real-time access to patients’ enrollment status and alerts
- **Flexibility** – 24-hour access to patient accounts
- **Secure messaging**

Register online at www.PROCRITlineProviderESupport.com or call PROCRITline® today.

PROCRITline®.com

An easy-to-navigate resource and support site offering many tools such as billing and coding information.

- Information about PROCRITline® services and forms
- Access to Medicare Local Coverage Determinations (LCDs) in PDF format
- Payer guidelines
- Sample claim forms
- Reference guides to diagnosis codes
- Links to useful resources, such as Medicare Carriers and Fiscal Intermediaries, government agencies, advocacy sites, and clinical sites

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FAQs for physicians

Q. How do I obtain a BIF?
A. You can obtain the form by visiting www.PROCRITline.com and downloading an application. You can also obtain an application by calling PROCRITline® at 1-800-553-3851. If you are a registered user of PROCRITline® Provider eSupport, you may log on to www.PROCRITlineProviderESupport.com and submit an electronic form.

Q. How can I receive a copy of the Summary of Benefits once a BIF has been submitted?
A. PROCRITline® will fax your office a copy of the completed Summary of Benefits. If you are a registered user of PROCRITline® Provider eSupport, you may log on to www.PROCRITlineProviderESupport.com and view the Summary of Benefits online.

Q. Where can I find updates regarding coverage for Medicare?
A. Updates regarding Medicare coverage for PROCRIT® (epoetin alfa) can be found at www.PROCRITline.com or by calling PROCRITline® at 1-800-553-3851.

Q. Is there someone who can explain the benefits to me?
A. Yes. You can reach out to your PROCRITline® Site Coordinator to discuss the benefits and answer reimbursement-related questions.

Q. Can PROCRITline® provide assistance regarding insurance denials?
A. Yes. PROCRITline® can review the Summary of Benefits and denied claims to help you understand denials. PROCRITline® can also help you with the Exceptions and Appeals process to help your patient receive coverage for PROCRIT®.

Q. Is there any assistance if a patient has insurance but cannot afford the co-pays, co-insurance, or deductible?
A. PROCRITline® can provide you with information regarding alternate sources of funding such as co-pay foundations. For a comprehensive list of affordability options, visit http://www.janssenprescriptionassistance.com/PROCRIT-cost-assistance.

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Patient insurance benefit investigation is provided as a service by The Lash Group, Inc., under contract for Janssen Products, LP. In this regard, The Lash Group, Inc., assists healthcare professionals in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the payer and patient information provided by the healthcare provider under appropriate authorization following the provider’s exclusive determination of medical necessity. This reimbursement support service has no independent value to providers apart from the product and is included within the cost of the product.

Importantly, insurance verification is the ultimate responsibility of the provider. Third-party reimbursement is affected by many factors. This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice and does not promise or guarantee coverage, levels of reimbursement, payment, or charge. Similarly, all CPT® and HCPCS codes are supplied for informational purposes only and represent no promise or guarantee that these codes will be appropriate or that reimbursement will be made. It is not intended to increase or maximize reimbursement by any payer. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. We strongly recommend you consult with your counsel, payer organization, or reimbursement specialist for any reimbursement or billing questions. While The Lash Group, Inc., attempts to provide correct information, they and Janssen Products, LP, make no representations or warranties, expressed or implied, as to the accuracy of the information. In no event shall The Lash Group, Inc., Janssen Products, LP, or their employees or agents be liable for any damages resulting from or relating to the service provided. All providers and other users of this information agree that they accept responsibility for the use of this service.

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