

Strategies to Appeal Denied Claims

If a claim for HYMOVIS® (high molecular weight viscoelastic hyaluronan) is improperly reimbursed or denied, you may consider submitting an appeal. The following list provides some tips for appealing denied claims:

Review the explanation of benefits (EOB) to determine the reason for the denial

If additional information is requested, submit the necessary documentation immediately

Submit a corrected claim if the denial was due to a technical billing error (eg, missing additional information associated with miscellaneous codes, incorrect patient identification number, missing diagnosis)

Verify the appeals process with the payer

- Is there a particular form that must be completed?
- Can the appeal be conducted over the phone or must it be in writing?
- To whom should the appeal be directed?
- What information must be included with the appeal (eg, copy of original claim, EOB, supporting documentation)?
- How long does the appeals process usually take?
- How will the payer communicate the appeal decision?

Review appeal request for accuracy, including patient identification numbers, coding, and requested information

Request that a specialist who is familiar with HYMOVIS® review the claim for medical necessity. It is preferable to have the claim reviewed by a specialist who is presently treating patients with HYMOVIS®

File claims appeal as soon as possible and within filing time limits

Reconcile claims appeal responses promptly and thoroughly to ensure appeals have been processed appropriately

Record appeals result (eg, payment amount or if further action is required)

If you have already submitted a letter of medical necessity, you should include a letter of appeal indicating why the product and/or the procedure should be covered and paid by the payer

Additionally, you should include a copy of the original claim and denial notification, the patient's complete medical history, the physician's plan for continuing treatment, and relevant journal articles supporting the use of HYMOVIS®

If this second claim submission is denied, it may be necessary to contact the payer's medical or claims director. Often a claim denial is reversed upon a director's review of an accurate and complete denial appeal request

For assistance in researching a payer's appeal process and preparing a denial appeal, please call the *HYMOVIS® Support Hotline* at 1-866-HYMOVIS® (1-866-496-6847). A reimbursement counselor can assist you in developing an appeal strategy. We will work with your practice or patient to assist in an appeal as most appropriate.