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 (e.g., 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 (e.g., 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 (e.g., 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.