

Tips for Clean Claims Submission

The most common reasons for denied claims include:

Use of incorrect codes on claim

Incorrect number of units reported

Omission of letter of medical necessity

Missing or incorrect information on claim form
(eg, misspelled patient name)

Failure to obtain a PA before initiating
treatment or failure to include the PA approval
number on the claim form

Since payers may have different guidelines for coding and claims filing, it is important to check with individual plans to research claims-submission requirements.

Not all payers will be familiar with HYMOVIS® (high molecular weight viscoelastic hyaluronan) since it is a newer product and billed with its own unique HCPCS code. Payers may need more information about a product if they are unfamiliar with it and may request additional information about the patient's treatment or diagnosis in order to determine whether a treatment is medically necessary. A letter of medical necessity may help to explain why HYMOVIS is medically necessary for the patient's treatment. Claims for HYMOVIS may include supporting materials such as:



Customized letter of medical necessity



Chart notes



Invoice



Patient medical history



FDA approval letter



Prior therapies



Package insert