

HYALGAN DENIED CLAIMS AND APPEALS CHECKLIST

If a claim for HYALGAN is denied, consider the following general guidelines regarding how to review the denial, resubmit the claim form, and appeal the denial.

Review the Denial

- Review the explanation of benefits (EOB) sent by the patient's payer to identify why the claim was denied
 - Claims often are denied as a result of simple errors, such as missing identification numbers, patient names, or signatures; claim errors may also consist of reporting incorrect codes or modifiers
- Resubmit the corrected claim form immediately after addressing any errors

Resubmitting the Claim Form

- If the reason for denial was not a result of claim submission errors, then submit a letter of medical necessity and supportive materials/literature that highlight the following:
 - Patient's medical history
 - Other therapies that have been tried or were contraindicated
 - Medical reasons this patient was prescribed therapy with HYALGAN
 - Medical risks to the patient due to foregoing or delaying therapy with HYALGAN

Appeal the Denial

- If the patient's payer denies the claim again, then consider filing a grievance and reviewing the appeals process; filing a grievance or an appeal must be done as soon as possible to avoid any timeframe limitations
- Monitor payer response to appealing the denied claim and determine if continued action is necessary
- Patients or their representatives may decide to become involved in the appeals process

For any questions you may have related to appealing denied claims, please call **The HYALGAN Support Hotline** at **1.866.7.HYALGAN (1.866.749.2542)**, Monday to Friday, from 9:00 am to 8:00 pm EST.