

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
(e.g. 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 TRILURON™ (sodium hyaluronate) 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 TRILURON™ is medically necessary for the patient's treatment. Claims for TRILURON™ may include supporting materials such as:



Customized letter of medical necessity



Package insert



Invoice



Patient medical history



FDA approval letter



Prior therapies



Chart notes