

# 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**