

[Date]

[Insurer Name][Address]  
[City, ST, Zip]

[Attn: Claims Department]

Re:[Patient Name]  
[Policy Number, Group Number, Patient ID Number  
[DOB]]  
Treatment Date and Claim Number  
Amount [provide total dollar amount of charges filed]

To whom it may concern:

I am writing you in response to your denial of the enclosed claim for the administration of Synvisc-One™ (hylan G-F 20) to treat pain associated with osteoarthritis of the knee. Your company has denied coverage for this treatment for [insert patient name] for the following reasons listed on the attached EOB: *[List EOB reason for denial code and definition]*.

I am submitting the claim for reconsideration. This letter provides information about the patient's medical history and diagnosis, a statement summarizing my treatment rationale, and a copy of the product's labeling.

Mr./Ms. *[Insert Patient Last Name]* was administered Synvisc-one to treat pain associated with osteoarthritis of the knee. Synvisc-one is a physician-administered injectable prosthetic device that supplements the synovial fluid of the osteoarthritic knee, helping to restore the elastoviscosity in the joint. Successful treatment reduces pain.

The history of Mr./Ms. *[Insert Patient Last Name]*'s osteoarthritis is as follows:

*[Discuss patient's diagnosis, treatment history, cause and degree of illness, and need for Synvisc-one therapy.]*

Synvisc-one is indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen). Synvisc-one is manufactured and distributed by Genzyme Corporation. The U.S. Food and Drug Administration approved Synvisc-one for marketing as a class III medical device on February 26, 2009.

There are clinical data to support the use of Synvisc-One for the treatment of osteoarthritis of the knee.

In summary, Synvisc-One therapy is medically necessary and appropriate for *[Mr./Ms. Patient Last Name]*'s medical condition. Please contact me if any additional information is required to ensure prompt approval of this therapy. Thank you.

Sincerely,

*[Physician's Name]*  
*[Title]*

**[The following is the available clinical information that your office staff can use to support medical necessity for Synvisc-One™ (hylan G-F 20). Your office should decide which documents are most appropriate for submission.]**

1. Synvisc-One Prescribing Information. Cambridge, MA: Genzyme Corp; 2009.
2. Chevalier X, Jerosch J, Philippe G, et al. Single, Intra-articular Treatment with 6 mL of hylan G-F 20 in Patients with Symptomatic Primary Osteoarthritis of the Knee: A Randomised, Multi-Centre, Double-Blind, Placebo-Controlled Trial. *Ann Rheum Dis* published online 19 Mar 2009; doi:10.1136/ard.2008.094623.
3. Jerosch J et al. Poster presented at: American Academy of Orthopaedic Surgeons (AAOS);2007: Safety of a first and repeat single injection of hylan G-F 20 in patients with knee osteoarthritis.