



# Clean Claims Program Can Help Overcome Denied Claims

SYNVISC Connection offers comprehensive support for your patients' claims. Whether you need us to review a claim, track a claim, or if your patient has received Synvisc-One and the claim has been denied, our Regional Appeals Specialists are there to help.

## Denied or underpaid claims support: What to do

- 1 Complete the Clean Claims Request Form and fax it to us (Clean Claims Request Form is located in the pocket of this section). Please be sure to
  - Indicate that you have the patient's consent on file via the request form
  - Submit a copy of the original claim that was submitted to the payer
  - Submit a copy of the Explanation of Benefits
- 2 In 2 to 3 business days, your Regional Appeals Specialist will provide an explanation for the denial and an explanation of what is required for resubmission.
- 3 SYNVISC Connection can help you prepare and send the appeals package to the payer.
  - Resubmission and appeals time lines will depend on your timeliness in resubmitting or appealing a claim, as well as on the payer's processing time
- 4 If the claim is approved, you will receive reimbursement in accordance with payer policy. If the claim is denied, SYNVISC Connection will assist you with crafting a second appeal and will follow up with the payer to confirm the outcome.

Documents that may be helpful when formally appealing denied claims (samples available at [www.SynviscOne.com/reimbursement](http://www.SynviscOne.com/reimbursement)):

- Letter of Appeal
- Letter of Medical Necessity



## Claim review: What to do

The Clean Claims Review Program allows a SYNVISIC Connection Claims Specialist to review your claim for coding accuracy and completeness before you submit.

- 1 Complete the Clean Claims Request Form and IV Request Form along with a copy of the claim you would like us to review.

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- 2 Our Claims Specialists will use the IV Request Form to document that your office has patient consent on file and to call the payer to verify that the claim was filled out, based on the insurer-specific coding and coverage guidelines.

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- 3 We will follow up with you to confirm if correct coding was used.

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## Claim tracking support: What to do

The Claims Tracking Program can follow up with your patient's insurance company to confirm that your claim is being processed, and what the expected turnaround time and final claim payment amount will be.

- 1 Complete the Clean Claims Request Form and fax it to us along with a copy of the original claim that you submitted to the payer.
  - Be sure to indicate via the request form that you have the patient's consent on file

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- 2 Our Claims Specialists will call the payer to research the status of your claim, the expected turnaround time, and what the final claim payment amount will be. Then we'll let you know the results.

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