



**The Power of 3**

*(Injections for Managing Osteoarthritis (OA) Knee Pain)*

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## **REIMBURSEMENT GUIDE**

## IMPORTANT SAFETY INFORMATION

### Indication

TRILURON® is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g. acetaminophen).

### Important Safety Information

Do not administer TRILURON® to patients with known hypersensitivity to hyaluronate preparations. Intra-articular injections are contraindicated in cases of past and present infections or skin diseases in the area of the injection site to reduce the potential for developing septic arthritis. The safety and effectiveness of TRILURON® has not been tested in pregnant women, nursing mothers or children. See package insert for full prescribing information including adverse events, warnings, precautions, and side effects at [www.TRILURON.com](http://www.TRILURON.com).

### Rx Only

See package insert for full prescribing information including indications, contraindications, warnings, precautions, and adverse events.

**Please see full Prescribing Information at [www.TRILURON.com](http://www.TRILURON.com).**



TRILURON®  
SUPPORT HOTLINE  
1-866-749-2542, option 2

The TRILURON® Support Hotline does not file claims or appeal claims for callers, nor can it guarantee that you will be successful in obtaining reimbursement. Third-party payment for medical products and services is affected by numerous factors, not all of which can be anticipated or resolved by the Hotline.

TRILURON® is a trademark of FIDIA FARMACEUTICI S.p.A., Abano Terme, Italy.

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# INTRODUCTION

## Description and Indication

TRILURON® is a viscous solution consisting of a high molecular weight (500,000– 730,000 daltons) fraction of purified sodium hyaluronate (Hyalectin®) in buffered physiological sodium chloride, having a pH of 6.8-7.5. The sodium hyaluronate is extracted from rooster combs. Hyaluronic acid is a natural complex sugar of the glycosaminoglycan family and is a long-chain polymer containing repeating disaccharide units of Naglucuronate-N-acetylglucosamine.

TRILURON® is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g. acetaminophen).

**Please see full Prescribing Information at [www.TRILURON.com](http://www.TRILURON.com).**

## Dosage and Administration

TRILURON® is supplied as a sterile, non-pyrogenic solution in 2 mL prefilled syringes. TRILURON® is administered by intra-articular injection. A treatment cycle consists of three injections given at weekly intervals. Subcutaneous lidocaine or similar local anesthetic may be recommended prior to injection of TRILURON®.

## Using the TRILURON® Reimbursement Guide

This guide is designed to serve healthcare professionals as a reference for general coding and claims information related to TRILURON®. There are many factors that affect how payers will cover and pay for TRILURON®, including the site of service where it is administered, what type of health insurance the patient has, and the type of benefits the payer offers. This guide contains the following information:

**Coding for TRILURON® by site of service, including coding for the diagnosis and administration procedure**

**TRILURON® Support Hotline services and contact information**

**Prior Authorization checklist**

**Sample claim forms that illustrate the key components that may be required by a payer when completing a claim for TRILURON®**

**Tips for submitting clean claims and strategies to appeal denied claims**

## DISCLAIMER

Information described in the TRILURON® Reimbursement Guide is intended solely for use as a resource tool to assist physician office, hospital outpatient, and ambulatory surgical center billing staff regarding reimbursement issues. Any determination regarding if and how to seek reimbursement should be made only by the appropriate members of the staff, in consultation with the physician, and in consideration of the procedure performed or therapy provided to a specific patient. FIDIA FARMACEUTICIS.P.A/FIDIA PHARMA USA INC. does not recommend or endorse the use of any particular diagnosis or procedure code(s) and makes no determination if or how reimbursement may be available. Of important note, reimbursement codes and payment, as well as health policy and legislation, are subject to continual change; information contained in this version of the TRILURON® Reimbursement Guide is current as of January 2024.

Information provided in the TRILURON® Reimbursement Guide is for your guidance only. The *TRILURON® Support Hotline* does not file or appeal claims for callers, nor can it guarantee reimbursement by third-party payers. For details on the specific services provided by the *TRILURON® Support Hotline*, please see the following section of the TRILURON® Reimbursement Guide. Reimbursement specialists at the *TRILURON® Support Hotline* are available to assist you with questions related to reimbursement support and access services for therapy with TRILURON® at 1-866-749-2542, option 2, Monday through Friday, from 9:00 AM to 8:00 PM ET.

# OVERVIEW OF REIMBURSEMENT SUPPORT PROGRAM

## **TRILURON® Support Hotline**

Coverage and coding for TRILURON® (sodium hyaluronate) may vary depending on the patient's type of health insurance and the site of service where the product is administered (ie, physician office, hospital outpatient department, or ambulatory surgical center). It will be important to conduct a benefit investigation for each patient in order to verify the following:

**Coverage and utilization restrictions, such as Prior Authorization, for TRILURON®**

**Patient copayment or coinsurance for TRILURON® and administration services**

**Coding for TRILURON®**

**Provider's network status with plan**

Upon request, the *TRILURON® Support Hotline* will provide Prior Authorization support by submitting, if possible, any of the information available for a verbal Prior Authorization if the payer will accept it from the *Hotline*.

*TRILURON® Support Hotline* offers comprehensive reimbursement assistance to practices, ambulatory surgical centers, and hospital providers. Reimbursement counselors are available to support healthcare professionals with questions and the following support services:



**Patient-specific benefit verification for medical and specialty pharmacy benefits**



**Coding and billing support**



**Comprehensive Prior Authorization support**



**Alternative coverage research**



**Claims management**



**Appeals assistance**



**Specialty pharmacy triage, upon request**

## OVERVIEW OF REIMBURSEMENT SUPPORT PROGRAM (CONT.)

*TRILURON® Support Hotline* provides timely information to healthcare professionals in order to expedite patient access to care. In fact, most reimbursement research requests can be completed in 1 to 2 business days from the time complete information is submitted to the *Hotline*.

It is helpful to have the following information available when calling the *Hotline* to speak with a reimbursement counselor:



**Physician's name, address, phone number, and provider number (NPI, TID, etc)**



**Policy identification and group numbers**



**Patient's name, date of birth, address, and Social Security number**



**Diagnosis**



**Insurance company name, phone number, and fax number**



**Site of care**



**Name of policy holder**



**Office contact name and phone number**

In addition to reimbursement assistance, the *TRILURON® Support Hotline* will work with you and your patients to provide additional resources that may include the following:

- Patient case management services
- Product ordering management

In order to access services available through the *TRILURON® Support Hotline*, healthcare professionals and their patients are asked to fill out and sign a benefit verification request form. You can obtain the form by contacting the *TRILURON® Support Hotline*, accessing it on the [www.TRILURON.com](http://www.TRILURON.com) website, or requesting one from your Fidia sales representative.



**TRILURON®  
SUPPORT HOTLINE  
1-866-749-2542, option 2**

# CODING FOR TRILURON® (sodium hyaluronate) AND ASSOCIATED SERVICES

## Coding for TRILURON®

Most payers recognize Healthcare Common Procedure Coding System (HCPCS) Level II national codes to identify and report products (drugs and medical devices), supplies, and services not included in the Current Procedural Terminology (CPT) code.

For TRILURON®, payers accept the following HCPCS code:

HCPCS Code	Description	Billing Units	Site of Service	Claim Form (Location)	Payer Type
J7332	Hyaluronan or derivative, TRILURON® or intra-articular injection 1 mg	<b>20</b> (1 mg = 1 billing unit Each syringe = 20 billing units)	Physician Office	CMS-1500 (Box 24D)	All
			Hospital outpatient	CMS-1450 (Field 44)	
			Ambulatory surgical center	CMS-1450 (Field 44)	

TRILURON® is supplied in a single-use syringe containing 2 mL of TRILURON®

- Each mL has 10 mg of sodium hyaluronate
- 2 mL has 20 mg of sodium hyaluronate
- TRILURON® administration does not vary by patient
  - Uniform administration for all patients

Medicare reimburses TRILURON® at ASP+6%

When TRILURON® is provided in the physician office setting, both the product and the services associated with its administration may be reimbursed by Medicare. The payment methodology for TRILURON® is expected to be based on its Average Sales Price (ASP) plus 6%.\* Please note that Medicare's drug and product payment rates change on a quarterly basis. In addition, services that are associated with TRILURON® administration would be reimbursed based on the Medicare Physician Fee Schedule (MPFS).

In general, Medicare pays 80% of the allowed amount of the drug/product and service. Medicare beneficiaries are responsible for 20% of the allowed amount of the drug/product and service once a deductible has been met. If a Medicare beneficiary has a source of secondary coverage, that insurance may be used toward this cost-sharing requirement.

\*This allowed payment is subject to quarterly changes.

Source: <https://www.cms.gov/medicare/medicare-fee-for-service-part-b-drugs/mcpartbdrugavgsalesprice>. Contact private payers or consult contracts for their reimbursement amounts.

## Catalog Number

For devices such as TRILURON®, the manufacturer adopts a unique, 3-segment catalog number sometimes referred to as the national-related items code (NHRIC). Proper billing, especially to Medicare, Medicaid, or via electronic data interchange, requires the catalog number to be submitted in the 11-digit numeric 5-4-2 format (e.g. 89122-0879-01). Do not use hyphens when entering the actual data on your claim. For example:

TRILURON® 11-digit Example	Reporting on CMS Claim Forms
89122-0879-01	89122087901

## Coding for Administration Services

CPT codes are used to identify professional services (eg, administration procedure) provided in the physician office.

CPT Code	Description
20610	Arthrocentesis, aspiration, and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration, and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance

Modifier	Modifier Description
RT	Right side (used to identify procedures performed on the right side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)
50	Bilateral procedure
EJ	Indicates subsequent injections of a series. Do not use for first injection of each series
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient

CPT codes should be reported in Box 24D of the CMS-1500 claim form. Payers may require RT, LT and 50 modifiers to be documented after CPT code. In addition, payers may require EJ, and JZ modifiers to be documented after J-Code. Payers may require the JW modifier on a separate line item. See CMS JW and JZ modifiers policy FAQs for details.

## ICD-10-CM Diagnosis Codes

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis codes are used to report diseases and conditions. ICD-10-CM diagnosis codes identify why a patient needs treatment by documenting the medical necessity for prescribing T LURON . Coding to the highest level of specificity may expedite the claims adjudication process. The following ICD-10-CM diagnosis codes may be appropriate to describe patients with OA of the knee. On a CMS-1500 claim form, applicable ICD-10-CM diagnosis codes must be reported in Box 21.

ICD-10-CM	Description
<b>M17.0</b>	Bilateral primary osteoarthritis of knee
<b>M17.10</b>	Unilateral primary osteoarthritis, unspecified knee
<b>M17.11</b>	Unilateral primary osteoarthritis, right knee
<b>M17.12</b>	Unilateral primary osteoarthritis, left knee
<b>M17.2</b>	Bilateral post-traumatic osteoarthritis of knee
<b>M17.30</b>	Unilateral post-traumatic osteoarthritis, unspecified knee
<b>M17.31</b>	Unilateral post-traumatic osteoarthritis, right knee
<b>M17.32</b>	Unilateral post-traumatic osteoarthritis, left knee
<b>M17.4</b>	Other bilateral secondary osteoarthritis of knee
<b>M17.5</b>	Other unilateral secondary osteoarthritis of knee
<b>M17.9</b>	Osteoarthritis of knee, unspecified

Coding for TRILURON® may vary by payer type and plan type (ie, Medicare, private payer, Medicaid). Upon request, the *TRILURON® Support Hotline* will conduct benefit verifications that provide coverage and coding information that is specific to your patient's health insurance coverage. The *Hotline* program is available Monday through Friday from 9:00 AM to 8:00 PM ET at 1-866-749-2542, option 2.

## MEDICARE NATIONAL AVERAGE REIMBURSEMENT RATE INFORMATION\*

Site of Service	CPT Code	Website for Look-up
Physician Office	20610	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup/index.html</a>
	20611	
Hospital Outpatient	20610	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html</a>
	20611	
Ambulatory Surgical Center	20610	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html</a>
	20611	

\*Reimbursement rates for CPT codes vary by geography; consult the CMS website for regional rates applicable to the practice or contact the local Medicare Administrative Contractor for regional rates.

# PRIOR AUTHORIZATION CHECKLIST

The **TRILURON® Support Hotline** is happy to assist you with obtaining information for prior authorization (PA) for TRILURON® (sodium hyaluronate). However, if your office chooses to obtain this information without the assistance of the **TRILURON® Support Hotline**, please use the checklist below to ensure that you are obtaining the information you need from your patient's insurer.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Payer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Questions to Ask	Answers		
Is a PA required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What information is needed by the insurer for the PA?	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Previous therapy <input type="checkbox"/> Chart notes <input type="checkbox"/> Other:		
Does the patient need to have a failure, contraindication, or intolerance to the following treatment options?	<input type="checkbox"/> Non-pharmacologic (e.g. exercise, physical therapy, weight lose if overweight) <input type="checkbox"/> Intra-articular corticosteroids <input type="checkbox"/> Non-steroidal anti-inflammatory medications (e.g. ibuprofen) <input type="checkbox"/> Non-narcotic analgesics (e.g. acetaminophen)		
Does the patient need to have documented symptomatic osteoarthritis of the knee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the patient need to have tried any other medications for the condition?	<input type="checkbox"/> Yes (if yes, complete below) <input type="checkbox"/> No Medication/Therapy: _____    Duration of Therapy: _____		
Does the insurer have a specific PA form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the insurer has a specific PA form, how is that form obtained (via website, provider portal address, and/or fax number)?	Online	Insurer provider portal	Fax
How is the PA submitted to the insurer? (obtain phone, fax, and/or portal address)	Phone	Insurer provider portal	Fax
Will the insurer provide a PA number to include on the claim form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	PA Number: _____		
How long does it take the insurer to review the PA request?			
Is there a required specialty pharmacy for TRILURON® acquisition?	<input type="checkbox"/> Yes (if yes, complete below) <input type="checkbox"/> No		
	Specialty pharmacy: _____		
If a specialty pharmacy provides TRILURON®, who obtains the PA?	<input type="checkbox"/> Specialty pharmacy <input type="checkbox"/> Provider office		
How long is the PA valid for TRILURON®?			



**NEED ASSISTANCE? Contact the TRILURON® Support Hotline.**

**Call 1-866-749-2542, Option 2, between 9 AM and 8 PM ET, Monday through Friday.**

# SAMPLE CMS-1500 CLAIM FORM FOR TRILURON®

(SODIUM HYALURONATE)



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last, First, Middle Initial) 5. PATIENT'S ADDRESS CITY										11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED _____										12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____										15. OTHER DATE MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION FROM MM DD 20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/>									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										22. RESUBMISSION CODE									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0										23. PRIOR AUTHORIZATION NUMBER XXXXXXXX									
A. M17.12 B. C. D. E. F. G. H. I. J. K. L.										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPST Family Plan									
1 J7332 - JZ										20									
2 20610 - LT										1									
3										4									
5										6									
7										8									
9										10									
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This document is provided for your guidance only. Please call the **TRILURON®** Support Hotline at 1-866-749-2542, select option 2 to verify coding and claim information for specific payers.

**Box 21 ICD Indicator:** Identify the type of ICD diagnosis code used; (enter a "0" for ICD-10-CM)

**Box 23 Prior Authorization:** Enter the payer authorization number as obtained prior to services rendered

**Box 24G Units:** Enter the appropriate number of units of service (e.g. **J7332** is per 1 mg, for a syringe of TRILURON® that is 20 units)

**Box 24D Procedures/Services/Supplies:** Enter the appropriate CPT/HCPCS codes and modifiers  
 - J-Code: **7332** for TRILURON®, per mg  
 - Administration: e.g. **20610**, arthrocentesis, aspiration, and/or injection, major joint or bursa, without ultrasound guidance  
 - Modifier: e.g. **LT** for left knee  
 - Modifier: eg, **JZ** for zero drug amount discarded

**Box 21 Diagnosis:** Enter the appropriate diagnosis code (e.g. ICD-10-CM: **M17.12**, unilateral primary osteoarthritis, left knee)

*Note: Other diagnosis codes may be applicable*

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

# SAMPLE CMS-1450 (UB-04) CLAIM FORM FOR TRILURON® (SODIUM HYALURONATE) IN HOSPITAL OUTPATIENT SETTING

1		2		3a PAT. CNTRL. # b MED. REC. #		4 TYPE OF BILL	
5 PAT. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH			
8 PATIENT NAME		9 PATIENT ADDRESS					
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC	
16 DHR		17 STAT		18 19 20 21 22 23 24 25 26 27 28		29 ACCT STATE 30	
31 OCCUR CODE		32		33		34	
35		36		37		38	
39		40		41		42	
43 REV. CD.		44 DESCRIPTION		45 HCPCS / RATE / HIPPS CODE		46 SERV. DATE	
47 SERV. UNITS		48 TOTAL CHARGES		49 NON-COVERED CHARGES		50	
0636		Drugs requiring detailed information (TRILURON®)		J7332 - JZ		20	
0510		Clinic visit (knee joint injection in clinic)		20610 - LT		1	
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## 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**

## Strategies to Appeal Denied Claims

If a claim for TRILURON® (sodium hyaluronate) is improperly reimbursed or denied, you may consider submitting an appeal. The following list provides some tips for appealing denied claims:

**Review the explanation of benefits (EOB) to determine the reason for the denial**

**If additional information is requested, submit the necessary documentation immediately**

**Submit a corrected claim if the denial was due to a technical billing error (e.g. missing additional information associated with miscellaneous codes, incorrect patient identification number, missing diagnosis)**

**Verify the appeals process with the payer**

- Is there a particular form that must be completed?
- Can the appeal be conducted over the phone or must it be in writing?
- To whom should the appeal be directed?
- What information must be included with the appeal (e.g. copy of original claim, EOB, supporting documentation)?
- How long does the appeals process usually take?
- How will the payer communicate the appeal decision?

**Review appeal request for accuracy, including patient identification numbers, coding, and requested information**

**Request that a specialist who is familiar with TRILURON® review the claim for medical necessity. It is preferable to have the claim reviewed by a specialist who is presently treating patients with TRILURON®**

**File claims appeal as soon as possible and within filing time limits**

**Reconcile claims appeal responses promptly and thoroughly to ensure appeals have been processed appropriately**

**Record appeals result (e.g. payment amount or if further action is required)**

**If you have already submitted a letter of medical necessity, you should include a letter of appeal indicating why the product and/or the procedure should be covered and paid by the payer**

**Additionally, you should include a copy of the original claim and denial notification, the patient's complete medical history, the physician's plan for continuing treatment and relevant journal articles supporting the use of TRILURON®**

**If this second claim submission is denied, it may be necessary to contact the payer's medical or claims director. Often a claim denial is reversed upon a director's review of an accurate and complete denial appeal request**

For assistance in researching a payer's appeal process and preparing a denial appeal, please call the *TRILURON® Support Hotline* at 1-866-749-2542, Option 2. A reimbursement counselor can assist you in developing an appeal strategy. We will work with your practice or patient to assist in an appeal as most appropriate.



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For more information, visit our website [www.triluron.com](http://www.triluron.com)

