

Claims Appeal Letter

<INSURANCE COMPANY>

<INSURANCE ADDRESS>

<CITY, STATE, ZIP CODE>

Attn.: Medical Review Department

<DATE>

Re: Denial of *Gel-One* Hyaluronate claim

Patient/ID #: <PATIENT NAME>, <IDENTIFICATION #>

DOS: <DATES(S) OF SERVICE>

ICD-9-CM: <LIST THE DIAGNOSIS CODE THAT APPLIES TO THE PATIENT – SOME RELEVANT CODES ARE: 715.16, 715.26, 715.36, AND 715.96>

Date of EOB: <DATE>

To whom it may concern,

I am writing in response to your denial for *Gel-One* Hyaluronate, a derivative of sodium hyaluronate used in treatment for osteoarthritis (OA) of the knee for my patient, <patient name>, as referenced above. *Gel-One* Hyaluronate, a viscosupplement is indicated for the treatment of pain associated with osteoarthritis of the knee. Your company has denied coverage for this treatment for the following reasons as listed on the attached Explanation of Benefits (EOB) <List EOB reason(s) for denial>.

Gel-One Hyaluronate is a highly purified, low volume (3ml), single viscosupplement injection. *Gel-One* Hyaluronate was approved by the FDA on March 22, 2011 for marketing as a medical device. *Gel-One* Hyaluronate is indicated for treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy, nonsteroidal anti-inflammatory drugs (NSAIDs) and to analgesics.

Gel-One Hyaluronate supplements the naturally occurring synovial fluid providing pain relief and improved knee function. It helps get patients back to what matters most, living life. This letter provides information about the patient's medical history and diagnosis, treatment summary, and a copy of the package insert. *Gel-One* Hyaluronate was billed using the HCPCS J-code J7326 (Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose). On behalf of the patient, I am appealing to you to approve payment for this treatment.

On <date>, 3ml of *Gel-One* Hyaluronate was administered to <patient name> who previously had failed to respond adequately to <specify analgesics, NSAIDS, pain medication, conservative nonpharmacologic therapy such as weight loss or physical therapy, etc.> treat <his/her> diagnosis of <insert diagnosis of patient>.

<Insert information here regarding patient's positive outcome as a result of *Gel-One* Hyaluronate therapy >

Enclosed are copies of <patient name>'s medical records documenting this diagnosis (see attached). These medical records document the medical necessity of *Gel-One* Hyaluronate treatment for this patient.

Please reconsider your original determination on <patient name>'s behalf and approve payment for *Gel-One* Hyaluronate treatment as administered. If you have any further questions regarding this matter, please do not hesitate to call.

Thank you,

<PHYSICIAN NAME> M.D.

Enclosure options:

Package Insert

Press Release

Medical Articles

Clinic notes and lab reports/flow sheet

CMS-1500 claim form

Insurance EOB