## BENEFIT VERIFICATIONS AND PRIOR AUTHORIZATION CHECKLIST

Insurance benefit verifications are recommended prior to the initiation of a patient's treatment in order to better understand his or her specific health plan benefits, and any requirements the plan may have for HYALGAN<sup>®</sup> coverage and claims submission. Reimbursement specialists at the *HYALGAN<sup>®</sup> Support Hotline* may provide support in conducting patient-specific benefit verifications and assisting with prior authorization processes. Below is a list of information that is typically obtained through this process.

Does the patient's insurance plan cover HYALGAN <sup>®</sup> under a medical benefit or pharmacy benefit?
<ul> <li>Does the patient's insurance plan require prior authorization for HYALGAN<sup>®</sup>?</li> <li>What information does the patient's insurance plan need for the prior authorization process?</li> <li>How long will the prior authorization process take?</li> <li>Once obtained, how long will the prior authorization last before another one is required?</li> </ul>
<ul> <li>What are the patient's cost-sharing responsibilities?</li> <li>What is the patient's annual deductible? If the deductible has not yet been met in full, how much is left?</li> <li>What is the patient's maximum out-of-pocket requirement? If the maximum out-of-pocket has not yet been met in full, how much is left?</li> <li>What is the patient's coinsurance or copayment for HYALGAN<sup>®</sup> and its administration?</li> </ul>
Does the patient have other insurance coverage that needs to be coordinated with the primary source?
Does the patient's insurance plan have any coding or claims submission guidelines that must be followed for reporting administration of HYALGAN®?
How much does the patient's insurance plan reimburse for administration of HYALGAN® when provided in the physician office setting?
How much does the patient's insurance plan reimburse for administration of HYALGAN® when provided in the hospital outpatient setting?

For any questions you may have related to patient benefit verifications and prior authorization processes, please call the *HYALGAN® Support Hotline* at **1-866-7-HYALGAN (1-866-749-2542)**, Monday to Friday, from 9:00 AM to 8:00 PM EST.

