

# Reimbursement Support Services



To utilize Touch Bionics' reimbursement support services, contact one of our reimbursement specialists at 1-855-MY iLIMB, ext. 3 or [reimbursement@touchbionics.com](mailto:reimbursement@touchbionics.com).



North American Customers  
Tel: +1 855 MY iLIMB (694 5462)

For address details and further information  
please visit [www.touchbionics.com](http://www.touchbionics.com)

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Expert, confidential  
support to ensure  
timely and successful  
reimbursement outcomes



## Complimentary service for any purchase from our dedicated reimbursement support specialists.

### Pre-Submission Package Review:

- 98% success rate
- Worldwide experts
- Success across all providers
- Confidential
- 24-hour turn around

Customers taking advantage of our reimbursement support service to review authorization packages prior to initial submission are eligible for either a free set of electrodes valued at \$1,340.00 at time of purchase OR \$500 off fabrication services.

### Our Services Include:

- **Evidence based claim support:**  
Assistance with pre-fitting assessments and finalizing treatment plans for pre-authorization requests
- **Document checklist & review services:**  
Comprehensive authorization checklists and document reviews of policies, service estimates and Explanation of Benefits (EOB)
- **Billing & Coding guidance:**  
L-Coding recommendations, suggested billing amounts, and/or state specific Medicare allowables
- **Denial review and appeal preparation:**  
Provide a full review of the denial letter, EOB, and policies to assist with preparing the appeal package
- **Additional Support Services:**  
Referring physician communications, Service Estimates and Supporting Clinical Justification



## Upgrade to our total billing program.

### Our total billing program provides a complete billing service including:

- Bills the payer through the customer NPI and tax ID number
- Compile all required medical documentation to substantiate medical necessity
- Compile the insurance submission package
- Submit prior authorization to the payer
- Support any denials received and submits appeal to secure authorization to proceed with fitting
- Submit claim for reimbursement
- Follow through with the payer until reasonable payment is approved



### Customer Requirements\*:

- Assist the patient with completing a Pre-Fitting Assessment via the Patient Care Pathway
- Manage all clinical interaction with the patient
- Provide access to referring physician to compile required medical documentation
- Collect any balance billed to the patient

\*Additional terms and conditions may apply

