

Minimally Invasive Surgical Hybrid AF Therapy Ablation Procedures

CASE PRE-AUTHORIZATION AND DENIALS CHECKLIST

Prior Authorization Before Procedure:

- ❑ Provider should contact patient's insurance company to verify insurance coverage and obtain authorization.
- ❑ Confirm if insurance requires referral from primary care provider (PCP).
- ❑ Confirm if the patient is in-network for their provider; if not, what are the patient's out-of-network benefits?

If Prior Authorization or Claim is Denied:

❑ LEVEL 1 APPEAL:

Provider should obtain denial letter from payor and submit a written appeal that documents medical necessity, procedure description, and supportive literature (appeals usually require a 30-day turn-around).

— Level 1 appeal template is immediately available from AtriCure's third-party reimbursement consultant. For any denied case, the surgeon's office can contact AtriCure's third-party reimbursement consultant at 1 (888) 347-6403.

❑ LEVEL 2 APPEAL:

If Level 1 appeal is denied, then move onto Level 2 appeal in order to exhaust the payor's internal appeals process; office should contact AtriCure's third-party reimbursement consultant for new materials.

— NOTE: With every appeal, provider must ask for a Cardiac Surgeon Reviewer.

❑ LEVEL 3 APPEAL:

If level 2 appeal denied, an external medical review (EMR) may be requested by the surgeon and patient. A cardiac surgeon will be involved as the reviewer.

— *Patient appeals:* Opportunity to include the patient in every level of appeal especially with an EMR request. AtriCure's third-party reimbursement consultant is available to help patients request an EMR.

- ❑ IF PAYOR APPEAL FAILS, it may be possible to escalate appeal to State Insurance Commissioner if medical necessity has been met.

Important Reminders:

- Any questions related to reimbursement, prior authorizations and/or denials, should be referred to AtriCure's third-party reimbursement consultant.
- For any new customer, and prior to the first case, introduce the hospital staff to AtriCure's third-party reimbursement consultant, contact information below.
- Any cases involving commercial payors would benefit from a call to the reimbursement hotline, especially for new sites.
- Using the term Convergent as reimbursement language causes confusion. Most payors refer to the procedure as "Hybrid catheter and surgical ablation (HyCASA)" or "Hybrid catheter ablation with MIS (epicardial) surgical ablation."

**Contact Kathryn Barry
for Reimbursement Issues:**

1 (888) 347-6403

kathryn.barry@kbreimbursement.com