

Minimally Invasive Surgical Hybrid 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 (303) 845-2027.

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 epicardial ablation followed by endocardial ablation."

**Contact Julie Garfield
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