

**Physician Office Prior Authorization Support: Tool Kit Instructions**

The Prior Authorization Tool Kit is designed to help your office with the process of submitting prior authorization requests to private payers for your patients. The information included in this tool kit will serve as a guide to assist your office in submitting prior authorization requests to private payers to confirm coverage for patients who would benefit from a carotid artery stent procedure. This kit is not an endorsed resource of any payer, as providers are highly encouraged to review policy and requirements for prior authorization and medical guidelines. Please do not include this form in your submission to the payer.

**The Commercial Payer Toolkit**

This tool kit is designed to assist physician offices seeking prior authorization for patients who are candidates for carotid artery stenting (CAS) and includes the following documents:

* Sample Standard Risk CAS Letter of Medical Necessity
* Sample High Risk CAS Letter of Medical Necessity
* FDA Standard Risk CAS Approval Letter

The “tools” enclosed in this package will assist you in identifying and providing specific information to private payers in order to prior authorize the procedure.

**The Prior Authorization Process for Private Payers**

For patients insured by private payers (non-Medicare/Medicaid/other government patients), coverage for carotid artery stenting can vary by payer. It is important to note that private payer policies may also vary by patient clinical status (i.e. coverage may differ for high risk or standard risk, symptomatic patients vs. high risk, symptomatic patients). Please note that while some payers refer to prior authorization as pre-certification, both processes are similar.

**Submission Process**

Following is a checklist reminder of the key steps involved in the process of verifying patient information, health plan benefits and obtaining insurance preauthorization, as required:

* **Obtain Information**
  + Collect patient information including patient consent release
  + Collect health plan (payer) information (e.g., plan type, insurance number(s), copy of card(s), contact information)
  + Gather patient clinical documentation (e.g., diagnosis code(s), 6-12 months of office notes, H&P, OP report)
  + Develop letter of medical necessity if required
* **Verify Benefits**
  + Contact payer and verify benefits and patient out-of-pocket costs (e.g., co-pay, deductible and out-of-pocket maximum)
  + Verify eligibility and medical policy requirements for CAS procedure
  + Verify physician and facility network contract status with payer
  + Verify payer requirements for prior authorization (many payers today offer prior authorization via an internet portal or hotline)
* **Submit Request**
  + Contact payer to see if they have a required payer submission form
  + If not, create an authorization request form describing the procedure and list of appropriate codes
  + Attach requested clinical documentation
  + Submit request and create a follow-up alert
* **Follow up with Payer**
  + Routinely follow up with payers
  + Document your phone calls and interactions with the payer, including date, time, and name of contact person
  + Obtain reference numbers for your calls
  + Prior authorization approval can generally take between 3-30 days, depending on the payer
  + If approved, document approval number
* **Appeal if Needed**
  + Make sure the physician and patient want to appeal the denial
  + If an appeal is required, contact the payer to determine their appeal process
  + Attach requested documentation to appeal form and submit
  + Follow up with payer for final prior authorization decision

**Additional Coverage Support**

Should your office need any additional reimbursement support materials or have any questions pertaining to the prior authorization process for carotid stenting patients, please contact the Abbott Vascular Reimbursement Hotline at

855-569-6430 or [HCE@Abbott.com](mailto:HCE@Abbott.com).

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