

WATCHMAN™ Left Atrial Appendage Device- Getting Started with Prior Authorization and Appeals

Important Resources:

- Reimbursement Support -Hours of Operation: 6:00 a.m. to 5:00 p.m. PST
- Customer support toll free number: 1-800-CARDIAC. Please ask for WATCHMAN Reimbursement.
- Reimbursement support toll free fax number: **1-855-612-8227** or email to **BSC.Watchmanintake@bsci.com** to submit prior authorization and appeals requests.

Support Provided:

At the request of the Health Care Professional (HCP), Boston Scientific facilitates the preparation and submission of requests for coverage determination, prior authorization, pre-certification, and prior authorization appeals assistance in providing:

- Information on payer policies and processes for obtaining prior authorization.
- Sample templates to support prior authorization requests and prior authorization appeals.
- Coordination and follow up support with payers, relating to the prior authorization and pre-service appeals processes.
- Education on the prior authorization and appeals processes.

Prior Authorization Overview:

This prior authorization process involves obtaining advance notification from the health plan that the medical necessity and other coverage criteria have been met as set forth by the payer. If you receive a denial, please contact Boston Scientific's Reimbursement services for appeals assistance. To facilitate the prior authorization process, Boston Scientific requests that you provide the following:

- **Prior Authorization Request Form**: Provides your authorization for the procedure and diagnosis code(s) to initiate the prior authorization process. This form accompanied by the insurance information and clinical documentation will assist in expediting this request. Please note that traditional Medicare does not require prior authorization. (BSC form)
- **Provider Intake Form**: Provides relevant provider information about the physician and hospital to determine in-network or out-of-network benefits. This form is mandatory and only needs to be completed one time unless the provider information changes. (BSC form)
- **HIPAA Business Associate Agreement**: Providers need to review this [agreement](#) online which describes our privacy practices and our obligations to safe-guard patient information. This information becomes effective when you provide us protected health information (PHI) for prior surgical authorization assistance.
- **Insurance**: Please provide us a clear front and back copy of your patient's insurance card or insurance information.
- **Clinical documentation for prior authorization and pre-service appeals assistance**: Provides the insurer with the clinical history and the medical rationale of why the WATCHMAN Device would be beneficial in providing an alternative to long-term warfarin therapy for non-valvular atrial fibrillation for your patient. This along with a letter of medical necessity and other applicable documentation should be included for consideration.