

WATCHMAN

SUPPORTING PATIENT ACCESS

The following information is provided to assist providers in addressing patient-specific insurance requirements for the WATCHMAN LAAC implant procedure and associated services.

Boston Scientific Prior Authorization Team

Provides assistance in submitting prior authorization requests and appeals. Release of patient information is required.

Phone (toll free): (877) 786-1050

Press 1 to connect with WATCHMAN Prior Authorization or Appeals support.

Submit completed Boston Scientific prior authorization forms and associated materials to:

Email: BSC.WATCHMANintake@bsci.com

Fax: 1-855-612-8227

Boston Scientific Reimbursement Support Line

Addresses questions regarding appropriate coding, documentation and payer coverage policies.

Email: WATCHMAN.reimbursement@bsci.com

Voicemail: (877) 786-1050

Press 2 to leave a message. Messages are monitored M-F, 8am – 4pm CT and responses are typically on the same or following business day.



IMPORTANT INFORMATION – DISCLAIMER

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Boston Scientific recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters. It is always the provider's responsibility to understand and comply with national coverage determinations (NCD), local coverage determinations (LCD) and any other coverage requirements established by relevant payers which can be updated frequently.

Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

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STEP
1

DETERMINE INSURANCE COVERAGE

Coverage is dependent upon the individual patient's insurance status.

Commercial Policy

Boston Scientific encourages providers to seek prior-authorization or pre-determination for patients covered by commercial policies (see STEP TWO below). Medicare-eligible patients with supplemental plans will need to review the commercial policy to determine whether their plan will provide coverage as a secondary insurer.

Medicare Advantage

All participants in Medicare Advantage plans have access to the WATCHMAN LAAC Therapy under the National Coverage Determination for LAAC (20.34). Medicare Advantage plans are required to offer the same coverage to participants as is available to other Medicare beneficiaries.

Medicare

Medicare beneficiaries have access to the WATCHMAN LAAC Therapy under the National Coverage Determination for LAAC (20.34). The policy defines several criteria which must be met to qualify for coverage. Medicare-eligible patients with supplemental plans will need to review the commercial policy to determine whether their plan will provide coverage as a secondary insurer.

Medicaid

Medicaid plans vary with respect to their coverage of the WATCHMAN LAAC Therapy. You may contact the Boston Scientific Reimbursement Support Line for information regarding state-specific coverage status.

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STEP
2

REQUEST PRIOR-AUTHORIZATION OR PRE-DETERMINATION

The prior-authorization process involves obtaining advance notification from the health plan that medical necessity and other coverage criteria have been met as set forth by the payer.

- Boston Scientific encourages providers to seek WATCHMAN LAAC procedure prior-authorization or pre-determination for patients covered by commercial policies.
- Traditional Medicare does not require or accept prior-authorization requests.

If the plan does not have an established positive coverage policy for LAAC, anticipate a denial and be prepared to appeal (see STEP THREE). Many insurers will grant approvals on a case-by-case basis, following appeal.

Boston Scientific Prior-Authorization Team

Boston Scientific's Prior-Authorization Team is available to assist facility/clinic staff in seeking prior-authorization, pre-determination or pre-certification for the WATCHMAN LAAC procedure. At the request of a Health Care Professional, Boston Scientific's Prior-Authorization Team can facilitate the necessary preparation, coordination and follow-up support.

Health insurance Portability and Accountability Act (HIPAA) Business Associate Agreement becomes effective upon the submission of protected health information (PHI) to Boston Scientific for prior authorization assistance. The Business Associate Agreement describes Boston Scientific privacy practices and obligations to safe-guard patient information, and is available for review online.

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- The prior-authorization process for elective procedures (including LAAC) typically takes 2+ weeks, not including time for appeals. BSC therefore recommends that providers allow at least three weeks for prior-authorization approvals, or delay scheduling until prior-authorization is confirmed. Urgency with respect to expedited approval may be communicated to the payer as deemed appropriate.

The Boston Scientific Prior-Authorization Team requires submission of the following items:

- Prior Authorization Request Form (see supporting forms and sample letter templates section for examples of these items)
- Provider Intake Form (see supporting forms and sample letter templates section for examples of these items)
- Patient insurance information: Name, ID and phone number (provide a front/back copy of patient's insurance card)
- Letter of Medical Necessity, edited and signed, to include:
 - Medical rationale describing the patient-specific benefits of WATCHMAN LAAC as an alternative to long-term anticoagulation therapy for stroke risk reduction
 - History and Physical (H&P), office/hospital notes, previous cardiac-related procedures, relevant clinical documentation
 - Risk of stroke based on CHADS2 or CHA2DS2-VASc scores
 - List of current diagnoses (ICD-10 diagnosis codes may include I48.0, I48.1, I48.2, I48.91)
 - Relevant procedure codes (CPT code 33340; ICD-10-CM procedure code 02L73DK)
 - Documentation of past anticoagulation-related complications, fall risk, inability to maintain a stable therapeutic International Normalized Ratio (INR), or a medical condition, occupation or lifestyle placing the patient at high risk of major bleeding.

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- Documentation that the patient can tolerate warfarin therapy post-op for up to 6 weeks.

Complete the above items and submit to the Boston Scientific
Prior – Authorization Team

Email: BSC.WATCHMANintake@bsci.com

Fax: 1-855-612-8227

Contact information on **At-A-Glance** page

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STEP
3

APPEAL PRIOR-AUTHORIZATION DENIAL

If the prior-authorization request is denied, seek clarification from the payer regarding the specific reason for the denial prior to appeal. Denials may occur due to reasons other than coverage policy limitations, such as coding or documentation errors. Many insurers will grant approvals on a case-by-case basis, following appeal. The BSC Prior Authorization Team can assist with appeals. The process includes the following:

Commercial Plan

Plans that do not have an established coverage policy may consider LAAC to be experimental and investigational, and deny coverage as a result. Providers/patients have the option to seek case-by-case coverage by requesting an exception to the policy.

Best Practices for Appealing a Commercial Plan Denial:

- Ask for clarification regarding the reason for the denial... is it due to documentation, patient criteria, or coverage? The insurer will communicate their decision for the prior authorization decision.
- Review the denial to prepare an appropriate response to the insurer's request and initiate the appeals process in accordance with the insurer's defined processes.
- Request a peer-to-peer review with a like-specialty physician (i.e. a Cardiologist, Interventional Cardiologist or Electrophysiologist). Plans are obligated to provide participating providers with the opportunity to speak with a qualified physician to request an exception to the coverage policy on a case-by-case basis.
- Provide the patient with options for advocating on their own behalf
 - Patient may submit a personal letter to accompany the doctor's appeal.
 - Patients can engage the plan directly with an appeal

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Medicare Advantage

All Medicare beneficiaries have access to WATCHMAN LAAC Therapy under the CMS National Coverage Determination (20.34). Denials from Medicare Advantage plans may still occur however, as not all commercial plans maintain current information regarding Medicare coverage status. If coverage is denied for a Medicare beneficiary, provide information regarding CMS coverage policy 20.34 (available at www.cms.gov) to support an appeal.

Medicaid

Medicaid plans vary with respect to their coverage of the WATCHMAN LAAC Therapy. You may contact the Boston Scientific Reimbursement Support Line for information regarding state-specific requirements and the process for appealing denials.

Contact information on **At-A-Glance** page

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STEP
4

ENGAGE IN PEER-TO-PEER REVIEW

To prepare for a successful Peer-to-Peer Review, investigate the reason for the denial... is it due to documentation, patient criteria, or coverage? Prepare comments that directly address the insurer's reason for denial.

Best Practices for Peer-to-Peer Reviews:

- Confirm the reviewer's medical specialty, as well as his/her ability to assess the patient's suitability for LAAC as an alternative to long-term anticoagulation therapy for stroke risk management. If not, request to speak with someone who is.
- Some plans engage third party reviewers, who are not empowered to make decisions that contradict written coverage policies.
 - Confirm that the reviewer with whom you are speaking has the ability to make an exception to the coverage policy. If not, request to speak with someone that does.
- Confirm that the reviewer is aware of FDA approval status and CMS coverage status for the WATCHMAN LAAC implant procedure, as well as the CPT I code effective date of Jan 1, 2017.
- Reference the indication from the payer's policy. If no written policy exists, reference the coverage criteria according to the CMS NCD ([link](#)). As appropriate, detail how the patient meets these indications for coverage.
- Provide compelling patient-specific reasons why the individual would benefit from LAAC, including details regarding past anticoagulation-related complications, fall risk, inability to maintain a stable therapeutic International Normalized Ratio (INR), or a medical condition, occupation or lifestyle placing the patient at high risk of major bleeding

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- Reference available peer-reviewed publications that demonstrate the benefits of LAAC for indicated patients
- Reference established coverage status for LAAC under other commercial plans

Contact information on **At-A-Glance** page

REFERENCES AND RESOURCES

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2 American Medical Association: 2017 ICD-10-PCS for Hospitals – The Complete Official Draft Code Set, Professional Edition, Chicago, IL.