**Process Checklist**

This checklist is to assist with payer requests and offers guidance in a compliant and ethical manner. It is always the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers that best reflect the actual service(s) furnished. Providers should consult with the appropriate payer(s) regarding billing, coding, and payer guidelines.

The SpaceOAR System is intended to temporarily position the anterior rectal wall away from the prostate during radiotherapy for prostate cancer and in creating this space it is the intent of SpaceOAR System to reduce the radiation dose delivered to the anterior rectum. The SpaceOAR System is composed of biodegradable material and maintains space for the entire course of prostate radiotherapy treatment and is completely absorbed by the patient’s body over time.

**Please refer to the current SpaceOAR System Coding Reference for coding guidance.**

**Benefit Verification:**

* Benefit verification should always be conducted in advance of the scheduled procedure
* Always obtain a source of reference when confirming patient benefits i.e., person first name, last initial, reference number, and date as best practice
* Always inquire about the patient’s plan type, provider and facility network status, and specific coverage for any and all coding expected to be on the claim at time of submission

**Authorization(s):**

* If preauthorization or precertification are required - please ensure the proper forms and requirements are followed as reviews are dependent on what and how requests are submitted.
  + Predetermination is optional; however, predetermination should be obtained when available if preauthorization or precertification is not required by the plan.
* Please ensure payers receive submissions within 48-78 hours to assists with timely processing.
* Always request the outcome decision be issued in writing from the payer.
  + Request a response in writing regardless of outcome for proper documentation practice.
  + Please also confirm verbally and request form of transmission (some will fax or send U.S. mail).
* If the response to the initial request is negative, you may request to schedule a peer-to-peer review between your physician and the reviewing physician (payer).
  + Always request that a like or similarly skilled Medical Director (payer) conduct the review
* You may appeal a negative/adverse determination at the preauthorization level.
* For assistance with SpaceOAR related literature, please contact the Augmenix Reimbursement Hotline.

**Claim Denials:**

If a claim for the SpaceOAR System is improperly reimbursed or denied, you may consider submitting an appeal.

The most common reasons for denied claims include:

|  |  |
| --- | --- |
| * Incorrect coding | * Payer is not familiar with SpaceOAR procedure |
| * Incorrect bundling | * Inappropriate modifier |
| * Absence of authorization | * Incomplete description |

Tips for appealing denied claims:

* Review the Explanation of Benefits (EOB) to determine the reason for the denial.
* Submit a corrected claim if the denial was due to a technical billing error.
* If additional information is requested, please submit the necessary documentation immediately.
* Verify appeals process with payer:
  + Is there a particular form that must be completed?
  + Can the appeal be conducted over the phone or must it be in writing?
  + To whom should the appeal be directed (e.g., attention to)?
  + What information must be included with the appeal (e.g., copy of original claim, letter of medical necessity, FDA Clearance, supporting clinical documentation, etc.)?
  + How long does the appeals process usually take?
  + How will the payer communicate the appeal decision?
  + What is the reference number associated to this request?
* Review appeal request for accuracy (including patient identification, coding, and requested information).
* File claims appeal as soon as possible and within filing time limits.
* Reconcile claims appeal responses promptly and thoroughly to ensure appeals have been processed appropriately.
* Record appeals result (e.g., payment amount or if further action is required).

If you receive a claim denial due to a payer policy excluding SpaceOAR from coverage:

* Please resubmit the claim with additional documentation that further supports medical necessity.
* If you have not previously submitted a detailed letter, it is strongly recommended to include one in the appeal packet.
* For further assistance with SpaceOAR related questions, please contact the Augmenix Reimbursement Hotline or your Field Reimbursement Manager.

If this second claim submission is denied, it may be necessary to contact the payer’s medical or claims director.

* It may be beneficial to request a medical director that has specific understanding of the disease

state and/or circumstance related to the treatment of the disease state.

**For questions regarding SpaceOAR System, please contact the Augmenix Reimbursement Hotline at**

**(781) 902-1657 or** **email:** [reimbursement@augmenix.com](mailto:reimbursement@augmenix.com)

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