

Prior Authorization Guide – Transcarotid Artery Revascularization

This resource contains suggestions to assist physicians' offices in submitting prior authorization requests for patients who may benefit from the Transcarotid Artery Revascularization system.

Overview

Prior to Transcarotid Artery Revascularization (TCAR), we recommend the physician request a coverage decision from non-Medicare payers to ensure the procedure will be covered. Failure to gain coverage from the payer may result in non-payment to the hospital and physician.

Many payers require physician offices to submit specific patient information for prior authorization review. The information provided should document the health status of the patient and assure the reviewer that the proposed therapy is the most appropriate treatment alternative for the patient.

Keys to Success in Gaining Prior Authorization

The keys to successful prior authorization and appropriate reimbursement from a patient's payer include the following:

- Identify a staff member within your practice to coordinate all prior authorization and pre-certification processes with payers and hospitals.
- Involve the patient and/or family in the prior authorization process as appropriate.
- Follow the payer's conditions for carotid artery stenting (CAS) coverage.
- Prepare a clear and concise prior authorization letter.
- Educate the payer regarding the therapy, as needed.

Medicare

Medicare does not require prior authorization for services that are considered covered benefits under Medicare. TCAR is covered under Medicare's National Coverage Determination (NCD) 20.7 for Percutaneous Transluminal Angioplasty. The Vascular Quality Initiative (VQI) TCAR Surveillance Project (TSP) is an FDA-approved post approval study; therefore, patients participating in the VQI-TSP are covered (Pub. 100-03, 20.7, B3).

Note some Medicare Advantage plans may require prior authorization.

Non-Medicare (e.g., Commercial, Medicaid, Veteran's Administration)

Prior authorization is often required for elective procedures. We strongly recommend pursuing prior authorizations with non-Medicare payers. Follow the process as required by each payer to obtain prior authorization and allow sufficient time for a response.

Medicaid

Prior authorization may be required. Contact your state authority for instructions.

Reimbursement Support

For additional information or assistance, please contact Silk Road Medical's Reimbursement team at reimbursement@silkroadmed.com or 855-410-8227 option #5.

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