Patient Access Support



AUTHORIZATION PROCESS

Phase 1: Request for Pre-Authorization/Pre-Determination

- Your physician has identified you as an appropriate patient for the TIF 2.0® procedure for reflux.
- If you agree and want to pursue authorization, a submission of pre-authorization or pre-determination will be made on your behalf. All necessary documentation demonstrating medical necessity will be transmitted to your insurer.
- If your insurer approves, no further action is required and your procedure can be scheduled.

Please allow up to 15-30 days for the pre-authorization/pre-determination process

Phase 2: Internal Appeal (If Necessary)

- If pre-authorization/pre-determination is denied by your insurer, an appeal can be filed on your behalf.
- If this 1st level of appeal is similarly denied by your insurer, a 2nd level appeal may be filed on your behalf.
- These internal appeals may include a peer-to-peer case review involving your physician.
- If your insurer approves either on 1st or 2nd level appeal, no further action is required and your procedure may be scheduled.

Please allow an additional 30-45 days for each level of the internal appeals process

Phase 3: External Appeal (If Necessary)

- If all internal appeals are denied by your insurer, an external appeal may be filed on your behalf.
- An external review, if available with your insurer, will be conducted by an Independent Review Organization (IRO).
- The decision of an Independent Review Organization is the last appeal option.

Please allow up to 45 days for a decision to be reached



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WHAT IS PATIENT ACCESS SUPPORT FOR THE TIF 2.0 PROCEDURE?

The TIF 2.0 procedure is a minimally invasive procedure for patients suffering from chronic GERD and uses the EsophyX Z+ device, cleared by the FDA in 2007. More than 35,000 TIF procedures have been performed.* However, some health insurance companies do not cover the procedure for their members.

Merit Medical Systems, Inc. has partnered with PRO-spectus to work directly with you, your provider, and your insurance company to obtain approval for the procedure or appeal any service denials until a final decision is determined.

Approval cannot be guaranteed; however, we will continue to work on your behalf until all avenues are exhausted.

Patient Access Support Contact Phone: 833-274-5070 Fax: 833-411-1320

EGSAccess@PRO-spectus.com

ABOUT US

Patient Access Support for the TIF 2.0 Procedure is a service provided PRO-spectus in collaboration with Merit Medical Systems Inc.

For additional information on the TIF 2.0 procedure, please visit GERDHelp.com.

The information provided contains general reimbursement information only and is not legal advice nor is it advice about how to code, complete, or submit any claim for payment. The information provided represents current understanding of typical reimbursement conventions. Every reasonable effort has been made to ensure the accuracy of the information provided, however, the ultimate responsibility for selecting appropriate charges, working modifiers, and for submitting claims consistent with insurer requirements, lies with the physician, clinician, hospital, or other facility.

INDICATIONS The EsophyX device with SerosaFuse® Fasteners and accessories are indicated for use in transoral tissue approximation, full thickness plication and ligation in the gastrointestinal tract. They are indicated for the treatment of symptomatic chronic GERD in patients who require and respond to pharmacological therapy. The device is also indicated to narrow the gastroesophageal junction, and reduce hiatal hernia ≤ 2cm in size in patients with symptomatic chronic GERD. Patients with hiatal hernias larger than 2cm may be included, when a laparoscopic hiatal hernia repair reduces the hernia to 2cm or less.

*Merit Medical Inc., data on file through August 31, 2023
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Before using refer to Instructions for Use for indications, contraindications, warnings, precautions, and directions for use.

