

ASSIGNED TO A REIMBURSEMENT CASE MANAGER

The file is opened with an ASCENT Reimbursement Case Manager who is trained in obtaining benefits and facilitating the prior authorization process for SINUVA™

PRIOR AUTHORIZATION REQUIREMENTS DETERMINED

When a PA is required, the Reimbursement Case Manager obtains PA documents and determines if ASCENT can submit the PA or if the HCP must submit it due to payor requirements

PAYOR FOLLOW UP FOR PA RESULT

The Reimbursement Case Manager will follow up with the payor until a result of either approved or denied is provided. Once a payor decision is made the result will be communicated to the HCP

BENEFITS DELIVERY / RX TRIAGE

Once the benefits are obtained and the PA process is complete the HCP will receive a fax from ASCENT with a summary of the patient's benefits. If the HCP prefers SINUVA™ to come from a specialty pharmacy, ASCENT will also triage the prescription to the pharmacy



ENROLLMENT FORM RECEIVED

When the HCP faxes the Patient Enrollment Form to ASCENT our Intake Coordinators create a new file and check the form for completeness

BENEFITS INVESTIGATION INITIATED

The Reimbursement Case Manager will then contact the payor to determine coverage for SINUVA™ and any prior authorization requirements.

PA SUBMISSION

The PA is submitted to the payor, per insurance requirements, by either the Reimbursement Case Manager or the referring HCP

PA APPEAL INITIATION AND FOLLOW UP

If a PA appeal is required the Reimbursement Case Manager will gather the requirements for the appeal, communicate those to the HCP, and follow up with the payor until a determination is made on the appeal

