

# Benefits Verification Overview

If you are recommended for a decompression surgery with the **coflex® Interlaminar Stabilization®** device, your physician and his/her staff will need to go through a prior authorization process.

Depending on your insurance provider, the stages and duration of this process may vary and your case may not need to go through all the steps.

This is a general overview of the process stages, but for specific questions about the status of your case, please contact your physician's office directly.

## Stages of the Prior Authorization Process

- 1. Initiate the Prior Authorization**  
(Duration: approximately 1-15 days)  
Verify benefits and submit clinical information and literature on the **coflex** device.
- 2. Peer-to-Peer**  
(Duration: approximately 1-3 days)  
Opportunity for your doctor to discuss the medical necessity of the case with a Medical Director from your insurance provider.
- 3. 1st Level Appeal**  
(Duration: approximately 3-30 days)  
Opportunity for your doctor to request a Medical Director that did not review the initial submission.  
There may be one or two levels of internal appeals.
- 4. 2nd Level Appeal**  
(Duration: approximately 3-30 days)  
Opportunity for your doctor to request a Medical Director that did not review the initial submission as well as the peer-to-peer.
- 5. External Appeal**  
(Duration: approximately 5-45 days)  
Following appeal denial at all available internal levels, the patient may pursue an external appeal with the applicable state Department of Insurance.