

## PATIENT BENEFIT VERIFICATION FORM – ERECTILE RESTORATION

**REQUEST FOR SUPPORT:**            BV only                            BV and PA/PD if applicable                            Appeal if applicable

**Fax or Email this completed form to 855-861-0044 or BSC.MensHealthIntake@bsci.com**

If requesting PA/PD or Appeal support, include patient clinical documentation supporting medical necessity

<b>SECTION 1</b>	<b>Patient Information</b>
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Patient's Full Name:	Patient's DOB:	Procedure Date:
Address:	City:	State:      Zip:
Phone:	Employer:	
Primary Insurance:	ID:	Group:
Secondary Insurance:	ID:	Group:

<b>SECTION 2</b>	<b>Physician and Facility Information</b>
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Physician Name:	NPI:	TIN:	
Facility:	NPI:	TIN:	
Site of Surgery:	ASC	Outpatient Hospital	Inpatient Hospital      23 Hour Observation
Office Contact Name:	Phone:	Email:	

<b>SECTION 3</b>	<b>Diagnosis and Procedure Codes</b>
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Primary ICD-10 Diagnosis Code (required):                            ICD-10 Procedure Code (inpatient only):

List All Secondary ICD-10 Diagnosis Code(s):

AMS 700™ Penile Prosthesis / AMS Ambicor™ Penile Prosthesis	
Code	Description
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
Spectra™ Penile Prosthesis	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

<b>SECTION 4</b>	<b>Physician Certification Section</b>
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By submitting this form to Boston Scientific, the physician identified in Section 2 of this document completed this form in its entirety (or reviewed it carefully after it was completed by an employee under their direction) and the information provided by the physician/physician's staff, including the diagnosis, codes and medical documentation supporting erectile restoration is true, accurate, and complete to the best of their knowledge. The physician also certifies that this procedure is medically necessary.

**Disclaimer:** Coverage is based on patient eligibility, specific plan benefits, medical necessity, individual contracts and local coverage policies. Verification of benefits and/or prior authorization approval are not guarantees of payment. Providers must submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any service and to submit appropriate codes, charges and modifiers for services rendered. Boston Scientific recommends that providers consult with their payers, reimbursement specialists and/or legal counsel regarding coding, coverage and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved/cleared label.

**Caution:** US Federal Law restricts these devices to sale by or on the order of a physician.