CONFIDENTIAL—Fax or email completed form along with a copy of patient demographics and a front and back copy of the patient's insurance cards to 1-855-861-0044 or BSC.MensHealthIntake@bsci.com

Questions: 1-855-284-1676

SECTION 1 Benefit Verification Form

Patient's Full Name: _____ Patient's DOB: _____ Surgery Date: _____

Physician Name: _____ NPI#: _____ TIN#: _____ State: _____

Name of Surgery Site: _____ NPI#: _____ TIN#: _____

Site of Surgery: ◯ ASC ◯ Outpatient Hospital ◯ Inpatient Hospital ◯ 23 Hour Observation

SECTION 2 Primary Diagnosis Code

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

ICD-10 Procedure Code (inpatient only): _____

Please Note: The following is used to identify the procedures and device to the insurance company as part of the authorization process—the codes below may not always reflect the codes used for billing purposes.

AMS 700™ Penile Prosthesis / AMS Ambicor™ Penile Prosthesis	
CPT* Code	**Description**
☐ 54405	Insertion of multi-component IPP, including placement of pump, cylinders and reservoir
☐ 54406	Removal of all components of a multi-component IPP w/out replacement
☐ 54408	Repair of components of a multi-component, inflatable penile prosthesis
☐ 54410	Removal and replacement of all components of a multi-component IPP at the same operative session
☐ 54411	Removal and replacement of all components of a multi-component IPP through an infected field at the same operative session, including irrigation and debridement of infected tissue

Spectra™ Penile Prosthesis	
CPT* Code	**Description**
☐ 54400	Insertion penile prosthesis; non-inflatable
☐ 54415	Removal of non-inflatable or inflatable penile prosthesis, w/out replacement of prosthesis
☐ 54416	Removal and replacement of non-inflatable or inflatable penile prosthesis at same operative session
☐ 54417	Removal and replacement of non-inflatable or inflatable penile prosthesis through an infected field at same operative session, including irrigation and debridement of infected tissue

SECTION 3 Physician Certification Section

By submitting this form to Boston Scientific, the account identified in the first section of this document represents that the physician identified in the first section of this document completed this document 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 patient diagnosis, codes selected and medical documentation supporting Penile Prosthesis is true, accurate and complete to the best of their knowledge. The physician also certifies that this procedure is medically necessary. It is the responsibility of the provider to verify appropriate coding with the payer.

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 services and to submit appropriate codes, charges and modifiers for services that are rendered. Boston Scientific recommends that providers consult 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.

Please fax or email patient clinical documentation (e.g., treatment history and medical notes) and insurance information along with this benefit verification form.

Disclaimer

Please note: This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved.

The AMS 700 Series and Ambicor Penile Prosthesis product lines are intended for use in the treatment of chronic, organic, male erectile dysfunction (impotence).

The Spectra Concealable Penile Prosthesis is a sterile, non-pyrogenic, single-use implant that is intended for use in the treatment of chronic, organic, erectile dysfunction (impotence) in men who are determined to be suitable candidates for implantation surgery.

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

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