

## 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.

#### AdVance™ Male Sling System

CPT* Code	Description
<input type="checkbox"/> 53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
<input type="checkbox"/> 53442	Removal or revision of sling for male urinary incontinence (e.g., fascia or synthetic)

#### AMS 800™ Urinary Control System

CPT* Code	Description
<input type="checkbox"/> 53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir and cuff
<input type="checkbox"/> 53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir and cuff
<input type="checkbox"/> 53447	Removal and replacement of inflatable urethral/bladder neck sphincter, including pump, reservoir and cuff at the same operative session
<input type="checkbox"/> 53448	Removal and replacement of inflatable urethral/bladder neck sphincter, including pump, reservoir and cuff through an infected field at the same operative session, including irrigation and debridement of infected tissue
<input type="checkbox"/> 53444	Insertion of tandem cuff (dual cuff)
<input type="checkbox"/> 53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff

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## 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 AdVance Sling is intended for the placement of a suburethral sling for the treatment of male stress urinary incontinence (SUI).

The AMS 800 System is used to treat urinary incontinence due to reduced outlet resistance (intrinsic sphincter deficiency) following prostate surgery.

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

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