

PATIENT BENEFIT VERIFICATION FORM – ERECTILE RESTORATION

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

Fax or email completed form to 855-861-0044 or BSC.MensHealthIntake@bsci.com. Call 855-284-1676 with questions.
If requesting Pre-Auth, Pre-D, or Appeal support, include patient clinical documentation supporting medical necessity.

SECTION 1	Patient Information
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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:

SECTION 2	Physician and Facility Information
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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:	

SECTION 3	Diagnosis and Procedure Codes
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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	
CPT®*	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™ / Tactra™ 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

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SECTION 4	Physician Certification Section
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By submitting this request to Boston Scientific, the account identified in this request represents that the physician identified in this request completed this 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 supporting medical documentation 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.

Boston Scientific encourages providers to 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 rendered. It is also always the provider's responsibility to comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your 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 label.

The coding options listed are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. 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 Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.