Men's Health Provider Procedure Access Program and Medical Necessity Guide

(Benefit Verification and Pre-authorization Support, Excluded Benefit Support, Financial Assistance Program)

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STEP 1 COMPLETE AND SUBMIT

Complete and submit a Benefit Verification Request Form for each patient.

If you are requesting pre-authorization support, check the appropriate box on the request form and submit copies of documentation supporting medical necessity. A medical necessity guide is available (see reverse side).

Submit via Fax or email:
Fax: 877-835-2520
Email: BSC.MensHealthIntake@bsci.com

Please note: Forms must be completed in their entirety. Failure to do so will result in process delays.

STEP 2 COMMUNICATION

Watch for communications from the Benefit Verification team and promptly reply if needed.

Benefit Verification response time on average is 2 business days. If you have requested pre-authorization support, the benefit verification results will accompany the pre-authorization results.

Pre-authorization response time on average is 15 business days; however response time can vary by insurance provider.

STEP 3 REVIEW

Review Benefit Verification results and if applicable the pre-authorization results. Determine next steps:

- POSITIVE coverage
- DENIED coverage
- EXCLUDED coverage

POSITIVE coverage

If needed, explore eligibility for Financial Assistance Program (e.g., out-of-pocket expenses meet or exceed $2,500 threshold and other criteria are met)

If patient is eligible and Financial Assistance Program enrollment is complete: **schedule procedure**

If no financial assistance is needed: **schedule procedure**

DENIED coverage

If appeal support is needed, please Fax or email a copy of the pre-authorization denial letter and additional requested medical necessity documentation to:

Fax: 1-877-835-2520
Email: BSC.MensHealthIntake@bsci.com

Original coverage decision overturned and now approved: **POSITIVE coverage = schedule procedure**

Original coverage decision upheld: **DENIED coverage = explore eligibility for Financial Assistance Program**

EXCLUDED coverage

Have your patient call Boston Scientific Patient Procedure Access Support: 1-855-284-1676 option 1.

A specialist can help guide a patient through the process to request an exception from their employer.

Patient and Boston Scientific Procedure Access Support Specialist discuss the employer Summary Benefit Plan and determine the process to submit an exception request to their employer's benefits coordinator

Patient requests an exception to the benefit exclusion with guidance from the BSC Procedure Access Support Specialist

Exception request granted: **schedule procedure**

Exclusion request denied: **explore eligibility for Financial Assistance Program.**

If patient is eligible and chooses Financial Assistance Program or if other payment arrangements are made: **schedule procedure**

To check the status of your Benefit Verification and/or Pre-authorization requests, please call 1-855-284-1676.
Tip: To ensure communications have not been missed, search your email inbox for an email from "@bsci.com"

Provider Procedure Access Program and Medical Necessity Guide

Dear Healthcare Provider,

Boston Scientific Men's Health, Health Economics and Market Access Department has reviewed medical coverage policies applicable to penile implant procedures across the insurance provider (payer) landscape and found similarities within these medical policies.

The following similarities were identified in the medical policies and are suggested in your documentation to support medical necessity as applicable to your patient:

- Comprehensive history and physician examination including medical and sexual history and psycho-social evaluation; comorbid conditions or injuries, duration of impotence, identified cause of impotence, absence of active drug or substance abuse, absence of untreated depression or psychiatric illness, etc.
- Laboratory and imaging studies to distinguish non-urologic from urologic causes of erectile dysfunction; neurogenic, vasculogenic, organic, etc.
- Pharmacologic response test for erectile dysfunction using vasoactive drugs
- Patient's response to alternate medical therapy, injection therapy, intra-urethral medications, or vacuum pump therapy detailing what has been tried and the results achieved; sub-optimal, not tolerated, contraindicated, or ineffective
- Evaluation of penile arterial flow (Doppler signal transducer, pudendal arteriography and intracavernosal inject, Doppler sonography or color Doppler sonography)
- Veno-occlusive dysfunction testing (cavernosography utilizing radiocontrast solution,cavernosometry with simultaneous infusion of saline solution)

The preceding is only a sampling of the similarities within payer medical policies. As applicable, referencing these preceding items in your medical documentation and in a Letter of Medical Necessity may be useful to the payer's utilization reviewer. Doing so, succinctly details and summarizes the patient's history and addresses what other treatment options have been exhausted prior to the penile implant procedure.

Medical necessity requirements vary among payers. Always review the payer's medical policy for specific documentation and/or criteria requirements that must be met for penile implant procedures to be considered medically necessary.

Should you have any questions, please contact our Men's Health Procedure Access Support Department at 1-855-284-1676.

Our goal is to help simplify the pre-authorization process and assist your patients in receiving the best and most expeditious treatment.

Sincerely,
Health Economics and Market Access Department

Boston Scientific
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