



NAVIGATING INSURANCE

Are you concerned about insurance coverage or costs associated with a penile implant procedure to treat your ED?

Insurance coverage for erectile dysfunction (ED) treatment varies and insurance can be confusing in general. This worksheet is designed to help you navigate the insurance landscape and better understand your insurance coverage, out-of-pocket costs and coverage options associated with your penile implant procedure.

Let's get started.

✓ **Contact your doctor/surgeon's business office.**

Gather the following information regarding your penile implant procedure:

Where will the procedure be performed (i.e. Hospital, Ambulatory Surgical Center)?

What is the typical breakdown of costs?

_____ \$ _____

_____ \$ _____

_____ \$ _____

✓ **Review your current insurance plan summary.**

Also called a Summary Benefit Plan (SBP) or Summary Plan Description (SPD), your plan summary can be found online on your insurance plan's website or from your employer's personnel department.

Reference your plan summary for a list of covered and/or excluded costs.

✓ **Contact your insurance company.**

Gather information on coverage and cost breakdown for your penile implant procedure. Contact information typically can be found on the back of your insurance card. You can use the following suggested wording when talking to the agent:

"I am calling to understand my coverage for an outpatient procedure. The procedure is for erectile dysfunction/sexual dysfunction and it is a penile implant procedure. I'd also like to understand if there are any benefit exclusions related to this procedure."

If asked, reference the following:

- Current Procedural Terminology (CPT®) codes are **54405** and **54400**
- Diagnosis is erectile/sexual dysfunction (if you need an ICD-10 code, ask your physician for your specific code)

Does my plan cover the procedure?

Yes

No

Contact your insurance company (cont.)

If your plan covers the penile implant procedure, gather the following information on coverage and estimated out-of-pocket expenses from the insurance agent.

Co-pay amount: \$ _____

Deductible amount: \$ _____

Deductible amount met to date: \$ _____

Co-insurance amount: \$ _____

Out-of-pocket maximum amount: \$ _____

Out-of-pocket amount met to date: \$ _____

Estimated total out of pocket: \$ _____

Insurance plans sometimes require pre-authorization (also known as prior approval, pre-certification or pre-approval) to indicate that the health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.

Does my doctor need pre-authorization to perform this procedure? Yes No

If you are covered by multiple plans, you may want to ask if your policy includes coordination of benefits (COB) with other health insurance. This will help to determine primary payment responsibility and the extent to which other plans may contribute.

Support for benefit exclusions.

If a penile implant is not covered by your insurance, it can be considered a benefit exclusion. This simply means that the procedure is not included as one of your covered benefits.

For support with benefit exclusions and/or to request an exception:

Contact a Boston Scientific Patient Procedure Access Specialist at (855) 284-1676, for assistance. The specialist can help you request a benefit exception.

Your doctor's office also may be able to offer support for a benefit exclusion.

Boston Scientific has a dedicated team to support your ED journey to find the best cure for you. For more information on insurance, visit EDCure.org/coverage.

Is the AMS 700™ Penile Implant is right for you? Visit EDCure.org/treatment-options/ams-700.

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