Coloplast

Reimbursement & Benefit Support
Support Request Form

If you would like to complete this form electronically, please request a link by calling **(855) 230-7611**
Fax the completed form to **(612) 520-2366** or email to US_MarketAccess@Coloplast.com

Benefit Verification Only   BV/Prior Auth   Appeals Assistance   Claims Assistance

Patient Demographic Information

Please see attached face sheet

Please write patient name and check this box if you are attaching a face sheet

Patient Name*		Date of Birth*
Address		
City	State	Zip
Phone Number	SSN	

Patient Insurance Information

Name of Insurance	Policy Holder/Beneficiary	
DOB of Beneficiary	Policy Number	Group Number
Employer		

Secondary Insurance Name	Secondary Policy Holder/Beneficiary
Secondary Policy Number	Secondary Group Number

Provider Information

Check box if you have already completed the physician enrollment form

Location of Surgery: ASC   Hospital Outpatient   Hospital Inpatient

Provider Name	Facility Name
Facility Contact	Facility Contact Number
Facility Contact Email	

Medical Information

Primary Diagnosis*	Secondary Diagnoses*
Prior Therapies*	
Is Surgery Scheduled?* YES NO	Surgery Date

You may attach supporting medical records with this form to support medical necessity.

*Asterisk fields are required

Procedure

Please select procedure for verification of benefits*

Titan® or Titan® Touch Inflatable Penile Prosthesis

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
C1813	Inflatable penile prosthesis

Genesis® Malleable 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
C2622	Non-inflatable penile prosthesis

Torosa® Saline-Filled Testicular Prosthesis

54520	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54660	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
L8699	Prosthetic implant (not otherwise specified)

Other

Physician Acknowledgements & Authorization*

I attest that this procedure is medically necessary procedure for my patient, and that the information provided in the medical sections(s) above are accurate to the best of my knowledge. I also attest that I am using the above selected product(s) solely for the purpose of its intended use as described by the FDA. I verify that as a physician/provider, I have on file at my office, appropriate HIPAA/privacy agreements with the patient. I have had discussed with the patient verify that each patient will have to sign a Coloplast Patient Authorization form for each benefit verification performed.

Provider Name

Provider Signature Date

Disclaimer:
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Ostomy Care | Continence Care | Wound and Skin Care | Interventional Urology | Voice and Respiratory Care

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