



**PROCEPT BioRobotics - AQUABLATION REIMBURSEMENT CENTER (ARC)**

**Prior Authorization Intake Form: Aquablation therapy**

**E-mail: [reimbursement@Aquablation.us](mailto:reimbursement@Aquablation.us) or FAX: 650-649-1856**

Submit all relevant pre-treatment clinical data including, but not limited to history, treatments rendered, and diagnostic test results as applicable.

**Patient and Insurance Information**

Primary Insurer: <a href="#">Click or tap here to enter text.</a>	Patient ID/Policy Number: <a href="#">Click or tap here to enter text.</a>
Name of Insured: <a href="#">Click or tap here to enter text.</a>	Patient Date of Birth: <a href="#">Click or tap to enter a date.</a>
Secondary Insurer: <a href="#">Click or tap here to enter text.</a>	Patient ID/Policy Number: <a href="#">Click or tap here to enter text.</a>
Name of Insured: <a href="#">Click or tap here to enter text.</a>	

**Type of Request**

Routine

**Provider Information**

<b>Servicing Physician:</b> <a href="#">Click or tap here to enter text.</a>	TIN/NPI: <a href="#">Click or tap here to enter text.</a>
Tax ID Number: <a href="#">Click or tap here to enter text.</a>	Physician PTAN: <a href="#">Click or tap here to enter text.</a>
Address: <a href="#">Click or tap here to enter text.</a>	Physician UPIN: <a href="#">Click or tap here to enter text.</a>
Office Contact: <a href="#">Click or tap here to enter text.</a>	Phone: <a href="#">Click or tap here to enter text.</a>
Email: <a href="#">Click or tap here to enter text.</a>	Fax: <a href="#">Click or tap here to enter text.</a>
State License: <a href="#">Click or tap here to enter text.</a>	Effective Date: <a href="#">Click or tap here to enter text.</a>
	Expiration Date: <a href="#">Click or tap here to enter text.</a>
Date of Service: <a href="#">Click or tap to enter a date.</a>	In network <input type="checkbox"/> Out of network <input type="checkbox"/>

<b>Servicing Facility:</b> <a href="#">Click or tap here to enter text.</a>	TIN/NPI: <a href="#">Click or tap here to enter text.</a>
Address: <a href="#">Click or tap here to enter text.</a>	Phone: <a href="#">Click or tap here to enter text.</a>
	Fax: <a href="#">Click or tap here to enter text.</a>
Tax ID Number: <a href="#">Click or tap here to enter text.</a>	Facility PTAN: <a href="#">Click or tap here to enter text.</a>
Other: <a href="#">Click or tap here to enter text.</a>	In network <input type="checkbox"/> Out of network <input type="checkbox"/>

Site of Surgery:  Inpatient  Hospital Outpatient

**Clinical Information (Medical Record Documentation)**

ICD-10-CM Diagnoses (please provide complete code; some code prefixes are noted in Table 1 for reference.)

Primary Diagnosis: [Click or tap here to enter text.](#)

Secondary Diagnosis: [Click or tap here to enter text.](#)

Possible ICD-10-CM Diagnosis Codes Prefixes*			
N31.-	Neuromuscular dysfunction of bladder, not elsewhere classified	N40.-	Benign prostatic hyperplasia
N32.-	Other disorders of the bladder	R30.-	Pain associated with micturition
N33.-	Bladder disorders in diseases classified elsewhere	R31.-	Hematuria
N35.-	Urethral stricture	R32.-	Unspecified urinary incontinence
N36.-	Other disorders of the urethra	R33.-	Retention of urine
N37.-	Urethral disorders in disease classified elsewhere	R34.-	Anuria and oliguria

For Office and ARC use only

**E [reimbursement@Aquablation.us](mailto:reimbursement@Aquablation.us) P 833 230 2406 F 650 649 1856**



\* Please refer to the 2018 ICD-10-CM Codebook to select the complete codes and other diagnosis codes that may apply

CPT Code (Please refer to current year CPT manual for complete code descriptions)

CPT Code		Description
<input type="checkbox"/>	0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
List other CPT Codes as applicable		Description
<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>	<a href="#">Click or tap here to enter text.</a>

CPT Copyright 2017 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

ICD-10-PCS Code(s) [if patient will be admitted as an inpatient]

Code	Description
<input type="checkbox"/> <b>0V507ZZ</b>	Destruction Prostate Via Natural or Artificial Opening
<input type="checkbox"/> <b>0V508ZZ</b>	Destruction Prostate Via Natural or Artificial Opening Endoscopic
<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>

**Clinical Signs and Symptoms: (reason for procedure including previous treatments)**

[Click or tap here to enter text.](#)

**Physician Verification**

By submitting this form to the Aquablation Reimbursement Center, the physician identified has either completed this document in its entirety or reviewed upon completion by employee). The information, including the patient diagnosis, codes selected, and medical documentation is true, accurate, and complete. The physician also verifies that this procedure is medically necessary.

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.

Please fax or email patient clinical documentation (e.g., treatment history) and insurance information along with the pre-authorization form.

**Physician Signature** [Click or tap here to enter text.](#)

**Date** [Click or tap to enter a date.](#)

Primary Contact Name: [Click or tap here to enter text.](#)

Primary Contact Phone: [Click or tap here to enter text.](#)

Primary Contact email: [Click or tap here to enter text.](#)

For Office and ARC use only

E [reimbursement@Aquablation.us](mailto:reimbursement@Aquablation.us) P 833 230 2406 F 650 649 1856