

**Prescription and Letter of Medical Necessity for:
 VACUUM ERECTION DEVICE CPT/HCPCS L7900**

Patient's Information (Please Print)

Name: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone:(____) _____
 Alternative Phone:(____) _____
 Medicare Number: _____
 Date of Birth: _____ - _____ - _____

**Physicians' Letter of Medical Necessity and
 Diagnostic Information:**

Under my professional advice, I have found it to be medically necessary for this patient to use a vacuum erection device for the treatment of erectile dysfunction. The following patient information is required by Medicare and commercial insurance claims for reimbursement. The following is my primary / secondary diagnosis.

ICD-9 CM code Principal Diagnosis

- 607.84 Organic Impotence
- 250.0 Non-Insulin Dependent Diabetes Mellitus
- 250.01 Insulin Dependent Diabetes Mellitus
- 185.0 Carcinoma of the Prostate
- 188.9 Carcinoma of the Bladder
- 154.0 Colorectal Cancer
- 443.9 Peripheral Vascular Disease
- 995.20 Medication
- 806.8 Spinal Cord Injury
- 607.85 Peyronie's Disease
- 302.72 Psychogenic
- _____ Other(_____)

Prescribing Physician's Information:

Physician's Name: _____
 Address: _____
 City & State: _____
 Zip Code: _____ Phone Number:(____) _____
 License# _____ DEA#: _____
 NPI#: _____ Specialty: _____
 Physician's Signature: _____
 Date: _____

**Please fax / attach copies of all insurance
 and Medicare cards.**

**Patient Information Release Form &
 Advanced Beneficiary Notice of Non-Coverage**

Patient Name: _____
Social Security: _____ - _____ - _____

For the use of an vacuum erection device for the treatment of erectile dysfunction. The following patient information release form is required by your insurance for claims reimbursement.

We expect your insurances not to pay for the \$50 upgrade of a Battery operated vacuum erection device.

- OPTION 1.** I want the V.E.D. listed above. I may ask to be paid now, but I also want my insurance billed for an official decision on payment, which is sent to me on a Remittance Advice Notice. I fully understand that if my insured does not pay, I am responsible for payment, but I can appeal to my insurance by following the directions on the Remittance Advice. If your insurance does pay, you will be refunded any payments, less co-pays or deductibles.
- OPTION 2.** I want the V.E.D. listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if my insurance is not billed.
- OPTION 3.** I don't want the V.E.D. listed above. I understand with this choice that I am not responsible for payment, and I cannot appeal to see if insurance would pay.

Additional Information: _____

This notice gives our opinion, not an official Insurance decision. If you have further questions on this notice or billing please call your insurance.

I as the patient am initiating this request and allowing authority to gain access to this or any other information that may be needed to file this claim. Signing below means that I have fully read and understand this notice. I also will receive a copy.

Patient Signature: _____
 Signature of person receiving documents: _____
 Printed name: _____
 Signature of person releasing documents: _____
 Printed name: _____

University Compounding Pharmacy
 1875 Third Avenue | San Diego, CA 92101

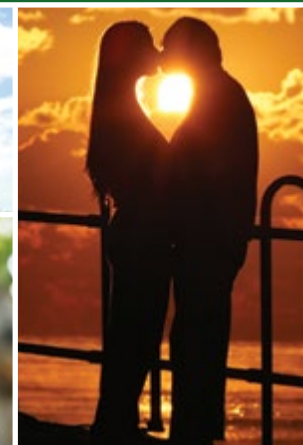
VACUUM ERECTION THERAPY



VACUUM THERAPY

**Noninvasive Treatment For
 ERECTILE DYSFUNCTION
 (Impotence)**

SAFE, EFFECTIVE & AFFORDABLE



**UNIVERSITY SPECIALTY UROLOGICALS
 UNIVERSITY COMPOUNDING PHARMACY**

A POPULAR ALTERNATIVE

Vacuum therapy has become one of the most popular solutions to the problem of Erectile Dysfunction (ED). Hundreds of thousands of systems have been prescribed for men who prefer a safe and effective alternative to invasive or pharmaceutical treatments.

The satisfaction rate among men and their partners is very high. Studies published in the American and British Journals of Urology indicate some men are able to regain normal erections after the use of vacuum therapy. Vacuum therapy is the most affordable of all the major treatments for Erectile Dysfunction.

TOP REASONS TO USE A VACUUM THERAPY DEVICE:

Safe and Noninvasive - The vacuum device is noninvasive. It's external application remains on the outside of the body. Therefore there are no systemic or negative side effects.

Patient & Partner Satisfaction - Studies have indicated the success rate of a vacuum device in producing a rigid erection, suitable for intercourse exceeds 90%.

Flexibility - A significant advantage of the vacuum device is that it may be used in conjunction with other therapies. This may increase overall patient outcome results.

Builds Self Confidence - In many cases, the cause of erectile dysfunction is psychological. In such instances a vacuum therapy device may allow the patient, after his initial success, to gradually diminish his dependence on the device, as his sexual confidence returns.



Whether the cause of ED is due to prescription drug side effects, Hypertension, Diabetes, Injury, or a Radical Prostatectomy, a vacuum device will produce results. Don't suffer from ED, talk to your doctor to determine the cause of the problem and obtain a treatment method that is best for you.

Are you one of the 33.3% of men that would choose to use a vacuum device even if an oral ED pill was effective? Look at this study.

Sildenafil Versus The Vacuum Erection Device: Patient Preference *The Journal of Urology*, Volume 166, Issue 5, Pages 1779-1781 J. CHEN, N. MABJEESH, A. GREENSTEIN



The premier vacuum therapy system offered by **University Compounding Pharmacy**. Visit us at www.ucprx.com/urology.

Powerful battery operated pump provides quick initial seal to form a vacuum. Safe, easy to use, one piece, push button operation.

FEATURES

Both our Battery and Manual devices have the following features:

- Preset vacuum limiter for safety and comfort
- One piece design
- Multiple size cylinders inserts
- Multiple sizes of support rings for optimal effectiveness and comfort
- Loading cone for easy transfer of support ring onto the tube
- Carrying case
- Warranty on major components (not rings)

Our Vacuum Therapy Products are routinely covered by Medicare and other insurance groups. One of our specialists will personally train you on the proper use of Vacuum Therapy and bill the insurance for you.

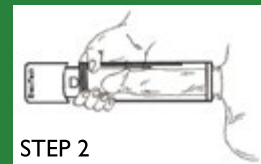
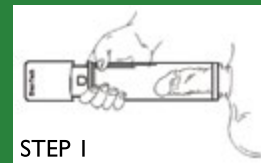


HOW IT WORKS

Vacuum Therapy is a simple means of producing an erection suitable for sexual intercourse. It does not require medication, injections, or surgery and is successful in treating Erectile Dysfunction due to virtually every underlying cause.

An acrylic cylinder is placed over the penis and against the body. A vacuum is then created which draws blood into the penis. This increased blood flow produces enlargement and rigidity. A support ring is placed at the base of the penis in order to maintain the erection and the cylinder is then removed.

The support ring will sustain an erection until it is removed. The ring may be safely left in place for up to 30 minutes.



Please research articles on early intervention and clinical protocols in the use of vacuum therapy following a Radical Prostatectomy. Early use of a vacuum device may initiate corporeal (penile) rehabilitation following a Radical Prostatectomy. Studies have supported enhanced recovery of nocturnal erections by means of penile tissue oxygenation. This also, encourages early sexual activity and interest for patients who may be inactive.

Management of Erectile Dysfunction after Radical Prostatectomy *Urology*, Volume 66, Issue 5, Pages 923-929 R. RAINA, A. AGARWAL, C. ZIPPE