Policy: MP078
Section: Medical Benefit Policy
Subject: Sexual Dysfunction Therapies

I. Policy: Sexual Dysfunction Therapies

II. Purpose/Objective:
To provide a policy of coverage regarding Sexual Dysfunction Therapies

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Sexual dysfunction describes any of a group of sexual disorders characterized by the inhibition of sexual desire or the physiological changes that characterize inhibition of sexual response. Impotency is a form of sexual dysfunction characterized by the inability to achieve and/or maintain penile erection sufficient to engage in sexual intercourse. Sexual dysfunction may be associated with complaints of decreased arousal, diminished vaginal lubrication, difficulty or inability to achieve orgasm, and discomfort with intercourse.

THERAPIES:
Medications: Medications for the treatment of erectile dysfunction are excluded and NOT COVERED for all lines of business unless specifically addressed in the applicable benefit document. For members with contracts that do not exclude these medications, coverage is subject to existence of a pharmacy benefit, and to the terms of the member’s pharmacy benefit plan. Patient administered medications for the treatment of impotence are administered by the Geisinger Health Plan Pharmacy Department. Applicable co-payments and/or deductibles also apply per the member’s pharmacy benefit plan.

External Devices: Coverage is subject to the terms, limitations and/or exclusions specific to the member’s benefit document or applicable rider.

Commercial group and non-group: services, devices and equipment related to sexual dysfunction, male or female, are excluded and are NOT COVERED per the applicable benefit document section titled “Exclusions”.

Commercial group and non-group: services, devices and equipment related to sexual dysfunction, male or female, are excluded and are NOT COVERED per the applicable benefit document section titled “Exclusions”.

For members with contracts that do not exclude such devices, external penile vacuum constriction devices may be covered when prescribed by a Plan physician as an alternative to other therapies for the treatment of impotence.

Implantable Devices:
Commercial group and non-group: implantable devices related to sexual dysfunction, are excluded and are NOT COVERED per the applicable benefit document section titled “Exclusions”.

For members with contracts that do not exclude implantable devices for the treatment of sexual dysfunction, coverage is subject to the terms, limitations and/or exclusions specific to the member’s benefit document. When not specifically excluded, surgically implantable inflatable or non-inflatable penile prosthetic devices are considered medically necessary when:
- Impotence is organic in nature; and
- The member has failed other treatment options, or other treatment options are contraindicated, including but not limited to injections or vacuum pump.

Surgical repair, removal and/or replacement may be necessary due to malfunction of the prosthesis or patient complications. Unless excluded by benefit contract, these services are considered medically necessary and are covered.

EXCLUSIONS:
For group and non-group members, sexual dysfunction services, devices and equipment are excluded and are not covered per the applicable benefit document section titled “Exclusions” unless explicitly provided under the terms of a Rider and listed on the current face sheet.

Clitoral stimulation devices (e.g., Eros clitoral stimulation device). There is insufficient peer reviewed literature to support the efficacy of this treatment at this time. The device is considered investigational and is NOT COVERED.

Penile revascularization surgery is considered investigational and is NOT COVERED. There is insufficient evidence in the published, peer-reviewed medical literature to support the safety and efficacy of this procedure.

Extracorporeal shock wave therapy (ESWT) for treatment of erectile dysfunction is considered investigational and is NOT COVERED. There is insufficient evidence in the published, peer-reviewed medical literature to support the safety and efficacy of this procedure.

Stem cell therapy) for treatment of erectile dysfunction is considered investigational and is NOT COVERED. There is insufficient evidence in the published, peer-reviewed medical literature to support the safety and efficacy of this procedure.
Surgically implanted penile prosthetic devices for the treatment of psychogenic erectile dysfunction is considered not medically necessary and is **NOT COVERED**

**Note:** A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

**CODING ASSOCIATED WITH:** Sexual Dysfunction Therapies

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

L7900  Vacuum erection system
L7902  Tension ring, for vacuum erection device, any type, replacement only, each
54400  Insertion of penile prosthesis, non-inflatable (semi-rigid)
54401  Insertion of penile prosthesis, inflatable (self-contained)
54405  Insertion of inflatable (multi-component) penile prosthesis including placement of pump, cylinders and/or reservoir
54406  Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408  Repair of components of a multi-component inflatable penile prosthesis
54410  Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session
   through an infected field, at the same operative session, including irrigation and debridement of infected tissue
54415  Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416  Removal of a non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis without replacement through an infected field
C1813  Prosthesis, penile, inflatable
C2622  Prosthesis, penile, non-inflatable


**LINE OF BUSINESS:**

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

**REFERENCES:**


Man L, Li G. Low-intensity extracorporeal shock wave therapy for erectile dysfunction: A systematic review and meta-analysis. Urology. 2017 Sep 26

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 08/02

**Revised:** 10/02 (correction of GOLD exclusion for penile implant); 10/03 (Remove D.O.C.language from penile prosthesis section); 3/04 (contract exclusions added); 3/05 (clarify HMO exclusion language); 3/07(Clarify exclusion language); 3/08(subcert language); 3/10 (subcert lang), 7/16 (Gender Language); 2/19 (add exclusions)