

## Diagnosis and Treatment of Impotence (NCD 230.4)

<b>Policy Number</b>	230.4	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	06/11/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Table of Contents	
<b>Application</b> .....	<b>1</b>
<b>Summary</b> .....	<b>2</b>
Indications and Limitations of Coverage .....	2
<b>Coding Criteria</b> .....	<b>2</b>
<b>ICP/PCS Codes</b> .....	<b>3</b>
<b>References Included (but not limited to):</b> .....	<b>4</b>
<b>History</b> .....	<b>5</b>

### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American

## Diagnosis and Treatment of Impotence (NCD 230.4)

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### Summary

Impotence is a failure of a body part for which the diagnosis, and frequently the treatment, require medical expertise. Depending on the cause of the condition, treatment may be surgical; e.g., implantation of a penile prosthesis, or nonsurgical; e.g., medical or psychotherapeutic treatment.

### Indications and Limitations of Coverage

Program payment may be made for diagnosis and treatment of sexual impotence. Since causes and, therefore, appropriate treatment vary, if abuse is suspected it may be necessary to request documentation of appropriateness in individual cases. If treatment is furnished to patients (other than hospital inpatients) in connection with a mental condition, apply the psychiatric service limitation described in the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 3.

### CPT/HCPCS Codes

Code	Description
37788	Penile revascularization, artery, with or without vein graft
37790	Penile venous occlusive procedure
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
54200	Injection procedure for Peyronie disease;
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	Irrigation of corpora cavernosa for priapism
54230	Injection procedure for corpora cavernosography
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	Penile plethysmography (See NCD 160.26 Cavernous Nerves by Electrical Stimulation with Penile Plethysmography)
54250	Nocturnal penile tumescence and/or rigidity test
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
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

## Diagnosis and Treatment of Impotence (NCD 230.4)

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
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
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	Plastic operation of penis for injury
74445	Corpora cavernosography, radiological supervision and interpretation
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
J2440	Injection, papaverine HCl, up to 60 mg
J2760	Injection, phentolamine mesylate, up to 5 mg

The ICP codes below are not CMS sourced nor are they an all-inclusive list; however, they may be submitted for surgical treatment of impotence.

ICP/PCS Codes			
ICP Code	Description	PCS Code	Description
64.94	Fitting of external prosthesis of penis	0VUSXJZ	Supplement Penis with Synthetic Substitute, External Approach
		0VUSX7Z	Supplement Penis with Autologous Tissue Substitute, External Approach
		0VUSXKZ	Supplement Penis with Nonautologous Tissue Substitute, External Approach

## Diagnosis and Treatment of Impotence (NCD 230.4)

64.95	Insertion or replacement of non-inflatable penile prosthesis	0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
		0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
64.96	Removal of internal prosthesis of penis	0VPS0JZ	Removal of Synthetic Substitute from Penis, Open Approach
		0VPS3JZ	Removal of Synthetic Substitute from Penis, Percutaneous Approach
		0VPS4JZ	Removal of Synthetic Substitute from Penis, Percutaneous Endoscopic Approach
		0VPS7JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening
		0VPS8JZ	Removal of Synthetic Substitute from Penis, Via Natural or Artificial Opening Endoscopic
64.97	Insertion or replacement of inflatable penile prosthesis	0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
		0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
64.98	Other operations on penis	0V9S00Z	Drainage of Penis with Drainage Device, Open Approach
		0V9S30Z	Drainage of Penis with Drainage Device, Percutaneous Approach
		0V9S40Z	Drainage of Penis with Drainage Device, Percutaneous Endoscopic Approach
		0V9SX0Z	Drainage of Penis with Drainage Device, External Approach
		3E1N38X	Irrigation of Male Reproductive using Irrigating Substance, Percutaneous Approach, Diagnostic
		3E1N38Z	Irrigation of Male Reproductive using Irrigating Substance, Percutaneous Approach
		3E1N78X	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening, Diagnostic
		3E1N78Z	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening
		3E1N88X	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening Endoscopic, Diagnostic
		3E1N88Z	Irrigation of Male Reproductive using Irrigating Substance, Via Natural or Artificial Opening Endoscopic

### References Included (but not limited to):

**CMS NCD**

NCD 230.4 Diagnosis and Treatment of Impotence

**CMS LCDs**

Numerous LCDs

**CMS Local Coverage Articles**

Numerous Articles

## Diagnosis and Treatment of Impotence (NCD 230.4)

**CMS Benefit Policy Manual**

Chapter 15, §70 - Sleep Disorder Clinics (B) (3) Impotence (CPT code 54250)

**CMS Claims Processing Manual**

Chapter 12, §90.3 - Physicians' Services Performed in Ambulatory Surgical Centers (ASC)

Chapter 14, §10 – General; §40.8 - Payment When a Device is Furnished With No Cost or With Full or Partial Credit Beginning January 1, 2008

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid (penile prosthesis)

Impotence Treatment Coverage Summary

**UnitedHealthcare Medicare & Retirement Reimbursement Policies**

Self Administered Drug(s) Reimbursement Policy

NCD 160.26 Cavernous Nerves by Electrical Stimulation with Penile Plethysmography

**UnitedHealth Group Medical Policies**

Nerve Graft To Restore Erectile Function During Radical Prostatectomy Medical Policy

Neurophysiologic Testing Medical Policy (indicates CPT code 95869 is covered)

### History

Date	Revisions
06/11/2014	<ul style="list-style-type: none"> <li>• Annual review</li> <li>• MRPC approved</li> </ul>
06/26/2013	<ul style="list-style-type: none"> <li>• Annual review</li> <li>• MRPC approved</li> </ul>
04/25/2012	<ul style="list-style-type: none"> <li>• Annual review</li> <li>• MRPC approved</li> </ul>