

POLICY TITLE	ERECTILE DYSFUNCTION
POLICY NUMBER	MP- 2.016

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**I. POLICY**

The following procedures may be considered **medically necessary** in the diagnosis of erectile dysfunction:

- Duplex scans (Doppler and ultrasound) in conjunction with intracorporeal papaverine;
- Laboratory tests for hormone levels, and tests for pituitary, thyroid, or adrenal dysfunction;
- Nocturnal penile tumescence (NPT) test and rigidity monitoring; and
- Pudendal arteriography.

Treatment of erectile dysfunction may be considered **medically necessary** and appropriate when the condition has been determined to be the result of or related to an organic disease or injury. In these instances, covered services include, but are not limited to:

- Arterial revascularization in men with normal corporeal venous function who have arteriogenic erectile dysfunction secondary to pelvic or perineal trauma;
- Insertion of penile prosthesis (see below).
- Intracavernous vasoactive drug injection therapy with papaverine, phentolamine, and/or prostaglandin E1 (alprostadil);
- Intraurethral insertion of the prostaglandin alprostadil;
- Use of medication (may be covered under the prescription benefit and subject to quantity limit);
- Vacuum erection assistance devices;

Penile prosthetic implants may be considered **medically necessary** and appropriate for males over age eighteen (18) when non-invasive forms of therapy have failed and erectile dysfunction is the result of or related to any of the following organic diseases or conditions:

- Paraplegia;
- Peyronie’s disease;
- Following pelvic trauma with urogenital injury;
- Following radiation therapy to the pelvis;

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- For other organic diagnoses when documentation shows that impotence has existed for over one year
- Following radical pelvic or perineal surgery, including:
  - Abdominal-perineal resection;
  - Anterior Exenteration;
  - Cystectomy;
  - Partial penectomy;
  - Pelvic Exenteration; or
  - Prostatectomy;

The following procedures are considered **not medically necessary** in the diagnosis of erectile dysfunction:

- Corpora cavernosal electromyography.
- Dorsal nerve conduction latencies; and
- Evoked potential measurements;

The following are considered **investigational** in the treatment of erectile dysfunction, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure:

- Application of topical cream or gel containing vasodilators;
- Arterial (penile) revascularization, except as listed above; and
- Venous ligations in the treatment of venous leak impotency.

Other treatments of psychogenic erectile dysfunction are considered **not medically necessary**.

***Cross-reference:***

**MP-1.004** Cosmetic and Reconstructive Surgery

**MP-6.018** Prosthetics

**II. PRODUCT VARIATIONS**

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*[N] = No product variation, policy applies as stated*

*[Y] = Standard product coverage varies from application of this policy, see below*

[N] Capital Cares 4 Kids

[N] Indemnity

[Y] PPO\*

[N] SpecialCare

[Y] HMO\*\*

[Y] POS\*

[N] SeniorBlue HMO

[Y] FEP PPO\*\*\*

[N] SeniorBlue PPO

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\*Treatment, medicines, devices, or drugs in connection with sexual dysfunction, both male and female, not related to organic disease or injury is excluded from coverage.

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\*\*\*Benefits are provided for surgically implanted penile prostheses to treat erectile dysfunction regardless of its physiological cause.

**III. DESCRIPTION/BACKGROUND**

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Erectile dysfunction, also called impotence, is the inability of the male to achieve and/or maintain an erection sufficient to enable penetration. Erectile dysfunction can be a secondary symptom of systemic diseases, i.e., diabetes mellitus, hypertension, or peripheral vascular disease or as a result of the treatment of a disease. Erectile dysfunction may also be psychogenic in origin or the result of penile trauma, spinal cord injuries or abnormalities of the penis. Alcohol consumption, drugs and smoking may contribute to erectile dysfunction.

**IV. RATIONALE**

NA

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**V. DEFINITIONS**

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**ALPROSTADIL** is a synthetic prostaglandin used to treat erectile dysfunction.

**CORPUS CAVERNOSUM** refers to the two columns of erectile tissue within the penis.

**INTRACAVERNOSUS VASOACTIVE INJECTION THERAPY** is an administration of papaverine, phentolamine, and/or prostaglandin E1 (alprostadil) via a needle, which is injected into the area along the shaft of the penis known as the corpus cavernosum. This relaxes the smooth muscle, enhancing the blood flow to the penis, causing erection in five to twenty minutes.

**PAPAVERINE** is the salt of an alkaloid obtained from opium; used as a smooth muscle relaxant.

**PENILE PROSTHESIS** is a device implanted in the penis that enables it to become erect. The device is used in patients with organic erectile dysfunction to maintain an erection.

**PEYRONIE’S DISEASE** is a dorsal deformity or curvature of the penis caused by fibrous tissue within the supportive tissue of the penis. When the distortion of the penis is severe, the affected individual may experience erectile dysfunction.

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**VI. BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

**VII. DISCLAIMER**

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*Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VIII. CODING INFORMATION**

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Covered when medically necessary:**

<b>CPT Codes®</b>								
37788	37790	37799	54200	54230	54231	54235	54240	54250
54400	54401	54405	54406	54408	54410	54411	54415	54416
54417	80061	80076	82565	84480	84481	84482	93975	93976
93980	93981							

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<b>HCPCS Code</b>	<b>Description</b>
C1813	PROSTHESIS, PENILE, INFLATABLE
C2622	PROSTHESIS, PENILE, NON-INFLATABLE
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
L7900	MALE VACUUM ERECTION SYSTEM

<b>ICD-9-CM Diagnosis Code*</b>	<b>Description</b>
607.84	IMPOTENCE OF ORGANIC ORIGIN
607.85	PEYRONIE'S DISEASE
607.89	OTHER SPECIFIED DISORDER OF PENIS

\*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

**The following ICD-10 diagnosis codes will be effective October 1, 2014:**

<b>ICD-10-CM Diagnosis Code*</b>	<b>Description</b>
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2	Drug-induced erectile dysfunction
N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.39	Other post-surgical erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
N48.82	Acquired torsion of penis
N48.83	Acquired buried penis
N48.89	Other specified disorders of penis

\*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

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American Urological Association (AUA). *Management of Erectile Dysfunction ('05/Updated '06)* [Website]: [\\_ http://www.auanet.org](http://www.auanet.org) Accessed December 2, 2013.

Centers for Medicare and Medicaid Services (CMS) *National Coverage Determination (NCD) 230.4 Diagnosis and Treatment of Impotence* CMS [Website]: <https://www.cms.gov> Accessed December 2, 2013.

Martin, Kathryn. *Treatment of male sexual dysfunction* In: *UpToDate Online Journal* [serial online]. Waltham, MA: UpToDate; updated May 1, 2012. [Website] : [www.uptodate.com](http://www.uptodate.com) . Accessed December 2, 2013.

Pahlajani, G., Raina, R., Jones, S., Ali, M. and Zippe, C. (2012), *Vacuum Erection Devices Revisited: Its Emerging Role in the Treatment of Erectile Dysfunction and Early Penile Rehabilitation Following Prostate Cancer Therapy*. *Journal of Sexual Medicine*, 9: 1182–1189. doi: 10.1111/j.1743-6109.2010.01881.x

Santucci RA. *Penile prosthesis implantation*. Updated Jan 23, 2012. [Website]: <http://emedicine.medscape.com/article/446761-overview>. Accessed December 2, 2013.

*Taber’s Cyclopedic Medical Dictionary, 19th edition.*

**X. POLICY HISTORY**

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<b>MP 2.016</b>	<b>CAC 5/25/04</b>
	<b>CAC 10/26/04</b>
	<b>CAC 10/25/05</b>
	<b>CAC 11/29/05</b>
	<b>CAC 11/28/06</b>
	<b>CAC 11/25/08</b>
	<b>CAC 11/24/09</b> Consensus
	<b>CAC 11/30/10</b> Consensus review-no change in policy statements. References updated.
	<b>CAC 2/28/12</b> Consensus review.
	<b>CAC 3/26/13</b> Consensus review. No change to policy statements. References updated.
	<b>03/06/13-</b> ICD 10 codes added to the policy- skb
	<b>CAC 1/28/14</b> Consensus review. No change to policy statements. References updated.

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