



## Medicare Part C Medical Coverage Policy

### Penile Implants

**Origination:** July 16, 1990

**Review Date:** May 17, 2023

**Next Review:** May 2025

***\*\*\*This policy applies to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services. \*\*\****

### **DESCRIPTION OF PROCEDURE OR SERVICE**

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

### **POLICY STATEMENT**

Coverage will be provided for penile implants when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

### **BENEFIT APPLICATION**

Please refer to the member's individual Evidence of Coverage (EOC) for benefit determination. Coverage will be approved according to the EOC limitations if the criteria are met.

Coverage decisions for members will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCD);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

## **INDICATIONS FOR COVERAGE**

### **Preauthorization by the Plan is required.**

Penile implants are covered when all of the following criteria are met:

1. The history and physical exam of the member are consistent with erectile dysfunction.
  - The member has a medical (organic) condition that directly contributes to erectile dysfunction for at least six months;

### **AND**

- Medical therapies have been tried and failed, such as testosterone replacement therapy using topical creams, patches, IM injections, or PDE5 inhibitors (which may be covered under Part D formulary if the member has elected Part D coverage).

### **Replacement of a penile implant is covered:**

1. If the device malfunctions, breaks, or becomes infected;
2. If medical necessity criteria continue to be met; *and*
3. If replacement is not part of the manufacturer warranty.

## **WHEN COVERAGE WILL NOT BE APPROVED**

When the above medical criteria and guidelines are not met.

## **BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION**

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

*Applicable codes: 54400, 54401, 54405, 54408, 54410, 54411, 54416, 54417*

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## **SPECIAL NOTES**

For dates of service on or after July 1, 2015, vacuum erection devices (VES), HCPCS codes L7900 and L7902 are statutorily non-covered based on the Achieving a Better Life Experience (ABLE) Act of 2014.

References:

1. Medicare National Coverage Determination for Diagnosis and Treatment of Impotence (ID #230.4); Effective date: Longstanding determination- effective date not posted: Accessed on 04/28/2023 via Internet site [www.cms.gov/mcd/viewnacd](http://www.cms.gov/mcd/viewnacd)
2. CMS MLN Matters SE1511, Discontinued Coverage of Vacuum Erection Systems (VES) Prosthetic Devices in Accordance with the Achieving a Better Life Experience Act of 2014. Accessed online at <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/SE1511.pdf> on 4/28/2023.
3. United Healthcare Medicare Advantage Plans: Impotence Treatment Coverage Summary, Original Approval Date 07/15/2008; Last Review Date: 06/16/2015. Accessed online at [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com), old reference.
4. Humana Medical Coverage Policy: Erectile Dysfunction and Peyronie's Disease Treatments. Original Approval Date: 03/01/2023; Last Review date: 03/01/2023. Accessed online at [http://apps.humana.com/tad/tad\\_new/Search.aspx?searchtype=beginswith&docbegin=E&policyType=medical](http://apps.humana.com/tad/tad_new/Search.aspx?searchtype=beginswith&docbegin=E&policyType=medical) on 04/28/2023.

**Policy Implementation/Update Information:**

Revision Date: September 29, 1999; October 8, 2003; August 24, 2005

Policy renamed: Impotence, 11/3/2003. Previous policy name: Impotence / Penile Implants

November 2008: Name changed from Impotence to Penile Implants for clarification; Clarified language to state "The member has failed a trial use of a vacuum erection system and/or medications" to when coverage will be approved; Moved to organic causes for impotence to the Special Notes section instead of the criteria section; Added guidelines for replacement of the penile implant

Revision Date: August 2012: No criteria changes

Revision Date: July 15,2015: Annual Review, updated Description of Procedure or Services with current NCD language, reformatted Indications For Coverage, item #1 to keep pertinent therapies as tried and failed; removed "appropriate diagnostic test" language as no CMS guidance referencing this criteria; added the following under When Coverage Will Not Be Approved: For dates of service on or after July 1, 2015, vacuum erection devices (HCPCS codes L7900 and L7902) are statutorily non-covered based on the Achieving a Better Life Experience (ABLE) Act of 2014; Removed Special Notes for Causes and Treatments of Organic Impotence for Men, as this language is not noted in CMS or referenced guidelines; Updated Reference section.

Revision Date: July 12, 2017: Annual Review; No CMS Updates. Minor Revisions Only.

Revision Date: May 15,2019: Annual Review; No CMS Updates. Minor Revisions Only.

Revision Date: May 19, 2021; Annual Review; No CMS Updates. Minor Revisions Only.

Revision Date: May 17, 2023: Annual Review; No CMS Updates. Minor Revisions only.

**Approval Dates:**

Medical Coverage Policy Committee:

May 17, 2023

Policy Owner: Beth Sell, RN-BSN, CCM, CPC-A  
Medical Policy Coordinator