

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>ERECTILE DYSFUNCTION</b>
<b>POLICY NUMBER</b>	<b>MP 2.016</b>

<b>Effective Date:</b>	<b>1/1/2024</b>
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**I. POLICY**

The following procedures may be considered **medically necessary** in individuals with the diagnosis of erectile dysfunction (ED):

- Duplex scans (Doppler and ultrasound) in conjunction with intracorporeal papaverine;
- Nocturnal penile tumescence (NPT) test and rigidity monitoring;
- Pudendal arteriography.

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.

Treatment of erectile dysfunction may be considered **medically necessary** when all the following are met

- Individuals age ≥18 and
- Evaluation and treatment for underlying disease or condition that may be causing ED has been completed, and
- No evidence of symptomatic or untreated hypogonadism or hyperprolactinemia and,
- The condition has been determined to be the result of, or related to, an organic disease or injury.

The following treatments are considered **medically necessary** for erectile dysfunction when the above criteria is met:

- Intraurethral insertion of the prostaglandin alprostadil;
- Intracavernous vasoactive drug injection therapy with papaverine, phentolamine, and/or prostaglandin E1 (alprostadil);
- Vacuum erection assistance devices;
- Penile prosthetic implants when non-invasive forms of therapy have failed, are contraindicated, or are not tolerated
- Penile arterial revascularization when **ALL** the following criteria are met (see Policy Guidelines):

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- Individual is a nonsmoker
- Corporeal venous function is normal;
- There is no evidence of generalized vascular disease (including, but not limited to: diabetes mellitus, hypertension, coronary artery disease), Peyronie’s plaques, intracavernosal masses, nodules, or sensory neuropathy;
- Erectile dysfunction is secondary to a focal arterial occlusion as evidenced by arteriography or duplex ultrasonography;
- Arteriogenic erectile dysfunction is secondary to pelvic or perineal trauma;

The following are considered **investigational** in the treatment of erectile dysfunction, as there is insufficient evidence to support a general 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;
- Venous ligations in the treatment of venous leak impotency.
- Extracorporeal shock wave therapy (ESWT)
- Intracavernosal stem cell therapy
- Platelet-rich plasma (PRP)

### POLICY GUIDELINES

Per the American Urology Association, penile arterial reconstruction surgery may be considered for men with ED who are young and who do not have veno-occlusive dysfunction or any evidence of generalized vascular disease or other comorbidities that could compromise vascular integrity. The Panel cautions that this literature presents many challenges to interpretation; therefore, consideration of this procedure should be limited to the small proportion of men who meet these criteria, and performance of the procedure should be limited to the highly skilled and experienced surgeon with a track record of success in a center of excellence. Men and their partners must be counseled that the long-term success of the procedure is not well-established.

Organic conditions or diseases which may result in erectile dysfunction, include but are not limited to the following:

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

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- Prostatectomy;

**Cross-reference:**

**MP-1.004** Cosmetic and Reconstructive Surgery

**MP-2.345** Subcutaneous Hormone Pellet Implant

**MP-6.018** Prosthetics and Accessories

### II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

### III. DESCRIPTION/BACKGROUND

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Erectile dysfunction is the inability to develop and maintain an erection for satisfactory sexual intercourse or activity in the absence of an ejaculatory disorder such as premature ejaculation. *Erectile dysfunction* is the preferred term rather than impotence. 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.

**Penile arterial revascularization:** This procedure is designed to keep blood flowing by rerouting it around a blocked or injured vessel. Indicated only for younger men with no known risk factors for atherosclerosis, this procedure is aimed at correcting any vessel injury at the base of the penis caused by adverse events such as blunt trauma or pelvic fracture. When a penile vessel is injured or blocked and cannot allow blood transfer, the surgeon may microscopically connect a nearby artery to get around the site. This procedure clears the pathway so enough blood can be supplied to the penis to enable an erection.

**Venous ligation surgery:** This procedure closes leaking penile veins that are causing penile rigidity to diminish during erection. Vein occlusion that is necessary for penile firmness is dependent on arterial blood flow and relaxation of the spongy tissue in the penis, this approach is designed to intentionally block off problematic veins so that there is enough blood trapped in the penis to create an appropriate erection.

**Penile prostheses:** There are two main types of penile implants, semirigid (malleable and mechanical) and inflatable. In semirigid prostheses, the penis is always erect although it can be orientated in different ways. They are easier to use and the surgical procedure is less complex compared with inflatable prostheses. Inflatable prosthesis feel softer than semirigid or two-piece and result in a more natural erection than others kinds of prosthesis.

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**Vacuum constriction devices:** Stiffening of the penis occurs by drawing blood into the organ with a pump and holding it with an "occluding band."

**Intracavernous vasoconstrictive injection therapy:** Vasoactive drugs are injected directly into the corpora cavernosa where they expand the vessels, relax the tissue and increase blood flow resulting in the formation of an erection.

**Intraurethral insertion of the prostaglandin alprostadil;** Medicated Urethral System for Erection (MUSE) is a device used to insert an alprostadil suppository into the urethral opening. Eighty percent of the drug is absorbed after ten minutes.

**IV. RATIONALE**

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Policy statements are based on the American Urological Association Erectile Dysfunction Management Guideline 2018 found at [https://www.auanet.org/guidelines-and-quality/guidelines/erectile-dysfunction-\(ed\)-guideline](https://www.auanet.org/guidelines-and-quality/guidelines/erectile-dysfunction-(ed)-guideline)

**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.

**INTRACAVERNOUS 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.

**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 health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member’s health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member’s health benefit plan for information or contact Capital Blue Cross for benefit information.

**VII. DISCLAIMER**

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Capital Blue Cross'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. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross 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:

Procedure Codes								
36245	36246	36247	36248	37788	37790	54200	54205	54235
54240	54250	54400	54401	54405	54406	54408	54410	54411
54415	54416	54417	75736	93975	93976	93980	93981	C1813
C2622	J0270	J0275	J2440	J2760	L7900	L7902		

#### Investigational, and therefore, not covered

Procedure Codes								
0232T	0101T	0864T						

ICD-10-CM Diagnosis Code	Description
N48.6	Induration penis plastica
N48.82	Acquired torsion of penis
N48.83	Acquired buried penis
N48.89	Other specified disorders of penis
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

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<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
N48.6	Induration penis plastica
N48.82	Acquired torsion of penis
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.35	Erectile dysfunction following radiation therapy
N52.36	Erectile dysfunction following interstitial seed therapy
N52.37	Erectile dysfunction following prostate ablative therapy
N52.39	Other and unspecified post procedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified

### IX. REFERENCES

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11. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.25, Erectile Dysfunction. Archived October 2009.*

### X. POLICY HISTORY

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<b>MP 2.016</b>	<b>01/24/2019 Admin update.</b> Policy revised to remove lab testing for erectile dysfunction. No other statement changes. Will be managed by lab vendor effective 5/1/2019. References and coding updated.
	<b>02/10/2020 Consensus review.</b> Policy statement unchanged. References reviewed.
	<b>02/01/2021 Consensus review.</b> No change to policy statements. Added CPT (36245-36248 & 75736), HCPCS (J0270, J0275, & L7902), and Dx (N52.8 & N52.9) codes. Deleted CPT codes 54230 & 54231. Removed PPO, POS, and HMO from Product Variations per Dr. Harrold. References updated.
	<b>03/25/2022 Consensus review.</b> No change to policy statement. Product Variations updated. References reviewed and updated. Coding table format updated.
	<b>02/02/2023 Minor review.</b> Formatting updates to policy, additional criteria for penile revascularization, and 3 new treatments listed in the INV statement. Updates to policy guidelines and references. INV coding table added.
	<b>12/13/2023 Admin update.</b> New code 0864T added, effective 1/1/24.

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