



A WellCare Company

POLICY AND PROCEDURE MANUAL

Policy Title: Sexual Dysfunction and Impotence	Policy Number: F.10
Primary Department: Medical Management	NCQA Standard: N/A
Affiliated Department(s): N/A	URAC Standard: N/A
Last Revision Date: 03/31/2020 Revision Dates: 12/2011; 10/26/2012; 11/26/2013; 10/31/2014; 07/29/2015; 09/07/2016; 09/08/2017; 08/24/2018; 03/08/2019 Effective Date: 11/19/2010	Next Review Date: 03/31/2021 Review Dates: 12/16/2011; 12/21/2012; 12/20/2013; 12/19/2014; 09/25/2015; 09/23/2016; 09/28/2017; 09/26/2018; 03/20/2019, 3/31/2020
Applicable Lines of Business: <input type="checkbox"/> MeridianCare <input checked="" type="checkbox"/> MeridianHealth <input type="checkbox"/> MeridianComplete <input checked="" type="checkbox"/> MeridianChoice	
Applicable States: <input type="checkbox"/> All <input checked="" type="checkbox"/> MI <input checked="" type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Applicable Programs: <input checked="" type="checkbox"/> All <input type="checkbox"/> Other _____	
Policy is to be published: Internally Only <input type="checkbox"/> Internally & Externally <input checked="" type="checkbox"/>	

Definitions:

Male Erectile Dysfunction (ED)	The inability of a man to attain and maintain an erection sufficient for sexual intercourse. ED is classified as organic, psychogenic, or mixed psychogenic and organic. ED may also be a secondary symptom of systemic diseases or their treatment.
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Policy:

Appropriate evaluation of ED leads to accurate advice, management and referral of patients. The diagnostic evaluation of a patient with ED should include a detailed medical and psychosexual history and focused physical examination. Adjunctive testing, such as a vascular assessment and neurological assessment may be indicated in select patients. Treatment will vary depending on the severity and cause of the dysfunction. First-line medical therapy of ED usually consists of phosphodiesterase-5 (PDE-5) inhibitors.

There are several second-line therapies that have been shown to be effective: penile self-injectable drugs, intraurethral alprostadil, and vacuum devices. Surgical implantation of a penile prosthesis should be reserved for men who cannot use or who have not responded to first and second-line therapies

For more severe disease, usually associated with advanced diabetes, surgical or radiation treatment for prostate or bladder cancer or Peyronie's disease, drug treatment or treatment with an external vacuum device may be ineffective. Implantation of a penile prosthesis is a therapeutic alternative. There are three basic kinds of penile implants: semi-rigid (malleable) implant, two-piece inflatable implant, and three-piece inflatable implant.

Procedure:

Criteria for Coverage:

1. Evaluation for cause of impotence (organic vs. non-organic) is covered as a medical service subject to the limitations of contract or benefit. This would include, but is not limited to:
 - a. A medical, psychosocial and sexual history; physical examination; and appropriate laboratory and diagnostic evaluation.
2. External male erectile vacuum devices are covered at the Durable Medical Equipment benefit level in Michigan only. Coverage requirements include:
 - a. Males at least 18 years of age with a diagnosis of organic ED.
 - b. An appropriate evaluation must be done to determine the necessity for the external penile vacuum pump.
 - c. Contraindicated in patients with blood dyscrasias, including sickle cell disease, or those taking anticoagulants.
 - a. Only one external penile vacuum pump is permitted per lifetime
3. All requests for penile implants will be reviewed with InterQual criteria (see special instructions for more detailed state coverage)
4. **The following items are NOT a covered benefit:**
 - a. Treatment and testing with drugs for Medicaid members, unless permitted by State or Federal Contract
 - b. Psychological counseling for erectile dysfunction
 - c. Exogenous testosterone replacement therapy or PDE-5 inhibitor medications given with the intent of treating ED, penile self-injections with vasoactive drugs or intraurethral suppositories.
 - d. Extracorporeal shock wave therapy for Peyronie's disease or low-intensity shock therapy (LIST).
 - e. Intracavernosal stem cell therapy is considered investigational
 - f. Platelet-rich (PRP) therapy is considered experimental

General Information

1. Treatment and testing with drugs is NOT a covered benefit unless permitted by State or Federal contract.
2. For all sexual dysfunction requests regarding treatment of a female, benefit packages must be verified when applicable.

Absolute Contraindications:

- a. Other than treatments and tests which are limited by contract or benefit, appropriate and medically necessary diagnostic tests are covered to determine if the cause of impotency is organic or non-organic for impotence.
- b. Drug Therapy (oral, injectable, pellets, intraurethral suppositories) is **NOT** a covered benefit for Medicaid members as governed by State and Federal regulations.

Line of Business Applicability:

This policy applies to Michigan Medicaid, Illinois Medicaid, and Individual plans.

For **Medicaid/Medicaid Expansion Plan** members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html), or the Illinois Medicaid Fee Schedule (located at: <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at:

http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), or the Illinois Medicaid Provider Manual (located at: <http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx>) the applicable Medicaid Provider Manual will govern.

For **Individual** members, consult the individual insurance policy. If there is a discrepancy between this policy and the individual insurance policy document, the guidelines in the individual insurance policy will govern.

State specific special instructions:

None: ☐

MI: Medicaid: Penile implant / prosthesis is covered and requires review

IL: Medicaid: Penile implant / prosthesis is only a covered benefit under the Medicare portion of a MMAI plan member (Dual Medicaid and Medicare). External vacuum pump and tension rings are not on IL DME schedule, and are not a covered benefit.

OH:

References:

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3. Cochrane Database of Systematic Reviews, Prostaglandin E1 for treatment of erectile dysfunction, Uriuoli, R., et al., Issue 2, 2006. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001784.pub2/full>
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6. Miller, T. A., Diagnostic Evaluation of Erectile Dysfunction, American Family Physician, Vol. 61 No. 1, January 1, 2000. Retrieved from: <http://www.aafp.org/afp/2000/0101/p95.html>
7. Sadovsky, R., and S. Althof, Men's Sexual Issues, Sexual Health, Clinics In Family Practice, Vol. , No. 4, 863-915, December 2004
8. Schapiro, R., Managing Symptoms of Multiple Sclerosis, Neurological Clinics, Vol. 23, Issue 1, 177-187, February 2005
9. Schroder, M., et al., Clitoral therapy device for treatment of sexual dysfunction in irradiated cervical cancer patients, Int J Radiat Oncol Biol Phys., Vol. 61, Issue 4, 1078-86, March 2005
10. Michigan Medicaid Provider Manual. (Version date: April 1, 2016).
11. Michigan MDCH Provider Fee Schedule. Retrieved from: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html
12. Centers for Medicaid and Medicare Services (CMS). Medicare General Information, Eligibility, and Entitlement Manual, Chapter 3. Retrieved from: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c03.pdf>
13. "Up to Date" Treatment of Male Sexual dysfunction. Literature review current through: Dec 2019.

State Letters/Bulletins				MSA 06-02 Termination of Sexual or Erectile Dysfunction Drug Coverage, (12/2005)	
CMS National/Local Coverage Determination (NCD/LCD)	NCD 230.4 (v.1)			LCD GU-016 (07/2003)	
Medicare Managed Care Manual:					
Medicaid CFR:					
State Administrative Codes:					
Contract Requirements:					
Related Policies:					