

Male Erectile Dysfunction

Policy Number:

MM.12.011

Line(s) of Business:

PPO; HMO; Fed 87

Lines of Business Excluded

QUEST

Section:

Other/Miscellaneous

Place(s) of Service:

Outpatient

Original Effective Date:

03/11/2008

Current Effective Date:

10/25/2013

I. Description

Erectile dysfunction (ED), also called impotence, is the persistent inability to attain and maintain an erection sufficient for sexual intercourse. Causes of ED are divided into two types, psychogenic and organic. Psychogenic ED is often secondary to anxiety, stress or depression. It usually has sudden onset and can be intermittent; frequently, nocturnal erections occur in men who have psychogenic ED. Organic disease is defined as anatomic or pathophysiologic changes occurring in some bodily tissue or organ. Organic ED may be secondary to specific vascular, systemic, respiratory, endocrine or nervous system conditions. A good medical and sexual history as well as a physical exam is important in the diagnosis of ED.

The literature defines the standard patient as a man who develops erectile dysfunction after a well-established period of normal erectile function, whose erectile dysfunction is primarily organic rather than psychological, and who has no evidence of hypogonadism or hyperprolactinemia. Experts also recognize the importance of diagnosing and treating sexual problems due to primary endocrine disorders. The panel also recognizes there is frequently a psychogenic overlay in the etiology of organic erectile dysfunction and there may be a need with particular patients to combine different types of treatment, including sexual counseling and in some cases psychotherapy.

Several treatments are available for organic and psychogenic causes of ED. With the exception of the Fed87 plan, HMSA does not cover oral pharmaceuticals for the treatment of ED whether it is of organic or psychogenic origin.

II. Criteria/Guidelines

- A. The evaluation of ED is covered (subject to Limitations/ Exclusions and Administrative Guidelines) when all of the following criteria are met:
 1. ED has lasted more than six months
 2. A comprehensive history and physical exam (including medical and sexual) and, if appropriate, psychosocial evaluation has been performed

3. Patient has a history of conditions that may be associated with organic causes ED including but not limited to, cardiovascular disease, diabetes, obesity, epilepsy, stroke, multiple sclerosis, hypogonadism, surgical causes including radical prostatectomy, aortoiliac bypass, Parkinson's disease, Alzheimer's disease, thyroid disease Peyro

- B. The following are benefit exclusions:
1. Drug therapies related to ED except for certain injectables or suppositories as listed above (for Federal Plan 87 members, phosphodiesterase (PDE5) inhibitors are covered, see plan benefits)
 2. Treatment of ED due to nonorganic etiology
 3. The treatment of ED is not a covered service under the HMSA QUEST plan
- C. The following services are not covered for the treatment of ED:
1. Application of topical cream or gel containing vasodilators (minoxidil, nitroglycerin, papaverine and PGE1).
 2. Venous ligation in the treatment of venous leak impotency
 3. Vascular surgery (revascularization of the corpora, CPT 37788 or penile venous occlusive procedure, CPT 37790) is not covered except in a young patient without identifiable risk factors for impotency or who has suffered perineal or pelvic trauma (higher success rates in younger men with congenital or traumatic abnormalities).
- D. Penile prosthesis implantation precludes subsequent use of vasoactive injection therapy and vacuum/constriction devices.

IV. Administrative Guidelines

Precertification is not required. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

CPT Code	Description
54200	Injection procedure for Peyronie's disease
54205	with surgical exposure of plaque
54230	Injection procedure for corpora cavernosography
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (e.g., papaverine, phentolamine)
54235	Injection of corpora cavernosa with pharmacologic agent(s) (e.g., papaverine, phentolamine)
54250	Nocturnal penile tumescence (NPT) and/or rigidity test
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	inflatable (self-contained)
54405	Insertion of multi-component inflatable penile prosthesis, including placement of pump, cylinders, and/or reservoir

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is

intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

1. Aetna Clinical Policy Bulletin: Erectile Dysfunction. Number 0007. March 13, 2013.
2. Hatzimouratidis K, Amar E, Eardley I, et al. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. *European Urology*. May 2010; 57 (5):804-14.
3. Montague DK, Barada JH, Belke AM, et.al. Report on the treatment of organic erectile dysfunction. American Urological Association 1996.
4. Stephen W Leslie, MD. Causes of erectile dysfunction. e-medicinehealth. December 20, 2005.
5. Wespes E, Eardley I, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. European Association of Urology (EAU). 2013.