UnitedHealthcare®

Coverage Summary		
Impotence Treatment		
Policy Number: I-004	**Products:** UnitedHealthcare Medicare Advantage Plans	**Original Approval Date:** 07/16/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee		**Last Review Date:** 08/18/2020
Related Medicare Advantage Policy Guidelines:		
• Cavernous Nerves by Electrical Stimulation with Penile Plethysmography (NCD 160.26) • Diagnosis and Treatment of Impotence (NCD 230.4)	• Testosterone Pellets (Testopel®)	

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I. COVERAGE

Coverage Statement: The treatment of impotency is covered when Medicare criteria are met.

Guidelines/Notes:

1. Diagnosis and treatment of sexual impotency may be covered. Depending on the cause of the condition, treatment may be:
   a. Non-surgical treatment (e.g., medical or psychotherapeutic treatment); *see the Coverage Summary for Mental Health Services and Procedures.*

b. Surgical treatment (e.g., implantation of penile prosthesis)

***Notes**:*

- *Since causes, and therefore, appropriate treatment varies, if abuse is suspected it may be necessary to request documentation of appropriateness in individual cases. Documentation of a history or radical prostatectomy would be an indication for treatment.*
- *See the NCD for Diagnosis and Treatment of Impotence (230.4). (Accessed July 28, 2020)*

2. External Vacuum Erection Devices (VED) (L7900) or Constriction Rings (L7902) (e.g., ErecAid)

   For dates of service on or after July 1, 2015, vacuum erection devices and related accessories are statutorily non-covered based on the Achieving a Better Life Experience (ABLE) Act of 2014. *See the DME MAC LCD for Vacuum Erection Devices (L34824). (Accessed July 28, 2020)*

   For additional info, see the CMS MLN Matters Number SE1511 Discontinued Coverage of Vacuum Erection Systems (VES) Prosthetic Devices in Accordance with the Achieving a Better Life Experience Act of 2014. (Accessed July 28, 2020)

3. Electrical stimulation of the cavernous and associated parasympathetic nerves with penile plethysmography is not covered for members undergoing nerve-sparing prostatic or colorectal surgical procedures. *See the NCD for Cavernous Nerves by Electrical Stimulation with Penile Plethysmography (160.26). (Accessed July 28, 2020)*

4. Prescription or injectable medications for the treatment of sexual or erectile dysfunction are not covered. ED drugs will meet the definition of a Part D drug when prescribed for medically-accepted indications approved by the FDA other than sexual or erectile dysfunction (such as pulmonary hypertension). However, ED drugs will not meet the definition of a Part D drug when used off-label, even when the off label use is listed in one of the compendia found in section 1927(g)(1)(B)(i) of the Act: American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information (or its successor publications), and DRUGDEX® Information System.

   See the Medicare Prescription Drug Benefit Manual, Chapter 6, Section 20.1 – Excluded Categories. (Accessed July 28, 2020)

   Also see the Coverage Summary for Medications/Drugs (Outpatient/Part B).

5. Nerve Graft to Restore Erectile Function During Radical Prostatectomy
   - *Medicare does not have a National Coverage Determination (NCD) nerve graft to restore erectile function during radical prostatectomy.*
   - *Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.*
   - ***For coverage guidelines,** see the UnitedHealthcare Commercial Medical Policy for Nerve Graft to Restore Erectile Function During Radical Prostatectomy. (**IMPORTANT NOTE**: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)*
   - ***Committee approval date**: **August 18, 2020***
   - *Accessed July 28, 2020*

II. DEFINITIONS

None.

III. REFERENCES

See above.

IV. REVISION HISTORY

08/18/2020 **Guideline 5 (Elective or Voluntary Procedures)**

- Removed coverage guidelines (no CMS reference available)