SPECIAL COMMENT ON CONTRACT EXCLUSIONS:

Many contracts have exclusions for services or supplies provided for, in preparation for, or in conjunction with, the treatment of sexual dysfunction.

Refer to the member's contract for limitations and exclusions.

COVERAGE:

Treatment for male sexual or erectile dysfunctions **MAY BE ELIGIBLE** for coverage provided the contract does not have an exclusion for any services related to sexual dysfunction. Should the contract not contain an exclusion for any services related to sexual dysfunction, coverage may be allowed if the patient has a documented disease process resulting in impotence. The surgical procedures, supplies, or medications used for treatment of male sexual or erectile dysfunction include, but are not limited to, the following:

- Inflatable or Non-inflatable Penile Implants (Prostheses),
- Vacuum Erection Devices,
- Intracavernosal Injection Therapy,
- (Trans)urethral Suppository Method, or
- Oral Medication.

**NOTE:** Refer to the following policies for coverage allowance for the listed diagnostic evaluations:

- Evaluation of Impotence - SUR717.006 for Dynamic Cavernosometry, Penile Plethysmography, or Duplex Scan of Penis;
- Morning Sleep Nap - MED205.004 for Nocturnal Penile Tumescence and/or Rigidity-Testing.

The use of the procedures, supplies, or medications listed below for treatment of psychologic/psychogenic male sexual or erectile dysfunction/impotence is not eligible for coverage as they are considered a contract exclusion. The surgical procedures, supplies, or medications include, but are not limited to, the following:

- Inflatable or Non-inflatable Penile Implants (Prostheses),
- Vacuum Erection Device,
- Intracavernosal Injection Therapy,
- (Trans)urethral Suppository Method, or
- Oral Medication.

The use of oral medication as an enhancement to sexual function and treatment of female sexual dysfunction is not eligible for coverage as it is considered investigational.
DESCRIPTION:

SPECIAL COMMENT ON CONTRACT EXCLUSIONS: Many contracts have exclusions for services or supplies provided for, in preparation for, or in conjunction with, the treatment of sexual dysfunction. Refer to the member's contract for limitations and exclusions.

Most Sexual Dysfunctions are related to disturbances in one or more phases of the sexual response cycle. The disturbance may be physiologic/organic or psychologic. This dysfunction is usually chronic and perceived by the patient as a change in the sense of sexual pleasure as well as in performance.

For women, Female Sexual Dysfunction is the persistent or recurrent failure to attain or maintain the lubrication-swelling response of sexual excitement until completion of the sexual activity.

Male Sexual Dysfunction or Erectile Dysfunction is the inability to attain or sustain an erection satisfactory for normal intercourse. Causes contributing to male sexual or erectile dysfunction can be broadly classified into two categories:

- organic or a result of a disease process (damage to the nerve pathways of the penis resulting in the absence of nocturnal penile tumescence or the inability of an erection during sleep) and

- psychologic/psychogenic (underlying factors such as anxiety, fatigue, interpersonal stresses, and chronic illness).

Diagnosis/treatment for male sexual or erectile dysfunctions includes:

- Dynamic Cavernosometry, Penile Plethysmography, or Duplex Scan of penis (refer to - Evaluation of Impotence - SUR717.006),

- Nocturnal Penile Tumescence and/or Rigidity Test (refer to - Morning Sleep Nap - MED205.004),

- Inflatable or Non-inflatable Penile Implants (prostheses),

- Vacuum Erection Devices,

- Intracavernosal Injection Therapy,

- (Trans)urethral Suppository Method, or

- Oral Medication.

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Inflatable or Non-Inflatable Penile Implants (Prostheses) are devices that provide an erection on demand. The inflatable penile implants are made of silicone rubber or polyurethane rubber. The multi-component inflatable prostheses consist of two inflatable cylinders implanted in the penis. These are connected to a reservoir filled with fluid implanted in the abdomen and a manual pump implanted in the scrotum. In order to get an erection, the pump must be squeezed. The non-inflatable prostheses are rigid, semi-rigid and malleable rods produce varying degrees of penile rigidity to allow for vaginal
The Vacuum Erection Device is a plastic cylinder that is placed around the penis. When negative pressure is applied, the penis becomes rigid. A rubber ring traps the blood in the penis and keeps the penis rigid until ejaculation. These devices are made by a number of manufacturers and have very variable levels of sophistication, from manual pumps to battery operated devices. The devices are reusable.

Intracavernosal Injection Therapy is the direct introduction of vasodilator substances into the corpora cavernosa of the penis via syringe and needle, creating an erection. The most effective and well-studied agents are Papaverine, Phentolamine, and Prostaglandin E[sub 1] (PGE1). These have been used either singly (such as "Caverject" that contains Alprostadil as the naturally occurring form of PGE1) or in combination.

The (Trans)urethral Suppository Method introduces the medication into the urethral after urination, via an applicator stem, and is absorbed by the surrounding erectile tissues, creating an erection. On November 19, 1996, the F.D.A. approved "MUSE," the first and only non-injectable, transurethral delivery system of Alprostadil.

To ensure safe and effective use of these substances, the patient should be thoroughly instructed and trained in the self-injection technique and solution preparation or the self-insertion before urethral suppository.

The desirable dose should be initially established in the physician=s office, known as titration. This may require 2 to 3 physician office visits. Dosage adjustments can be done via the telephone with the physician once self-injection training has been completed. The patient will have periodic routine follow-up visits and long-term therapy management, as often as in 3 month intervals.

Oral Medication acts by enhancing the smooth muscle relaxant effects of nitric oxide, a substance that is normally released locally in response to sexual stimulation. The medication does not directly cause penile erections, but the smooth muscle relaxation allows blood to enter and pool leading to an erection. On March 27, 1998, the F.D.A. approved "Viagra," the first oral pill to treat impotence (erectile dysfunction). The recommended dose is 50 mg taken one hour before sexual activity. Individuals may need more or less and dosing should be determined by a physician depending on effectiveness and side effects. The drug should not be used more than once a day.

**RATIONALE:**

Considerable attention has been paid to the evaluation and treatment of sexual dysfunction due to the development of new drugs and procedures. While benefits may have been previously been provided on an exception basis for the treatment of this condition, some benefit plans specifically exclude payment for the treatment of sexual dysfunction. The exclusion extends to prescriptions or medications for the treatment of sexual dysfunction as well penile prostheses.
DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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