



Penile Implants

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P&P #

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Requirements:

In order to facilitate the authorization process, referral requests must include the following:

1. Documentation of the history and physical exam consistent with erectile dysfunction.
2. Documentation of any underlying medical conditions that contribute to the diagnosis of impotence.
3. Documentation of non-surgical therapy trial for impotence including medications, e.g., PDE inhibitors or hormonal therapy, and device therapy trial, and the patient's response to therapy or contraindications to therapy trial.
4. Documentation that the patient has been evaluated by and the procedure will be performed by a board-certified/eligible Urologist.

B. Criteria for Medical Necessity

A penile implant for the treatment of erectile dysfunction is considered medically necessary if **ALL** of the following are met:

1. Absence of untreated psychiatric or endocrine-related illness contributing to impotence (e.g., untreated hypogonadism/low testosterone, untreated depression) OR treatment of a psychiatric or endocrine-related illness was ineffective for impotence; **AND**
2. At least one trial of medications (e.g., PDE5 inhibitor, hormonal therapy, or intraurethral or intracavernous injections) **AND** one trial of a non-surgical/mechanical device has been tried and proven ineffective or is contraindicated/not indicated based on the contributing or other underlying medical conditions.

NOTES:

1. Removal or revision surgery of the penile implant device is considered medically necessary in the event of erosion, mechanical failure, or infection.
2. Replacement of a penile implant is considered medical necessary if medical necessity criteria continue to be met.

C. Indications Considered Experimental and Investigational (Not an all-inclusive list):

1. The presence of any skin infection, systemic infection or urinary tract infection.

D. Indications Considered Not Medically Necessary (Not an all-inclusive list):

1. Implantation of a penile implant for cosmetic reasons, e.g., for length or girth expansion.

CPT/HCPCS Codes:

54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

References:

Burnett AL, Nehra A, Breau RH et al: Erectile dysfunction: AUA guideline. J Urol 2018; 200: 633.

Hebert KJ, Kohler TS. Penile Prosthesis Infection: Myths and Realities. World J Mens Health. 2019;37(3):276-287.

