



## NHS MEDICAL POLICY

### Penile Prosthesis Implantation Procedure 2014-010

**Penile prosthesis implantation may be indicated when ALL the following are present:**

1	Comprehensive history and physical examination (including medical and sexual history and psychosocial evaluation) are consistent with sexual dysfunction.
2	The member has one of the following documented medical (organic) conditions that directly contributes to sexual dysfunction: <ul style="list-style-type: none"> <li>• Vascular disease</li> <li>• Diabetes mellitus</li> <li>• Hyperprolactinemia</li> <li>• Hypogonadotropic or hypergonadotropic hypogonadism</li> <li>• Other endocrine disorders</li> <li>• Neurologic disease such as stroke, multiple sclerosis, or amyotrophic lateral sclerosis (ALS)</li> <li>• Prior pelvic surgery, trauma, or irradiation</li> <li>• Peyronie's disease (hardening of the penis causing distortion)</li> </ul>
3	The provider has documented that the member's stated medical (organic) condition has been appropriately medically managed and is optimized by his primary care provider, endocrinologist, neurologist, or oncologist.
4	If the member is a diabetic, the HgbA1c value is < 9%.
5	The provider has documented that cardiovascular disease is NOT present.  Or, if cardiovascular disease is present, it has been appropriately medically managed and is optimized by his primary care provider or cardiologist.
6	The provider has documented that untreated depression or other mental illness is NOT present. or, if depression or another mental illness is present, it has been appropriately medically managed and is optimized by his primary care provider or psychiatrist.
7	The provider has documented that sexual dysfunction is NOT due to modifiable medication side-effects and/or complications from beta blockers, anti-depressants, tricyclics, monoamine oxidase inhibitors, or other such medications.

8	The provider has documented that one or more lifestyle changes have been attempted if indicated. These may include losing weight, increasing physical activity and stopping smoking.
9	The provider has documented that ONE of the following first-line, non-surgical therapies for erectile dysfunction has been tried and failed or is contraindicated, and that contraindication is fully described. <ul style="list-style-type: none"> <li>• phosphodiesterase-5 inhibitor</li> <li>• testosterone replacement therapy for hypogonadal men</li> </ul>
10	The provider has documented that ONE of the following second-line, non-surgical therapies for erectile dysfunction has been tried and failed or is contraindicated, and that contraindication is fully described. <ul style="list-style-type: none"> <li>• vacuum-assisted erection device</li> <li>• penile self-injection</li> <li>• intraurethral alprostadil</li> </ul>

## SOURCES

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**CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)**

54405, 54300

**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
06/19/2015	Annual review and approval by UM Committee
06/16/2016	Annual review and approval by UM Committee
06/14/2017	Annual review and approval by UM Committee
09/12/2017	Items 3, 5, 6 & 7 added “The provider has documented”; added lines 8, 9 & 10; under Sources added to item 1; 4; 8, 16, 17 & 18
09/12/2018	Annual review and approval by UM Committee
09/12/2019	Additional references reviewed regarding preoperative glycemic control
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee