 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Penile Prosthesis
	PRODUCT LINE:	All
	POLICY NUMBER:	030
	ORIGINAL POLICY EFFECTIVE DATE:	10/01/07
	LAST REVISED DATE:	2/25/2019
	LAST REVIEWED DATE:	4/28/2023

SCOPE: To ensure Group Health Cooperative of Eau Claire manages prior authorization requests for penile prosthesis in a manner consistent with member’s policy specifications as well as evidence-based medicine.

POLICY: **Prior Authorization: Yes**

Medicaid: Not covered. Contract exclusion.


Commercial:

Penile prostheses are considered medically necessary and a covered benefit when the following criteria are met:

1. Member has physiologic erectile dysfunction for at least 6 months, **And**
2. No active abuse of alcohol or other substances, **And**
3. Must not be on medications that cause impotence, **And**
4. Depression and psychiatric illnesses must be treated, **And**
5. Must have failed more conservative treatments such as oral therapy, intracavernous injection therapy, transurethral delivery systems, and vacuum constriction devices, **And**
6. Prolactin, thyroid stimulating hormone, and testosterone levels must be normal, **And**
7. Member must have organic disease that affects erection including any of the following:
 - a. Documented injury to perineum/genitalia, **Or**
 - b. Major pelvic trauma, **Or**
 - c. Major vascular surgery involving aorta or femoral blood vessels, **Or**
 - d. Neurological disease, **Or**
 - e. Peyronie’s disease **Or**
 - f. Renal failure, **Or**
 - g. Status-post prostate, bladder, bowel or spinal surgery, **Or**
 - h. Vascular insufficiency or venous incompetence, **Or**
 - i. Venous leak of the penis.

Applicable codes:

- C1813 (Penile prosthesis, inflatable)
- C2622 (Penile prosthesis, non-inflatable)

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Penile Prosthesis
	PRODUCT LINE:	All
	POLICY NUMBER:	030
	ORIGINAL POLICY EFFECTIVE DATE:	10/01/07
	LAST REVISED DATE:	2/25/2019
	LAST REVIEWED DATE:	4/28/2023

APPROVED: *Michele Bauer MD*

DATE: 4/28/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P
02/15/2014	Lynne Komanec, RN HM Mgr	Reviewed with no changes
1/12/15	Betsy Kelly, RN	Added codes, removed medications and added BC non-coverage
4/22/2016	Betsy Kelly, RN	Reviewed with no changes
2/25/2019	Michele Bauer, MD, CMO	Updated criteria
4/28/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
4/28/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
4/28/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
4/28/2023	Michele Bauer, MD, CMO	Reviewed. No changes.