


|   |                                 |                        |
|---|---------------------------------|------------------------|
| <br><b>KMTSJ, Inc.</b> | DEPARTMENT:                     | Utilization Management |
|   | SUBJECT:                        | Penile Prosthesis      |
|   | PRODUCT LINE:                   | All                    |
|   | POLICY NUMBER:                  | 030                    |
|   | ORIGINAL POLICY EFFECTIVE DATE: | 10/01/2007             |
|   | LAST REVISED DATE:              | 02/25/2019             |
|   | LAST REVIEWED DATE:             | 04/01/2024             |

**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)

APPROVED: Michelle Bauer MD

DATE: 04/01/2024

|   |                                 |                        |
|---|---------------------------------|------------------------|
| <br><b>KMTSJ, Inc.</b> | DEPARTMENT:                     | Utilization Management |
|   | SUBJECT:                        | Penile Prosthesis      |
|   | PRODUCT LINE:                   | All                    |
|   | POLICY NUMBER:                  | 030                    |
|   | ORIGINAL POLICY EFFECTIVE DATE: | 10/01/2007             |
|   | LAST REVISED DATE:              | 02/25/2019             |
|   | LAST REVIEWED DATE:             | 04/01/2024             |

**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                                   |
| 01/12/2015 | Betsy Kelly, RN          | Added codes, removed medications and added BC non-coverage |
| 04/22/2016 | Betsy Kelly, RN          | Reviewed with no changes                                   |
| 02/25/2019 | Michele Bauer, MD, CMO   | Updated criteria   |
| 04/28/2020 | Michele Bauer, MD, CMO   | Reviewed. No changes.                                      |
| 04/28/2021 | Michele Bauer, MD, CMO   | Reviewed. No changes.                                      |
| 04/28/2022 | Michele Bauer, MD, CMO   | Reviewed. No changes.                                      |
| 04/28/2023 | Michele Bauer, MD, CMO   | Reviewed. No changes.                                      |
| 04/01/2024 | Michele Bauer, MD, CMO   | Reviewed. No changes.                                      |