Penile prosthesis implantation may be indicated when ALL of 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:
   - Vascular disease
   - Diabetes mellitus
   - Hyperprolactinemia
   - Hypogonadotropic or hypergonadotropic hypogonadism
   - Other endocrine disorders
   - Neurologic disease such as stroke, multiple sclerosis, or amyotrophic lateral sclerosis (ALS)
   - Prior pelvic surgery, trauma or irradiation
   - Peyronie’s disease (hardening of the penis causing distortion)

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.  
  - phosphodiesterase-5 inhibitor  
  - testosterone replacement therapy for hypogonadal men |
| 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.  
  - vacuum-assisted erection device  
  - penile self-injection  
  - intraurethral alprostadil |

**SOURCES**

5. Garber, B.B.; Inflatable penile prosthesis: results of 150 cases; The British Journal of Urology; Volume 78; 1996; 933-935.
26. UpToDate.com was accessed Aug 16, 2017: Treatment of male sexual dysfunction

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

54405, 54300

POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>June 19, 2015</td>
<td>Annual Medical Policy Review and approval</td>
</tr>
<tr>
<td>June 16, 2016</td>
<td>Annual Medical Policy Review and approval</td>
</tr>
<tr>
<td>June 14, 2017</td>
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<tr>
<td>Sept 12, 2017</td>
<td>Items 3, 5, 6 &amp; 7 added “The provider has documented”; added lines 8, 9 &amp; 10; under Sources added to item 1; 4; 8, 16, 17 &amp;18</td>
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<tr>
<td>Sept 12, 2018</td>
<td>Annual Medical Policy Review and approval</td>
</tr>
<tr>
<td>Sept 12, 2019</td>
<td>Additional references reviewed regarding preoperative glycemic control</td>
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