

**Table of Contents**

1.0 Description of the Procedure, Product, or Service..... 1

2.0 Eligible Recipients ..... 1

    2.1 General Provisions ..... 1

3.0 When the Procedure, Product, or Service Is Covered..... 1

    3.1 General Criteria..... 1

    3.2 Specific Criteria ..... 1

4.0 When the Procedure, Product, or Service Is Not Covered..... 2

    4.1 General Criteria..... 2

    4.2 Specific Criteria ..... 3

5.0 Requirements for and Limitations on Coverage ..... 3

    5.1 Prior Approval ..... 3

6.0 Providers Eligible to Bill for the Procedure, Product, or Service ..... 3

7.0 Additional Requirements ..... 3

    7.1 Compliance ..... 3

8.0 Policy Implementation/Revision Information..... 4

Attachment A: Claims-Related Information ..... 5

    A. Claim Type ..... 5

    B. Diagnosis Codes ..... 5

    C. Procedure Code(s)..... 5

    D. Modifiers..... 5

    E. Billing Units..... 5

    F. Place of Service ..... 5

    G. Co-payments ..... 5

    H. Reimbursement ..... 5

## 1.0 Description of the Procedure, Product, or Service

A penile prosthesis is a device that is surgically implanted in a male with erectile dysfunction. (Also called impotence, erectile dysfunction is the inability of the male to achieve and/or maintain erection, sufficient to enable penetration.) The prosthesis simulates a natural erection.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

**Note:** Most recipients will be able to get all the services they need under the core (basic) plan of NC Health Choice. A recipient who qualifies as having special needs may be able to receive additional services not covered by the core plan..

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

- a. Implantation of a penile prosthesis is covered under the NC Health Choice Program when the following criteria have been met:
  1. The history and physical exam of the recipient are consistent with sexual dysfunction; **AND**
  2. The recipient has been determined to have one of the following medical (organic) conditions that directly contributes to the sexual dysfunction, based on a thorough medical evaluation:

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- (a) Impotence following a surgical procedure such as:
    - (i) Radical prostatectomy for cancer;
    - (ii) Cystectomy for cancer;
    - (iii) Low colon resection;
    - (iv) Abdominal-perineal resection;
    - (v) Total prostato-seminal vesiculectomy;
  - (b) Impotence following trauma such as pelvic fracture or traumatic injury to the perineum;
  - (c) Impotence following radiation treatment of malignancy;
  - (d) Impotence due to Peyronie's Disease (hardening of the penis causing distortion);
  - (e) Impotence resulting from neurologic disease such as stroke, multiple sclerosis, or ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's disease);
  - (f) Impotence resulting from vascular disease or diabetes; **AND**
3. Nocturnal penile tumescence (NPT) test and rigidity monitoring have been performed, if clinically indicated, and results indicate that the erectile dysfunction is organic and not psychogenic in nature; **AND**
4. The recipient has attempted standard pharmacological and non-surgical therapies with failure to have an adequate erection.
- b. Replacement of a penile prosthesis due to failure of the device is covered under the Program.
  - c. Testing for the cause of impotence is covered under the Program only when done on an outpatient basis.
  - d. Request for coverage of a penile prosthesis for a recipient with neurogenic bladder being managed with a condom catheter and who require a larger more rigid penis for this purpose may be reviewed on an individual consideration basis.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

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### 4.2 Specific Criteria

Penile prosthesis is not covered in the following situations:

- a. For indications other than those meeting criteria in **Subsection 3.2**
- b. For the diagnosis of impotence, when the cause is not identified
- c. Testing for the cause of impotence when the place of service is inpatient.
- d. For a recipient who abuses chemical substances.

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

- a. Prior approval is required for penile prosthesis.
- b. A letter of medical necessity signed and dated by the surgeon must be submitted to DMA's vendor prior to rendering the service.
- c. Documentation must include:
  1. Recipient demographics, including name, address, date of birth and NCHC identification number.
  2. Recipient's diagnosis, including primary cause of impotence.
  3. Medical record documentation of prior evaluation and management of the recipient's condition demonstrating that coverage criteria above are met.

## 6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 7.0 Additional Requirements

### 7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

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**8.0 Policy Implementation/Revision Information**

Original Effective Date: July 1, 2010

Revision Information:

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
<b>July 1, 2010</b>		Policy Conversion: Implementation of Session Law 2009-451, <b>Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”</b>
<b>September 30, 2011</b>	<b>Throughout</b>	<b>Policy Date of Termination.</b>

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**Attachment A: Claims-Related Information**

Reimbursement requires compliance with all NCHC guidelines.

**A. Claim Type**

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

**B. Diagnosis Codes**

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

**C. Procedure Code(s)**

CPT Code(s)	
54400	
54401	
54405	

HCPCS Code(s)	
C1813	

**Note:** If prior approval as not been obtained, claims will deny.

**D. Modifiers**

Providers are required to follow applicable modifier guidelines.

**E. Billing Units**

The appropriate procedure code(s) used determines the billing unit(s).

**F. Place of Service**

Inpatient Hospital, Outpatient Hospital and Ambulatory Surgical Center

**G. Co-payments**

Co-payment(s) may apply to covered prescription drugs and services.

**H. Reimbursement**

Providers must bill their usual and customary charges.