

# RMHP Insertion or Replacement of Penile Prosthesis

**MCG Health**  
Ambulatory Care  
27th Edition

AUTH: RMHP-AC-5022 (AC)

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## Description

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Impotence is a failure of a body part for which the diagnosis, and frequently the treatment, require medical expertise. Depending on the cause of the condition, treatment may be surgical; e.g., implantation of a penile prosthesis, or nonsurgical; e.g., medical or psychotherapeutic treatment.

## Clinical Indications

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NOTE: This guideline is for requests related to erectile dysfunction / sexual impotence, but not for gender-affirming care. For **All RMHP plans**, requests for penile implant associated with **gender-affirming care** will be reviewed using the guidelines in the Colorado Department of Health Care Policy and Financing Gender-Affirming Care Billing Manual at <https://hcpf.colorado.gov/gac-manual#surgProc> after checking for covered benefits, prior authorization requirement, and network status of practitioner and facility or provider. The requester will be notified of the determination per protocol.

- The healthcare resource is/was needed for appropriate care of the patient because of **1 or more** of the following
  - The Member has **RMHP Individual and Family Plan (IFP) commercial** or **PRIME (Medicaid)** health plan coverage and requires insertion or replacement of a penile implant **ALL** of the following
    - The Member has documentation in the medical record of erectile dysfunction secondary to the treatment of prostate cancer by radiation or surgery
    - Select the documented treatments the Member has previously undergone and failed **1 or more** of the following
      - The Member has attempted intracavernosal injection(s)
      - The Member has attempted intraurethral medication(s)
      - The Member has attempted a vacuum constriction device
      - The Member has attempted oral medications
      - The Member has had a previous penile implant that may require replacement of semi-rigid penile prostheses or inflatable penile prostheses (implantable penile pump)

- The Member has **RMHP Medicare (CareAdvantage or Dual Special Needs Plan (DSNP))** health plan coverage and requires insertion, or replacement, of a penile implant **1 or more** of the following
  - The Member has documentation of sexual impotence due to organic cause
  - The Member has documentation of sexual impotence due to a mental condition. (*The psychiatric service limitation described in the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 3 has been applied and documented in the Member's medical record.*)
- **CHP+**: after checking for any related covered benefits, prior authorization requirements, and network status of practitioner and facility or provider, requests related to penile implant for **RMHP CHP+** plan members will be reviewed by a Medical Director on a case-by-case basis. The requester will be notified of the determination per protocol.

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## References

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The Colorado Department of Health Care Policy and Financing Gender-Affirming Care Billing Manual at <https://hcpf.colorado.gov/gac-manual#surgProc>.

CMS National Coverage Determination (NCD) for Diagnosis and Treatment of Impotence 230.4. Publication Number 100-3, reviewed 5/15/2023.

Medicare Coverage Database search - no LCD/LCA/NCD exists for gender-affirming care as of 5/15/2023.

UHC policy search 5/15/2023.

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## Policy History

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Summary: Policy originated and approved 7/9/2008 with annual reviews completed through 2022 (see archived versions). Annual review and updates 2023.

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## Codes

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