

# Diagnosis and Treatment of Impotence (NCD 230.4)

Guideline Number: MPG075.06  
Approval Date: July 8, 2020

[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> <li><a href="#">Cavernous Nerves by Electrical Stimulation with Penile Plethysmography (NCD 160.26)</a></li> <li><a href="#">Testosterone Replacement Therapy</a></li> </ul>
Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> <li><a href="#">Impotence Treatment</a></li> </ul>

## Policy Summary

[↪ See Purpose](#)

### Overview

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

### Indications and Limitations of Coverage

Payment may be made for treatment and diagnosis of sexual impotence. Depending on the cause, appropriate treatments may vary.

### Penile Vascular Studies

Duplex scans of the arterial inflow and venous outflow of penile vessels, have no therapeutic implications. Therefore, they are considered not medically reasonable or necessary, except in a patient with treatment failure who has sustained a documented groin injury where a vascular etiology for impotence is suspected.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study

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## References

### CMS National Coverage Determinations (NCDs)

[NCD 230.4 Diagnosis and Treatment of Impotence](#)

Also Reference [NCD 220.5 Ultrasound Diagnostic Procedures](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L35755 Non-Invasive Abdominal / Visceral Vascular Studies</a>	<a href="#">A57591 Billing and Coding: Non-Invasive Abdominal / Visceral Vascular Studies</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
L33816 (Duplex Scan for Erectile Dysfunction) First Coast Retired 11/13/2018	N/A			

### CMS Benefit Policy Manual

[Chapter 15, § 70 Sleep Disorder Clinics \(B\)\(3\) Impotence](#)

### UnitedHealthcare Commercial Policy

[Nerve Graft to Restore Erectile Function During Radical Prostatectomy](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
07/08/2020	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG075.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).