

# Sexual Dysfunction

Policy Number: BIP161.J  
 Effective Date: September 1, 2021

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Inpatient and Outpatient Mental Health</a></li> </ul>

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

Members may have supplemental outpatient drug benefit for drugs for sexual dysfunction. Refer to the member's EOC/SOB to determine coverage eligibility.

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC) or Schedule of Benefits (SOB) to determine coverage eligibility.

- Diagnostic services, including but not limited to:
  - Medical history and physical exam (including sexual history and psychosocial evaluation)
  - Routine laboratory services, including measurement of the following:
    - Serum testosterone
    - Gonadotropin levels
    - Serum prolactin
    - Thyroxin
  - Nocturnal penile tumescence testing
  - Psychiatric evaluation when appropriate
- Testosterone injections for documented low testosterone levels.

## Not Covered

Sexual dysfunction or inadequacy medications/drugs, procedures, services, and supplies, including but not limited to:

- External vacuum devices, pumps or constriction rings (e.g., ErecAid)

- Surgical procedures, including penile revascularization and implantation of penile prosthesis (e.g., FlexiRod)
- Prescription or injectable medications, including but not limited to:
  - Alprostadil urethral suppository (MUSE)
  - Viagra
  - Testosterone patches
  - Caverject
  - Papaverine
  - Regitine

## Policy History/Revision Information

Date	Summary of Changes
09/01/2021	<ul style="list-style-type: none"> <li>• Routine review; no change to benefit coverage guidelines</li> <li>• Archived previous policy version BIP161.I</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.