Sexual Dysfunction

Policy Number: BIP161.N
Effective Date: June 1, 2025

➲ Instructions for Use

Table of Contents **Page**

Related Benefit Interpretation Policy

- Inpatient and Outpatient Mental Health

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

Note: Coverage may be available for the treatment of sexual dysfunction for medically necessary treatment for mental health care services and substance-related and addictive disorders. Refer to the member's EOC/SOB to determine coverage eligibility.

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

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

Policy History/Revision Information

Date	Summary of Changes
06/01/2025	• Routine review; no change to coverage guidelines • Archived previous policy version BIP161.M

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.