

Sexual Dysfunction

Policy Number: BIP162.L
Effective Date: July 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	1
Policy History/Revision Information	2
Instructions for Use	2

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 Evidence of Coverage or Schedule of Benefits (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)
 - Physical examination
 - 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

Oregon Only: The below exclusions do not apply to medically necessary and clinically appropriate services for a covered health care services associated with a covered DSM diagnosis.

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	State(s) Affected	Summary of Changes
07/01/2024	All	<p>Not Covered</p> <ul style="list-style-type: none"> • Added language to indicate members may have supplemental outpatient prescription coverage for drugs for sexual dysfunction; refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP162.K

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.