



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Erectile Dysfunction

Policy Number: CPCPLAB041

Version 1.0

Plan CMO Approval Date: July 27, 2022

Plan Effective Date: January 1, 2023

Description

BCBSNM has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. The following lab tests **may be reimbursable** in the diagnosis of erectile dysfunction:
 - a. Blood glucose (Fasting/HbA1c)
 - b. Complete blood count
 - c. Creatinine and Blood Urea Nitrogen
 - d. Hepatic panel
 - e. Lipid profile

- f. Prostate specific antigen
 - g. Serum testosterone (Total/Free or Bioavailable) (See **NOTE 1**)
 - h. Thyroid function studies
 - i. Urinalysis
2. The following tests for the diagnosis of erectile dysfunction **are not reimbursable**:
- a. Angiotensin-converting enzyme insertion/deletion polymorphism testing
 - b. Endothelial nitric oxide synthase polymorphism (4 VNTR, G894T, and T786C) testing for estimating risk of erectile dysfunction
 - c. Iron binding capacity
 - d. Prostatic acid phosphatase

NOTE 1: Due to considerable variability in serum total testosterone testing, the Centers for Disease Control and Prevention (CDC) developed a standardization program for total testosterone assays (Hormone Standardization [HoSt]/Testosterone). An assay certified by the CDC's HoSt/Testosterone program is standardized to within $\pm 6.4\%$ of the CDC total testosterone reference standard. It is **STRONGLY RECOMMENDED** that serum total testosterone testing be performed on an assay that has been certified by the CDC HoSt/Testosterone program (Bhasin et al., 2018). A list of CDC-certified assays is available on the HoSt website (CDC, 2020).

For guidance on hormonal testing in males, please refer to CPCPLAB09 Testosterone Testing

Procedure Codes

Codes
80061, 80076, 81002, 81003, 81005, 81400, 81479, 82565, 82570, 82947, 83036, 83550, 84066, 84153, 84402, 84403, 84410, 84439, 84443, 84520, 84540, 85025, 85027

References:

AccesaLabs. (2020). Erectile Dysfunction Test Panel. Retrieved from <https://www.accesalabs.com/Erectile-Dysfunction-Test>

AHA. (2018). Erectile dysfunction may be warning sign for more serious health problems. Retrieved from <https://www.heart.org/en/news/2018/07/11/erectile-dysfunction-may-be-warning-sign-for-more-serious-health-problems#:~:text=Men%20with%20ED%20experienced%20more,the%20study's%20senior%20author%2C%20Dr.>

Althof, S. E. (2002). Quality of life and erectile dysfunction. *Urology*, 59(6), 803-810. Retrieved from [https://www.goldjournal.net/article/S0090-4295\(02\)01606-0/fulltext](https://www.goldjournal.net/article/S0090-4295(02)01606-0/fulltext)

Bhasin, S., Brito, J. P., Cunningham, G. R., Hayes, F. J., Hodis, H. N., Matsumoto, A. M., . . . Yialamas, M. A. (2018). Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 103(5), 1715-1744. doi:10.1210/jc.2018-00229

Brooke, J. C., Walter, D. J., Kapoor, D., Marsh, H., Muraleedharan, V., & Jones, T. H. (2014). Testosterone deficiency and severity of erectile dysfunction are independently associated with reduced quality of life in men with type 2 diabetes. *Andrology*, 2(2), 205-211. doi:10.1111/j.2047-2927.2013.00177.x

Brotos, F. B., Campos, J. C., Gonzalez-Correales, R., Martín-Morales, A., Moncada, I., & Pomerol, J. M. (2004). Core document on erectile dysfunction: key aspects in the care of a patient with erectile dysfunction. *International Journal of Impotence Research*, 16. doi:doi:10.1038/sj.ijir.3901240

Burnett, A. L., Nehra, A., Breau, R. H., Culkin, D. J., Faraday, M. M., Hakim, L. S., . . . Shindel, A. W. (2018). Erectile Dysfunction: AUA Guideline. *J Urol*, 200(3), 633-641. doi:10.1016/j.juro.2018.05.004

Capogrosso, P., Colicchia, M., Ventimiglia, E., Castagna, G., Clementi, M. C., Suardi, N., . . . Salonia, A. (2013). One Patient Out of Four with Newly Diagnosed Erectile Dysfunction Is a Young Man—Worrisome Picture from the Everyday Clinical Practice. *The Journal of Sexual Medicine*, 10(7), 1833-1841. doi:10.1111/jsm.12179

Carter, J., Lacchetti, C., Andersen, B. L., Barton, D. L., Bolte, S., Damast, S., . . . Rowland, J. H. (2018). Interventions to Address Sexual Problems in People With Cancer: American Society of Clinical Oncology Clinical Practice Guideline Adaptation of Cancer Care Ontario Guideline. *J Clin Oncol*, 36(5), 492-511. doi:10.1200/jco.2017.75.8995

CDC. (2020, 09/28/2020). HoSt/VDSCP: Certified Participants. Retrieved from https://www.cdc.gov/labstandards/hs_certified_participants.html

Cunningham, G., & Khera, M. (2020). Evaluation of male sexual dysfunction - UpToDate. In K. Martin (Ed.), *UpToDate*. Retrieved from https://www.uptodate.com/contents/evaluation-of-male-sexual-dysfunction?source=search_result&search=erectile%20dysfunction&selectedTitle=3~150

Davis-Joseph, B., Tiefer, L., & Melman, A. (1995). Accuracy of the initial history and physical examination to establish the etiology of erectile dysfunction. *Urology*, 45(3), 498-502. Retrieved from [https://www.goldjournal.net/article/S0090-4295\(99\)80022-3/abstract](https://www.goldjournal.net/article/S0090-4295(99)80022-3/abstract)

GENOVA. (2019). Male Hormonal Health™. Retrieved from <https://www.gdx.net/product/male-hormonal-health-hormone-test-blood>

GENOVA. (2021). Male Hormonal Health™. Retrieved from <https://www.gdx.net/product/male-hormonal-health-hormone-test-blood>

Guay, A. T., Spark, R. F., Bansal, S., Cunningham, G. R., Goodman, N. F., Nankin, H. R., . . . Perez, J. B. (2003). American Association of Clinical Endocrinologists medical guidelines for clinical practice for the evaluation and treatment of male sexual dysfunction: a couple's problem--2003 update. *Endocr Pract*, 9(1), 77-95. doi:10.4158/ep.9.1.77

GXSciences. (2019). Men's Health Panel: Genetic Testing for Men. Retrieved from <https://www.gxsciences.com/genetic-testing-men-health-s/152.htm>

Hackett, G., Kirby, M., Wylie, K., Heald, A., Ossei-Gerning, N., Edwards, D., & Muneer, A. (2018). British Society for Sexual Medicine Guidelines on the Management of Erectile Dysfunction in Men-2017. *J Sex Med*, 15(4), 430-457. doi:10.1016/j.jsxm.2018.01.023

Hatzimouratidis, K. (2016). EAU Guidelines on Erectile Dysfunction, Premature Ejaculation, Penile Curvature and Priapism. Retrieved from <https://uroweb.org/wp-content/uploads/EAU-Guidelines-Male-Sexual-Dysfunction-2016-3.pdf>

Hatzimouratidis, K., Amar, E., Eardley, I., Giuliano, F., Hatzichristou, D., Montorsi, F., . . . Wespes, E. (2010). Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. *Eur Urol*, 57(5), 804-814. doi:10.1016/j.eururo.2010.02.020

Huntingdon, B., Muscat, D. M., de Wit, J., Duracinsky, M., & Juraskova, I. (2020). Factors associated with erectile dysfunction among men living with HIV: a systematic review. *AIDS Care*, 32(3), 275-285. doi:10.1080/09540121.2019.1653443

Kizilay, F., Kalemci, S., Sirmsir, A., & Altay, B. (2020). Predisposing factors for erectile dysfunction and response to treatment in younger males: Are they different from those of older men? An observational-comparative study. *Andrologia*, 52(2), e13495. doi:10.1111/and.13495

Lane-Cordova, A. D., Kershaw, K., Liu, K., Herrington, D., & Lloyd-Jones, D. M. (2017). Association Between Cardiovascular Health and Endothelial Function With Future Erectile Dysfunction: The Multi-Ethnic Study of Atherosclerosis. *Am J Hypertens*, 30(8), 815-821. doi:10.1093/ajh/hpx060

McKinlay, J. B. (2000). The worldwide prevalence and epidemiology of erectile dysfunction. *Int J Impot Res*, 12 Suppl 4, S6-s11. doi:10.1038/sj.ijir.3900567

Najari, B. B., & Kashanian, J. A. (2016). Erectile Dysfunction. *Jama*, 316(17), 1838. doi:10.1001/jama.2016.12284

Qaseem, A., Horwitch, C. A., Vijan, S., Etxeandia-Ikobaltzeta, I., & Kansagara, D. (2020). Testosterone Treatment in Adult Men With Age-Related Low Testosterone: A Clinical Guideline From the American College of Physicians. *Ann Intern Med*. doi:10.7326/m19-0882

Qaseem, A., Snow, V., Denberg, T. D., Casey, D. E., Jr., Forciea, M. A., Owens, D. K., & Shekelle, P. (2009). Hormonal testing and pharmacologic treatment of erectile dysfunction: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*, 151(9), 639-649. doi:10.7326/0003-4819-151-9-200911030-00151

Shindel, A., Brant, W. O., Bochinski, D., Bella, A. J., & Lue, T. F. (2014). Medical and Surgical Therapy of Erectile Dysfunction. doi:https://www.ncbi.nlm.nih.gov/books/NBK278925/

Walk-In. (2017). ERECTILE DYSFUNCTION. Retrieved from https://www.walkinlab.com/men-s-wellness-tests/erectile-dysfunction.html

Yilmaz, M., Karaaslan, M., Tonyali, S., Celik, M., Toprak, T., & Odabas, O. (2021). Triglyceride-Glucose Index (TyG) is associated with erectile dysfunction: A cross-sectional study. *Andrology*, 9(1), 238-244. doi:https://doi.org/10.1111/andr.12904

Yoshimura, N., Kato, R., Chencellor, M. B., Nelson, J. B., & Glorioso, J. C. (2010). Gene therapy as future treatment of erectile dysfunction. *Expert Opin Biol Ther*, 10(9), 1305-1314. doi:10.1517/14712598.2010.510510

Policy Update History:

11/1/2022	New policy
-----------	------------