

**Policy terminated because there are no payable codes included in this policy  
and there is no current Medicaid policy.**

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## **1.0 Description of the Procedure, Product, or Service**

Sexual Dysfunction describes any of a group of sexual disorders characterized by inhibition either of sexual desire or the physiological changes that usually characterize sexual response. It is estimated that some 43% of American women experience female sexual dysfunction to some degree. Age may not be a significant factor, as women under 20 and over 50 experience problems with arousal, orgasm, and satisfaction. However, there is evidence that the majority of female sexual dysfunction (FSD) happens after menopause when hormone production drops and vascular conditions are more common.

### **1.1 Classification of female sexual dysfunction**

The internationally accepted classification of female sexual dysfunction consists of:

- a. Sexual desire disorders:
  1. Hypoactive sexual desire disorder
  2. Sexual aversion disorder
- b. Sexual arousal disorder
- c. Orgasmic disorder
- d. Sexual pain disorders:
  1. Dyspareunia - genital pain associated with sexual intercourse
  2. Vaginismus - involuntary spasm of the vagina musculature that causes interference with vaginal penetration
  3. Other sexual pain disorders
- e. Services for women with sexual dysfunction related to organic causes include:
  1. Treatment of the underlying organic/medical condition causing sexual dysfunction;
  2. Estrogen and/or testosterone replacement or topical treatment if appropriate. These drugs should have U.S. Federal Drug Administration (FDA) approval for use in women.

### **1.2 Medical Term Definitions**

- a. Cystectomy: surgical removal of the bladder; surgical removal of a cyst.
- b. Iatrogenic: any adverse condition in a recipient occurring as a result of treatment by a physician or surgeon, especially to infections acquired by the recipient during the course of treatment.
- c. Organic: refers to a physiological cause; pertaining to or arising from an organ or the organs.
- d. Vascular: pertains to blood vessels in the body.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

Treatment of female sexual dysfunction is covered under the NC Health Choice Program when it is determined to be medically necessary because BOTH of the following medical criteria are met:

- a. The history and physical exam of the recipient are consistent with sexual dysfunction; **AND**
- b. The recipient has a medical (organic) condition that directly contributes to sexual dysfunction.
- c. Organic causes for sexual dysfunction include:
  1. Endocrine disorders
    - (a) Diabetes Mellitus
    - (b) Hyperprolactinemia
    - (c) Surgically induced decline in estrogen level (i.e., bilateral salpingo-oophorectomy)
  2. Drug- induced  
Medications: antihypertensive (B-Blockers), antidepressants, tricyclics and monoamine oxidase inhibitors
  3. Iatrogenic
    - (a) Arterial procedures: aorto-iliac-femoral bypass
    - (b) Renal transplantation
    - (c) Urologic procedures: radical cystectomy
    - (d) Pelvic irradiation

- (e) Neurologic procedures
  
- 4. Traumatic
  - (a) Spinal cord injury
  - (b) Pelvic fracture
- 5. Vascular diseases
  - (a) Hypertension
  - (b) Cardiovascular disease
  - (c) Atherosclerosis
  - (d) Peripheral vascular disease
- 6. Neurologic diseases
  - (a) Stroke
  - (b) Multiple sclerosis
  - (c) ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's disease)
  - (d) Parkinson's Disease.
- d. Services eligible for coverage for women with sexual dysfunction related to organic causes include:
  - 1. Treatment of the underlying organic/medical condition causing sexual dysfunction;
  - 2. Estrogen and/or testosterone replacement or topical treatment if appropriate. These drugs should have U.S. Federal Drug Administration (FDA) approval for use in women.

## 4.0 When the Procedure, Product, or Service Is Not Covered

### 4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### 4.2 Specific Criteria

Treatment of female sexual dysfunction is non-covered in the following situations:

- a. When the medical criteria in **Subsection 3.2** are not met.
- b. Viagra®, Levitra® and Cialis® are not indicated for children or women.
- c. Treatment of sexual dysfunction not related to organic disease is excluded under the NC Health Choice Program.

- d. Female erectile devices (e.g., Eros clitoral stimulation device) are considered investigational for the treatment of female sexual dysfunction (FSD). The Eros clitoral stimulation device is a handheld battery- operated vacuum device with a disposable cap. Therapy using this device is known as "vacuum therapy" and is also considered investigational.
- e. Vibrators are not covered as they do not meet the NC Health Choice definition of durable medical equipment.

#### **4.3 Policy Guidelines**

There is insufficient or inconclusive medical and scientific evidence to permit the NC Health Choice Program to evaluate the therapeutic value of vacuum therapy as a treatment of female sexual dysfunction.

### **5.0 Requirements for and Limitations on Coverage**

#### **5.1 Prior Approval**

- a. Prior approval is not required for treatment of sexual dysfunction in females.
- b. Prior approval is required for DME as follows:
  - 1. All rental of DME with purchase price reimbursement greater than \$1000;
  - 2. Purchase of DME in excess of \$1000 reimbursement.

#### **5.2 Information for Review of Medical Necessity**

Information necessary for review of medical necessity includes:

- a. A letter of medical necessity and/or complete history and physical; AND
- b. Diagnosis consistent with organic cause of sexual dysfunction as listed above.

### **6.0 Providers Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; AND
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

### **7.0 Additional Requirements**

#### **7.1 Compliance**

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
4/30/12	Throughout	Policy Termination

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

There are no specific codes.

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Office and Home

### G. Co-payments

Co-payment(s) may apply to covered prescriptions and services.

### H. Reimbursement

Providers must bill their usual and customary charges.