CHAPTER 3
SECTION 10.1

MALE GENITAL SYSTEM

Issue Date: August 26, 1985
Authority: 32 CFR 199.4(c)(2), (c)(3), (e)(3)(i)(B)*(3)*, (e)(7), and (e)(8)(i)(E)

I. PROCEDURE CODE RANGE

54000 - 55899

II. DESCRIPTION

The male genital system includes the male organs of reproduction.

III. POLICY

A. Services and supplies required in the diagnosis and treatment of disease, illness, injury, or congenital anomalies involving the male genital system may be cost-shared.

B. FDA-approved penile implants are covered when provided in the treatment of impotence due to non-psychogenic causes and to correct congenital anomalies, such as ambiguous genitalia. Removal and reinsertion of implants is covered.

C. FDA-approved testicular prosthesis are covered when provided following treatment of disease, illness, injury, radical surgery, and to correct congenital anomalies, such as ambiguous genitalia.

D. Infertility testing and treatment, including correction of the physical cause of infertility may be cost-shared. Hypothalamic disease, pituitary disease, disorders of sperm transport, disorders of sperm motility or function, and/or sexual dysfunction may cause male infertility. Diagnostic Services may include semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, and/or bacteriologic investigation. Therapy may include, but is not limited to, hormonal treatment, surgery, antibiotics, administration of HCG, and/or radiation therapy, depending upon the cause.

IV. EXCLUSIONS

A. Penile implants and related services in the treatment of psychological impotence, transsexualism, or such other conditions as gender dysphoria.

B. Testicular prosthesis and related services when performed for transsexualism or such other conditions as gender dysphoria.

C. Therapy for sexual dysfunctions or inadequacies.

D. Treatment of organic impotency by arterial revascularization for distal lesions and venous leakage.

E. Intersex surgery.

F. Reversal of surgical sterilization.

G. In-home nocturnal penile tumescent testing by plethysmography and other such monitoring devices.

V. EFFECTIVE DATE

Date of FDA approval of the implant or device.

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