

Medical Policy



Vacuum Erection Devices

▼ Description

Male vacuum erection devices (VED) are indicated for use in the management of erectile dysfunction (ED).

▼ Policy

Male vacuum erection devices are considered not reasonable and necessary for the management of ED.

▼ Policy Guidelines

Male vacuum erection devices are non-covered items per The Achieving a Better Life Experience (ABLE) Act of 2014.

▼ HCPCS Level II Codes and Description

L7900	Male vacuum erection device
L7902	Replacement only, Included with L7900.

▼ Documentation requirements:

Often claims for these devices do not have diagnostic information that relates to: organic impotence. For members receiving a vacuum erection device, the physician evaluation would generally include a history and physical examination focused on defining the cause of the erectile dysfunction/ impotence and treatment of any co-morbid conditions that may impact sexual function. This is important to assure that specifically treatable conditions are identified before ordering a vacuum erection device. Documentation of this evaluation, conducted prior to the date of service on the claim, must be available upon request. For claims that meet these documentation requirements, in addition to the ICD-9 diagnosis code for organic impotence (607.84) NGS recommends that providers also include a secondary diagnosis to identify the cause of the impotence.

▼ **Important Note:**

Northwood’s Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member’s contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member’s contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood’s Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member’s benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

CMS Medicare/Medicaid- Per The Achieving a Better Life Experience (ABLE) Act of 2014 eliminated coverage for vacuum erection devices (VED). 7-1-15

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ Documentation requirements added.	Susan Glomb	Ken Fasse	Dec.2009
03	12-08-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	11-09-11	Annual Review. Added Reference to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
06	11-30-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-18-13	Annual review. Added L7902 Replacement ring only. Included in L7900	Susan Glomb	Dr. B. Almasri	
08	12-1-14	Added: Vacuum pumps coded L7900 must demonstrate a capability to generate a negative pressure in the range of greater than 3.9 and less than 17 inches of mercury. All devices coded L7900 must include a vacuum limiter such that a maximum vacuum of less than 17 inches of mercury (432 mmHg) is obtained. The mfg must perform tests to verify the maximum vacuum level. Annual review. No other changes.	Susan Glomb	Dr. B. Almasri	
09	12-14-15	Annual Review. Added info to policy that VED are non-covered per Medicare/Medicaid references.	Susan Glomb	Dr. B. Almasri	
10	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
11	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
12	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018