



March 10, 2009

Subject: Medicaid and Family Health Plus Programs: Exclusions of Procedures and Supplies for the Treatment of Erectile Dysfunction for Sex Offenders

Dear Provider,

This communication serves as a reminder regarding the New York State Department of Health (DOH) legislation on the treatment of erectile dysfunction that became effective February 1, 2006. As a reminder, CMO will exclude from coverage *procedures and supplies* for the treatment of erectile dysfunction for sex offenders enrolled in **Medicaid and Family Health Plus (FHP)** programs. Below please find a detailed list of diagnoses and procedures affected by this legislation as well as a list of excluded drugs such as Viagra, Cialis and Levitra.

Providers' must submit a prior approval request to CMO or the entity listed on the back of the member's ID card for the services or procedures listed on the attached document for any member enrolled in Medicaid or Family Health Plus. After CMO sends the inquiry to **HIP** for confirmation of the member's eligibility (usual responses take 48 hours), then the request will be reviewed for medical necessity *if the member is deemed eligibly by DOH*.

If the request is denied because it is deemed medically unnecessary, a medical necessity denial letter will be sent to the provider/member with the right to appeal. If the DOH response acknowledges that the member is not eligible for coverage under the provisions of the new legislation, the case will be denied as "not a covered benefit" and the provider/member will receive a benefit denial letter with the right to appeal, including the right to request a fair hearing and an external appeal.

Please be aware that if this process is not followed, the member will not be able to obtain treatment. For more information regarding the process for receiving approval to perform procedures and provide supplies for the treatment of erectile dysfunction for Medicaid and Family Health Plus (FHP) programs, please contact CMO Provider Relations at 914.377.4477.

Sincerely,

CMO- The Care Management Company, LLC.



Erectile Dysfunction Codes:

CPT:

37788	Penile revascularization
37790	Penile venous occlusive procedure
54400	Insertion of penile prosthesis; non-inflatable
54401	Insertion of penile prosthesis; inflatable
54405	Insertion of multi-component inflatable prosthesis
54408	Repair of component(s) of multi-component prosthesis
54410	Removal and replacement of all components
54411	Component, inflatable penile prosthesis through infected field
54416	Removal and replacement of prosthesis
54417	Removal and replacement of prosthesis through infected field
55870	Electroejaculation

HCPCS:

L7900	Vacuum erection system
J0270	Injection, alprostadil (Caverject and EDEX, Rx benefit)- handled by Pharmacy Services
J0275	Alprostadil urethral suppository (aka MUSE) (Rx benefit)- handled by Pharmacy Services
J2440	Injection, papaverine (not an Rx benefit)- handled by Care Management
J2760	Injection, phentolamine (not an Rx benefit)- handled by Care Management.

ICD9:

64.94	Fitting of external prosthesis of penis
64.95	Insertion or replacement of penile prosthesis; non-inflatable
64.97	Insertion or replacement of penile prosthesis; inflatable
302.71	Psychosexual dysfunction with hypoactive sexual desire disorder
302.72	Psychosexual dysfunction with inhibited sexual excitement (includes impotence)
302.74	Male orgasmic disorder
607.84	Impotence of organic origin



NDC	TYPE	MRA	ALT	DESCRIPTION	PA	LABELER
00009370105	BND	27.44139	0.00000	CAVERJECT 20 MCG VIAL	0	PHARMACIA/UP JHN
00009377804	BND	20.49459	0.00000	CAVERJECT 10 MCG VIAL	0	PHARMACIA/UP JHN
00009377805	BND	20.49459	0.00000	CAVERJECT 10 MCG VIAL	0	PHARMACIA/UP JHN
00009518101	BND	22.80180	0.00000	CAVERJECT IMPULSE 10 MCG KI	0	PHARMACIA/UP JHN
00009518201	BND	29.36220	0.00000	CAVERJECT IMPULSE 20 MCG KI	0	PHARMACIA/UP JHN
00009765002	BND	17.34600	0.00000	CAVERJECT 40 MCG/2 ML AMPUL	0	PHARMACIA/UP JHN
00009768604	GEN	34.47499	0.00000	CAVERJECT 40 MCG VIAL	0	PHARMACIA/UP JHN
00091102006	GEN	23.29740	0.00000	EDEX 20 MCG VIAL	0	SCHWARZ PHARMA
00091104006	BND	30.37999	0.00000	EDEX 40 MCG VIAL	0	SCHWARZ PHARMA
00091111016	GEN	43.42800	0.00000	EDEX 10 MCG CARTRIDGE KIT	0	SCHWARZ PHARMA
00091112016	GEN	55.94400	0.00000	EDEX 20 MCG CARTRIDGE KIT	0	SCHWARZ PHARMA
00091114016	BND	76.65000	0.00000	EDEX 40 MCG CARTRIDGE KIT	0	SCHWARZ PHARMA
00091141044	GEN	20.49600	0.00000	EDEX 10 MCG KIT	0	SCHWARZ PHARMA
00091142044	GEN	26.39490	0.00000	EDEX 20 MCG KIT	0	SCHWARZ PHARMA
00091144044	BND	33.06030	0.00000	EDEX 40 MCG KIT	0	SCHWARZ PHARMA
62541011001	BND	19.58319	0.00000	MUSE 125 MCG URETHRAL SUPPO	0	VIVUS
62541011006	BND	19.58319	0.00000	MUSE 125 MCG URETHRAL SUPPO	0	VIVUS
62541012006	BND	20.52819	0.00000	MUSE 250 MCG URETHRAL SUPPO	0	VIVUS
64541013006	BND	21.94500	0.00000	MUSE 500 MCG URETHRAL SUPPO	0	VIVUS
62541014006	BND	23.67819	0.00000	MUSE 1,000 MCG URETHRAL SUP	0	VIVUS
00069420030	BND	9.37803	0.00000	VIAGRA 25 MG TABLET	0	PFIZER US PHARM
000694211030	BND	9.37803	0.00000	VIAGRA 50 MG TABLET	0	PFIZER US PHARM
00069421066	BND	9.37784	0.00000	VIAGRA 50 MG TABLET	0	PFIZER US PHARM
00069422030	BND	9.37803	0.00000	VIAGRA 100 MG TABLET	0	PFIZER US PHARM
00069422066	BND	9.37784	0.00000	VIAGRA 100 MG TABLET	0	PFIZER US PHARM
00002446230	BND	9.46707	0.00000	CIALIS 5 MG TABLET	0	ELI LILLY & CO.
00002446330	BND	9.46707	0.00000	CIALIS 10 MG TABLET	0	ELI LILLY & CO.
00002446430	BND	9.46707	0.00000	CIALIS 20 MG TABLET	0	ELI LILLY & CO.
00026871069	BND	8.91379	0.00000	LEVITRA 2.5 MG TABLET	0	SCHERING CORP.
00026872069	BND	8.91379	0.00000	LEVITRA 5 MG TABLET	0	SCHERING CORP.
00026873069	BND	8.91379	0.00000	LEVITRA 10 MG TABLET	0	SCHERING CORP.
00026874069	BND	8.91379	0.00000	LEVITRA 20 MG TABLET	0	SCHERING CORP.
00085190101	BND	8.91379	0.00000	LEVITRA 10 MG TABLET	0	SCHERING CORP.
00085192301	BND	8.91379	0.00000	LEVITRA 2.5 MG TABLET	0	SCHERING CORP.
00085193401	BND	8.91379	0.00000	LEVITRA 20 MG TABLET	0	SCHERING CORP.
00085194501	BND	8.91379	0.00000	LEVITRA 5 MG TABLET	0	SCHERING CORP.