



MEDICAL POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Penile Implants in the Treatment of Erectile Dysfunction-OH MCD-MM-0033	10/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject

Penile Implants in the Treatment of Erectile Dysfunction

B. Background

Erectile dysfunction (ED) is the consistent or recurrent inability to acquire or sustain an erection, and the most common sexual problem affecting males. Surveys suggest 5-10% of men between the ages of 20 to 30 are affected, and that number increases to 35-40% of men aged 70 or older. The National Institutes of Health (NIH) estimates that up to 30 million men experience erectile dysfunction.

Various treatment modalities exist for ED. One treatment option is a surgical penile implant (also called a penile prosthesis). A penile implant is indicated when there is a clear medical cause for ED and when the problem is unlikely to resolve or improve naturally or with other medical treatments. A basic penile prosthesis consists of a pair of bendable, silicone rods that are surgically implanted within the erection chambers of the penis. Identification of the underlying etiology is an important first step. This includes ruling out the adverse effects of medication(s), identifying, and treating risk factors.

C. Definitions

- **Erectile Dysfunction** – The consistent or recurrent inability to acquire or sustain an erection.
- **Neurogenic Impotence** – Nervous system issues affecting the ability to maintain or have an erection.
- **Vascular Impotence** – Restricted or decreased blood flow to the penis causing impotence.

D. Policy

- I. Medication is the first line of treatment for ED, including:
 - A. oral phosphodiesterase type 5 inhibitors
 - B. intra-urethral alprostadil
 - C. intracavernous vasoactive drug injectionsOhio Medicaid does not cover medications including oral, injectable, or transdermal varieties for the treatment of erectile dysfunction.
- II. External penile pumps or vacuum constriction devices (VCD) are the second line of treatment after first line therapy has failed.
Ohio Medicaid does not cover external penile pumps or vacuum constriction devices.
- III. Internal penile prosthetic implants are covered in extraordinary circumstances. They are considered medically necessary when **ALL** of the following conditions are met:
 - A. First and second line therapy have been documented as ineffective, or there is a compelling, well documented reason to proceed with surgery without a failed trial of first and second-line therapies.
 - B. Absence of active alcohol or substance use disorder as documented in the medical record.
 - C. Absence of drug induced impotence related to **ANY** of the following:

1. anabolic steroid use
2. anticholinergics
3. antidepressants
4. antipsychotics or central nervous system depressants
- D. Neurogenic impotence due to **ONE** of the following:
 1. diabetes
 2. fractured pelvis
 3. major surgery of the pelvis, retroperitoneum, radical prostatectomy, or colorectal surgery
 4. multiple sclerosis
 5. spina bifida
 6. spinal cord injury/disease
 7. syringomyelia
- OR**
- E. Vascular impotence due to **ONE** of the following:
 1. hypertension
 2. intrapenile arterial disease
 3. penile fracture
 4. Peyronies disease
 5. smoking
 6. status post cavernosal infection
 7. impotence due to radiation therapy to the pelvis or retroperitoneum

- IV. Internal penile prosthetic implant removal is considered medically necessary when **ANY** of the following occur:
- A. infection
 - B. mechanical failure
 - C. urinary obstruction
 - D. intractable pain

E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

DATE		ACTION
Date Issued	07/26/2016	
Date Revised	05/13/2020	Updated References, Updated Background information, condensed medical criteria.
	05/11/2022	Added penile implant information to Background; updated references.
	05/10/2023	No changes. Updated references. Approved at Committee.
	05/08/2024	No changes. Updated references. Approved at Committee.

	06/18/2025	No changes. Updated references. Approved at Committee.
	06/17/2026	No changes. Updated references. Approved at Committee.
Date Effective	10/01/2026	
Date Archived		

H. References

1. Burnett AL, Nehra A, Breau RH, et al. Erectile dysfunction: AUA guideline. *J Urology*. 2018;200:633-641. doi:10.1016/j.juro.2018.05.004
2. Khera M. Treatment of male sexual dysfunction. UpToDate. Updated October 24, 2023. Accessed May 8, 2026. www.uptodate.com
3. Lazarou S. Surgical treatment of erectile dysfunction. UpToDate. Updated November 14, 2023. Accessed May 8, 2026. www.uptodate.com
4. Pharmacy Services: Covered Drugs and Associated Limitations, OHIO ADMIN. CODE 5160-9-03(B)(3) (2024).
5. Urologic Surgery or Procedure GRG: SG-US. MCG Health. 29th ed. Updated June 13, 2025. Accessed May 8, 2026. www.careweb.careguidelines.com

Approved by ODM on 6/23/2026.