

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. CPT¹ PROCEDURE CODES

54000 - 55300, 55450 - 55870, 55899, 55970

II. DESCRIPTION

The male genital system includes the male organs of reproduction.

III. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of disease or injury involving the male genital system are covered.

B. A vasectomy, unilateral or bilateral, performed as an independent procedure is a covered service. (See [Chapter 7, Section 2.3](#) for detailed policy concerning sterilization and birth control).

C. For Implantable Urethral Sphincter, see [Chapter 4, Section 14.1](#).

D. Diagnostic studies necessary to establish organic versus psychogenic impotence, such as lab work, a psychiatric evaluation, Doppler ultrasound, arteriography, cavernosography, cavernosometry, or electrophysiological testing may be cost-shared. (Also, see [Chapter 7, Section 1.1](#).)

E. Organic impotence is defined as that which can be reasonably expected to occur following certain diseases, surgical procedures, trauma, injury, or congenital malformation. Impotence does not become organic because of psychological or psychiatric reasons.

F. Treatment of organic impotency is covered subject to all applicable provisions of [32 CFR 199.4](#).

1. Penile Implant

¹ CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 15.1

MALE GENITAL SYSTEM

a. Insertion of an FDA-approved penile implant is covered when performed for organic impotence which has resulted from a disease process, trauma, radical surgery, or for correction of a congenital anomaly, or for correction of sex gender confusion (that is, ambiguous genitalia) which has been documented to be present at birth.

b. Removal and reinsertion of covered penile implants and associated surgical fees may be cost-shared.

2. Hormone injection, non-injectable delivery system or intracavernosal injection for the treatment of organic impotency, may be cost-shared providing the drugs are FDA approved and usage is considered generally accepted medical practice.

3. External vacuum appliance for the treatment of organic impotency may be cost-shared providing the external appliance is FDA approved and usage is considered generally accepted medical practice.

4. Orally administered medication for the treatment of male organic impotency may be cost-shared only after a thorough evaluation according to clinical guidelines (see [Chapter 8, Section 9.1](#) for detailed guidelines).

a. Only 6 tablets per month (in accordance with established clinical guidelines) may be dispensed. "Lost," "stolen," or "destroyed" tablets will not be replaced.

b. Prescriptions filled through TRICARE Standard will be reimbursed for only 6 tablets per month and must be accompanied by proof of compliance with clinical guidelines.

5. Aortoiliac reconstruction, endarterectomy, and arterial dilatations for proximal lesions for the treatment of organic impotency may be cost-shared.

G. Insertion of an FDA approved testicular prosthesis is covered when performed following disease, trauma, injury, radical surgery, or for correction of a congenital anomaly, or for correction of sex gender confusion (that is, ambiguous genitalia) which has been documented to be present at birth).

H. 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 when performed for psychological impotence, transsexualism, or such other conditions as gender dysphoria.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 15.1

MALE GENITAL SYSTEM

- B. Testicular prosthesis and related services when performed for transsexualism or such other conditions as gender dysphoria.
- C. Therapy for sexual dysfunctions or inadequacies (see [Chapter 7, Section 1.1.](#)).
- D. Arterial revascularization for distal lesions and venous leakage when treatment is for organic impotency.
- E. Intersex surgery, except when performed to correct sex gender confusion/ambiguous genitalia, which is documented to have been present at birth (CPT² procedure code 55970).
- F. Reversal of surgical sterilization (CPT² procedure code 55400).
- G. Cryosurgery for prostate metastases (CPT² procedure code 55873) is unproven.

- END -

² CPT codes, descriptions and other data only are copyright 2004 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

