

Sexual Dysfunction

Policy Number: BIP161.O
Effective Date: June 1, 2026

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	1
Policy History/Revision Information	2
Instructions for Use	2

Related Benefit Interpretation Policy

- [Inpatient and Outpatient Mental Health](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

Members may have supplemental outpatient drug benefit for drugs for sexual dysfunction. Refer to the member's EOC/SOB to determine coverage eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC) or Schedule of Benefits (SOB) to determine coverage eligibility.

- Diagnostic services, including but not limited to:
 - Medical history and physical exam (including sexual history and psychosocial evaluation)
 - Routine laboratory services, including measurement of the following:
 - Serum testosterone
 - Gonadotropin levels
 - Serum prolactin
 - Thyroxin
 - Nocturnal penile tumescence testing
 - Psychiatric evaluation when appropriate
- Testosterone injections for documented low testosterone levels

Note: Coverage may be available for the treatment of sexual dysfunction for medically necessary treatment for mental health care services and substance-related and addictive disorders. Refer to the member's EOC/SOB to determine coverage eligibility.

Not Covered

Sexual dysfunction or inadequacy medications/drugs, procedures, services, and supplies, including but not limited to:

- External vacuum devices, pumps, or constriction rings (e.g., ErecAid)
- Surgical procedures, including penile revascularization and implantation of penile prosthesis (e.g., FlexiRod)

- Prescription or injectable medications, including but not limited to:
 - Alprostadil urethral suppository (MUSE)
 - Viagra
 - Testosterone patches
 - Caverject
 - Papaverine
 - Regitine

Note: Members may have supplemental outpatient prescription coverage for drugs for sexual dysfunction. Refer to the member's EOC/SOB to determine coverage eligibility.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<ul style="list-style-type: none"> • Routine review; no change to coverage guidelines • Archived previous policy version BIP161.N

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.