

Penile Prosthesis Surgery, Surgical 23

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Effective Date	6/1/2026
Next Review Date	2/2027
Coverage Policy	Surgical 23
Version	7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Penile Prosthesis is a surgical procedure to implant a device (semi rigid or inflatable) in the penis.

Other common names: Penile implant, Treatment for Erectile Dysfunction (ED), Surgical implantation, prosthetic device

Criteria:

Penile Prosthesis Surgery is considered medically necessary for **1 or more** of the following:

- **Implantation** of semi-rigid penile prosthesis or inflatable penile prosthesis (implantable penile pumps) for individuals who have documented physiologic erectile dysfunction with **ALL** of the following:
 - Absence of **ALL** of the following:
 - Untreated depression or psychiatric illness
 - Drug-induced impotence related to **1 or more** of the following:
 - Alcohol
 - Anabolic steroids
 - Anticholinergics
 - Antidepressants
 - Antipsychotics
 - Central nervous system depressants
 - Illicit drug abuse
 - Normal levels of **ALL** of the following:
 - Prolactin
 - Testosterone
 - Thyroid hormone levels
 - History of **1 or more** of the following:
 - Injury to the bladder, perineum/genitalia, and/or erection control
 - Prior history of **1 or more** of the following:
 - Prostate Surgery
 - Bladder Surgery
 - Bowel surgery
 - Spinal surgery
 - Prior vascular surgery involving **1 or more** of the following:

- Aorta
 - Femoral blood vessels
- Neurological disease (e.g. diabetic neuropathy, spinal cord injury)
- Peyronie's disease
- Renal failure
- Vascular insufficiency documented by dynamic infusion cavernosometry and cavernosography (DICC)
- Venous incompetence documented by dynamic infusion cavernosometry and cavernosography (DICC)
- Venous leak of the penis
- Nonsurgical methods have been ineffective
- **Removal** of a penile implant is considered medically necessary for **1 or more** of the following
 - An infected prostheses
 - Intractable pain
 - Mechanical failure
 - Urinary obstruction
- **Reimplantation** of a penile implant is considered medically necessary for individuals with **ALL** of the following:
 - Absence of **ALL** of the following:
 - Untreated depression or psychiatric illness
 - Drug-induced impotence related to **1 or more** of the following:
 - Alcohol
 - Anabolic steroids
 - Anticholinergics
 - Antidepressants
 - Antipsychotics
 - Central nervous system depressants
 - Illicit drug abuse
 - Normal levels of **ALL** of the following:
 - Prolactin
 - Testosterone
 - Thyroid hormone levels
 - History of **1 or more** of the following:
 - Injury to the bladder, perineum/genitalia, and/or erection control
 - Prior history of **1 or more** of the following
 - Prostate Surgery
 - Bladder Surgery
 - Bowel surgery
 - Spinal surgery
 - Prior vascular surgery involving **1 or more** of the following
 - Aorta
 - Femoral blood vessels
 - Neurological disease (e.g. diabetic neuropathy, spinal cord injury)
 - Peyronie's disease
 - Renal failure
 - Vascular insufficiency documented by dynamic infusion cavernosometry and cavernosography (DICC)
 - Venous incompetence documented by dynamic infusion cavernosometry and cavernosography (DICC)
 - Venous leak of the penis
 - Nonsurgical methods have been ineffective
 - Prior prosthesis was removed for medically necessary indications of **1 or more** of the following:

- An infected prosthesis
- Intractable pain
- Mechanical failure
- Urinary obstruction

Penile Prosthesis Surgery is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2019: November
- 2008: June (remain archived)
- 2002: November (archived)
- 1998: December
- 1994: February

Reviewed Dates:

- 2026: February – Implementation date of June 1, 2026. Annual review. No changes. References and coding updated.
- 2025: February - Annual review completed. No changes. References and coding updated.
- 2024: July - Annual review completed. No changes. References and coding updated.
- 2023: July
- 2022: July
- 2021: October
- 2020: October
- 2019: October (unarchived)
- 2001: November
- 2000: November
- 1999: November
- 1996: August

Origination Date: June 1992

Coding:

Medically necessary with criteria:

Coding	Description
54400	Insertion of penile prosthesis; non inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415	Removal of non-inflatable (semi rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal and replacement of non-inflatable (semi rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417	Removal and replacement of non-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
 - Pre-certification by the Plan is required.
 - **Please refer to Prior Authorization List for most up to date requirement** [Search PAL List: Sentara Health Plans](#)
- Special Notes:
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Penile Prosthesis Surgery, SHP Surgical 23, Implant, semi-rigid penile prosthesis, inflatable penile prosthesis, implantable penile pumps, penile implant, Reimplantation, noninflatable penile prosthesis, Penile implant, implantable penile pumps, inflatable penile prosthesis (IPP), Malleable implants, Penile co-implanted (fluid reservoir and a pump)