

## **Surgery: Male Genital System**

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This section contains information to assist providers in billing for surgical procedures related to the male genital system.

### **Frenulotomy of Penis**

Claims for CPT® code 54164 (frenulotomy of penis) require prior authorization and are not reimbursable when billed in conjunction with circumcision codes 54150 thru 54163. If code 54164 is billed in addition to any code in range 54150 thru 54163 by the same provider, for the same recipient and date of service, reimbursement will not exceed the allowed amount of the highest paid code. Reimbursement for code 54164 is limited to once in a lifetime.

### **Erectile Dysfunction: Diagnostic Evaluation**

The diagnostic evaluation of Erectile Dysfunction (ED) for males age 21 years and older is reimbursable using CPT codes 54230 and 54250. Prior authorization is required for the diagnostic evaluation of ED. Providers may also bill for Non-Invasive Vascular Diagnostic Studies (NVDS) using CPT codes 93980 and 93981 (refer to *Medicine: Non-Invasive Vascular Diagnostic Studies*). Only one CPT code for the diagnostic evaluation of ED is reimbursable when billed by the same provider, for the same recipient and date of service.

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
54230	Injection procedure for corpora cavernosography (For radiological supervision and interpretation, see 74445)
54250	Nocturnal penile tumescence and/or rigidity test

### **«Laparoscopy**

**Table of CPT codes for Reimbursable Procedures**

<b>Code</b>	<b>Description</b>
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed»

## **Penile Prosthesis**

Claims for penile prostheses (CPT codes 54400, 54406, 54408, 54410, 54411, 54415, 54416 and 54417) require authorization but should not be billed “By Report.”

The insertion, removal or replacement of non-inflatable (semi-rigid) penile prostheses (CPT code 54400, 54415, 54416 or 54417) is reimbursable when disturbance of the urinary function of the penis resulting from disease (for example, retention of an external catheter for drainage in patients with urinary incontinence) is documented.

The insertion, removal or replacement of non-inflatable penile prostheses for the treatment of sexual impotency is not reimbursable. The insertion of inflatable penile prostheses (CPT code 54401 and 54405) for any purpose is not reimbursable.

## **Inflatable Prosthesis**

Providers may be reimbursed for the removal, replacement or surgical correction of hydraulic abnormality of an inflatable prosthesis (codes 54406 thru 54417) only when the original insertion was performed for disturbance of urinary penile function resulting from disease.

## **Gender Override**

Instructions for overriding gender differences for procedures are in the *Transgender and Gender Diverse Services* section in the appropriate Part 2 provider manual.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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