



Surgical Treatment for Peyronie’s Disease

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Peyronie’s Disease (PD) is an acquired, localized connective tissue disorder of the penis, characterized by fibrotic plaque formation that may cause pain, penile deformity, and erectile dysfunction. Management depends on disease severity, degree of deformity, and erectile function. Treatment options include oral medications, intralesional injections, traction or vacuum therapy, or a combination of these modalities.

Surgical intervention, such as tunica plication, plaque excision with excision with grafting, or penile prosthesis placement may be considered when deformity is significant or conservative therapies fail.

Criteria

Commercial

Prior authorization is required.

- I. PacificSource considers surgical intervention for treatment of Peyronie’s Disease medically necessary when **ALL** of the following criteria is met:
 - A. Failure of conservative treatment (e.g., intralesional injections, mechanical and medication therapy, oral medications, penile traction, topical drug applications)

- B. Penile deformity is compromising sexual function
- C. Peyronie's Disease has persisted for more than twelve (12) months with at least three (3) months of chronic, stable phase

Medicaid

PacificSource Community Solutions follows an internal hierarchical process in the “Clinical Criteria Used in UM Decisions” policy for coverage of surgical treatment of Peyronie’s Disease. PCS covers these services when the condition and service(s) pair on a funded line on the HERC Prioritized List of Health Services, any relevant Guideline criteria is fulfilled, and service(s) are medically necessary and appropriate for the specific member. Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820. Surgical treatment of Peyronie’s Disease may be limited or excluded if the service meets the criteria outlined in OARs 410-141-3825 and 410-120-1200, except as otherwise provided in the Covered Services Rule.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow Commercial clinical criteria above for determination of coverage and medical necessity of Surgical Treatment for Peyronie’s Disease.

Experimental/Investigational/Unproven

PacificSource considers treatment of Peyronie’s Disease with the following options to be experimental, investigational, or unproven:

- Electromotive drug administration
- Extracorporeal shockwave therapy (ESWT)
- Radiation Therapy

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy’s E//U list, to be reviewed by medical necessity review guidelines. Please see related policy, “Clinical Criteria Used in UM Decisions” to review criteria hierarchy and “Medical Necessity Reviews” for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

54110 Excision of penile plaque (Peyronie’s Disease)

54111 Excision of penile plaque (Peyronie's Disease); with graft to 5 cm in length

54112 Excision of penile plaque (Peyronie's Disease); with graft greater than 5 cm in length

55899 Unlisted procedure, male genital system

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Peyronie's Disease - Characterized by two phases:

- **Acute phase** - painful erections and evolving penile deformity
- **Chronic phase** - stabilized deformity with no ongoing pain

Tunica plication - A surgical technique that straightens the penis by shortening the longer (convex) side opposite the plaque, which may result in some loss of penile length.

Tunical lengthening procedure (plaque excision or partial excision with grafting) - A surgical approach in which plaque is removed or incised and a graft is applied to lengthen the shorter (concave) side, thereby correcting the curvature.

Related Policies

Care of the Surgical Patient

Clinical Criteria Used in UM Decisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Unlisted, Unspecified, and Not Otherwise Specified Procedure Codes

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Appendix

Policy Number:

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Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): 42 CFR § 422.101(a)-(c); OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003

OPs Approval: 2/2026