



## 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 <input type="checkbox"/> Washington
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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, causing fibrotic changes resulting in plaque formation. Peyronie's Disease symptoms can include penile pain, erectile deformity and plaque, and erectile dysfunction.

The management of Peyronie's disease is dependent upon the extent of the disease, the severity of the penile defect and erectile function. Nonsurgical treatment for Peyronie's Disease may include oral medications, injections, traction, vacuum therapy, or a combination.

Surgical management of Peyronie's Disease can include tunica plication, tunical lengthening (plaque excision and grafting) or placement of a penile prosthesis.

### Criteria

#### Commercial

#### Prior authorization is required

- I. PacificSource considers surgical intervention (e.g., tunica plication, plaque excisions and grafting) 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 months with at least three 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/orally 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 follows the “*Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)*” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

PCS follows the “*Unlisted and Unspecified Procedure Codes*” policy for requests for unlisted codes.

## Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

## Experimental/Investigational/Unproven

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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

## Coding Information

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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

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Peyronie's Disease is characterized by two phases, acute and chronic:

- The **acute phase** is considered the active phase, which is commonly associated with painful erections and changing deformity of the penis
- The **chronic phase** is characterized by stabilization of the deformity and no further complaints of painful erections

**Tunica plication** - surgical procedure to straighten the penis by shortening the convex side of the penis (e.g., opposite the plaque) resulting in loss of penile length as the tunica albuginea is shortened on the longer side to match the shorter side.

**Tunical lengthening procedure (plaque excision or partial excision and grafting)** - surgical procedure to improve penile deformities by removal of plaque and grafting the concave side of the penis to lengthen and straighten the penis.

## Related Policies

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Care of the Surgical Patient

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

Unlisted and Unspecified Procedure Codes

## References

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<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

The Health Evidence Review Commission (HERC) Prioritized List of Health Services

<https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

## Appendix

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**Policy Number:**

**Effective:** 2/1/2022

**Next review:** 4/1/2026

**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):** OARs 410-120-1200, and 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003 OARs: 410-120-1200, 410-141-3820 through 3830

**Commercial Ops:** 3/2025

**Government Ops:** 3/2025