

Marketplace National Regional Benefit Interpretation Document

Benefit Name	SEXUAL DYSFUNCTION		
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin		
Benefit Definition	This policy addresses diagnostic services, medications/drugs, procedures, services, and supplies for the treatment of sexual dysfunction or inadequacy. Covered benefits are listed in three (3) Sections - A, B and C. 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. A. FEDERAL/STATE MANDATED REGULATIONS Note: The most current federal/state mandated regulations for each state can be found in the links below. None B. STATE MARKET PLAN ENHANCEMENTS None C. COVERED BENEFITS IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section. Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility. Please refer to the next section for additional details on what is not covered. D. NOT COVERED		

MPBID: Sexual Dysfunction: Benefit Interpretation Policy Policy Number: 0050

1



	Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.				
	SEXUAL DYSFUNCTION CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN: Treatment of sexual dysfunction, regardless of cause, including but not limited to devices, implants, surgical procedures, and medications are not covered.				
	<b>KENTUCKY:</b> Treatment of sexual dysfunction, regardless of cause, including devices, implants, surgical procedures, and medications are not covered.				
	NON-COVERED DRUGS ALL STATES (NOT STATED IN UT EOC): Molina and Passport do not cover drugs to treat conditions that are benefit exclusions, including sexual dysfunction				
	E. DEFINITIONS See Glossary				
	F. POLICY HISTORY/REVISION INFORMATION				
	Date	Action/Description			
Procedure Codes (Internal Use Only)	and may not be all-inclusive. Deleted at the time the service is rendered ma Coverage is determined by the benefi Procedural Terminology (CPT <sup>®</sup> ), a reg Medical Association (AMA). All CPT co the AMA; this information is included Providers and facilities are expected to practices for all submissions. When in	it document. Molina adheres to Current istered trademark of the American odes and descriptions are copyrighted by for informational purposes only. to utilize industry standard coding nproper billing and coding is not followed, ne claim and recover claim payment(s).			

2



Marketplace Benefit Interpretation

Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: a. Covered and No PA Required b. Not Covered					
	You cannot use the MHI PA Matrix to make coverage determinations.					
Approval	Departments	Product	CIM	Clinical Management		
	Date	11/30/2021		11/30/2021		