

Marketplace National Regional Benefit Interpretation Document

Benefit Name	SEXUAL DYSFUNCTION
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses diagnostic services, medications/drugs, procedures, services, and supplies for the treatment of sexual dysfunction or inadequacy.</p> <p>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.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> B. STATE MARKET PLAN ENHANCEMENTS </div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> C. COVERED BENEFITS </div> <p>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.</p> <p>Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.</p> <p>Please refer to the next section for additional details on what is not covered.</p> <div style="border: 1px solid black; padding: 5px;"> D. NOT COVERED </div>

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

SEXUAL DYSFUNCTION

CALIFORNIA:

Treatment of sexual dysfunction, regardless of cause, including but not limited to devices, implants, surgical procedures, and medications are not covered. This exclusion does not apply to medically necessary treatment of a mental health or substance use disorder.

FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEVADA, 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.

KENTUCKY:

Treatment of sexual dysfunction, regardless of cause, including devices, implants, surgical procedures, and medications are not covered.

NON-COVERED DRUGS

ALL STATES:

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
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language

Codification

[Marketplace Benefit Interpretation Policies Codification](#)

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

Approval	PA Lookup Tool			
	Departments	Product	CIM	Clinical Management
	Date	11/30/2021	3/9/2022	11/30/2021
	Revised (for 1/1/2023)	12/13/2022	4/5/2023	12/13/2022
	Revised (for 1/1/2024)	12/7/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/12/2024	-	11/12/2024