

Local Coverage Determination (LCD): Vacuum Erection Devices (VED) (L34824)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
CGS Administrators, LLC	DME MAC	17013 -	DME MAC J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon
CGS Administrators, LLC	DME MAC	18003 -	DME MAC J-C	
Noridian Healthcare Solutions, LLC	DME MAC	16013 -	DME MAC J-A	
Noridian Healthcare Solutions, LLC	DME MAC	19003 -	DME MAC J-D	

Contractor Name

Contract Type Contract Number Jurisdiction State(s)

South Dakota
Utah
Washington
Wyoming
Northern Mariana Islands

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[LCD Information](#)

Document Information

LCD ID
L34824

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L34675](#)
[L34740](#)
[L34732](#)
[L34736](#)

Revision Effective Date
For services performed on or after 01/01/2017

Revision Ending Date
N/A

LCD Title
Vacuum Erection Devices (VED)

Retirement Date
N/A

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Notice Period Start Date
06/12/2014

Notice Period End Date
07/31/2014

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CMS National Coverage Policy N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.

In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Vacuum erection devices (L7900) and related accessories (L7902) are statutorily non-covered (see related Policy Article for additional details).

GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

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[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to

apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

HCPCS CODES:

EQUIPMENT:

Group 1 Codes:

L7900 MALE VACUUM ERECTION SYSTEM

Group 2 Paragraph: SUPPLIES

Group 2 Codes:

L7902 TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Not Applicable

Group 1 Codes: N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: Not Applicable

Group 1 Codes: N/A

ICD-10 Additional Information

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[General Information](#)

Associated Information

DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health

agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

Miscellaneous

Appendices

Sources of Information and Basis for Decision

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[Revision History Information](#)

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R6	Revision Effective Date: 01/01/2017 COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Removed: Standard Documentation Language Added: New reference language and directions to Standard Documentation Requirements Added: General Requirements DOCUMENTATION REQUIREMENTS: Added: General Documentation Requirements Added: New reference language and directions to Standard Documentation Requirements POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Direction to Standard Documentation Requirements	<ul style="list-style-type: none">• Provider Education/Guidance

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
07/01/2016	R5	Removed: Supplier Manual reference from Miscellaneous Removed: PIM reference from Appendices RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements article Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs. Revision Effective Date: 07/01/2015	<ul style="list-style-type: none"> Change in Assigned States or Affiliated Contract Numbers
10/01/2015	R4	COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Changed coverage indications for L7900 and L7902 to non-covered based on Achieving a Better Life Experience (ABLE) Act of 2014 Revision Effective Date: 10/31/2014	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R3	COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY: Revised: Standard Documentation Language to add covered prior to a beneficiary's Medicare eligibility DOCUMENTATION REQUIREMENTS: Revised: Standard Documentation Language to add who can enter date of delivery date on the POD Added: Instructions for Equipment Retained from a Prior Payer Revised: Repair to beneficiary-owned DMEPOS Revision Effective Date: 10/01/2014	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R2	SOURCES OF INFORMATION AND BASIS FOR DECISION: Revised: Update link to 'The primary care management of erectile dysfunction', Department of Veterans Affairs publication	<ul style="list-style-type: none"> Other (Update link to 'The primary care management of erectile dysfunction', Department of Veterans Affairs publication)
10/01/2015	R1	Revision Effective Date: 10/01/2014 Draft LCD promoted to final	<ul style="list-style-type: none"> Other (Draft LCD promoted to final)

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A55426 - Standard Documentation Requirements for All Claims](#)

[Submitted to DMF MACs](#)

[A52712 - Vacuum Frection Devices \(VED\) - Policy Article](#)

Related National Coverage Documents N/A

Public Version(s) Updated on 04/21/2017 with effective dates 01/01/2017 - N/A [Updated on 06/07/2016 with effective dates 07/01/2016 - 12/31/2016](#) Updated on 05/14/2015 with effective dates 10/01/2015 - 06/30/2016 [Updated on 04/02/2015 with effective dates 10/01/2015 - N/A](#) Updated on 06/20/2014 with effective dates 10/01/2015 - N/A Updated on 06/06/2014 with effective dates 10/01/2015 - N/A [Updated on 04/04/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)

END OF LOCAL COVERAGE DETERMINATION

Per the Code of Federal Regulations, 42 C.F.R § 426. 325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.

Local Coverage Article: Vacuum Erection Devices (VED) - Policy Article (A52712)

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CGS Administrators, LLC	DME MAC	18003 -	DME MAC J-C	
Noridian Healthcare Solutions, LLC	DME MAC	16013 -	DME MAC J-A	
Noridian Healthcare Solutions, LLC	DME MAC	19003 -	DME MAC J-D	

Contractor Name

Contract Type Contract Number Jurisdiction State(s)

South Dakota
Utah
Washington
Wyoming
Northern Mariana Islands

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Article Information

General Information

Article ID

A52712

Original Article Effective Date

10/01/2015

Original ICD-9 Article ID

[A52669](#)

[A52679](#)

[A52682](#)

[A52677](#)

Revision Effective Date

01/01/2017

Revision Ending Date

N/A

Article Title

Vacuum Erection Devices (VED) - Policy Article

Retirement Date

N/A

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Article Guidance

Article Text:

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Vacuum erection devices (L7900) and related supplies are considered Prosthetic Devices under the Prosthetic Devices benefit category (Social Security Act §1861(s)(8)). For dates of service on or after July 1, 2015, codes L7900 and L7902 are statutorily non-covered based on the Achieving a Better Life Experience (ABLE) Act of 2014.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) contractor for guidance on the correct coding of these items. [Back to Top](#)

Coding Information

Bill Type Codes:

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N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered

Group 1 Paragraph:

Not Applicable

Group 1 Codes: N/A

ICD-10 Codes that are covered Information Table

Code Description

ICD-10 Codes that are Not Covered

Group 1 Paragraph:

Not Applicable

Group 1 Codes: N/A
ICD-10 that are not Covered Information Table
Code Description

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[Revision History Information](#)

Revision History Date	Revision History Number	Revision History Explanation
01/01/2017	R5	Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: New reference language and directions to Standard Documentation Requirements RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article
07/01/2016	R4	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
07/01/2015	R3	Revision Effective Date: 07/01/2015 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES: Revised: Changed coverage to non-covered based on ABLE Act of 2014
10/31/2014	R2	Revision Effective Date: 10/31/2014 Added: WOPD standard language
10/01/2015	R1	Revision Effective Date: 10/01/2014 Draft policy article promoted to final

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs](#) LCD(s) [L34824 - Vacuum Erection Devices \(VED\)](#)

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

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[Keywords](#)

N/A Read the [Article Disclaimer](#) [Back to Top](#)