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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
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<tbody>
<tr>
<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>17013 - DME MAC</td>
<td>J-B</td>
<td>Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin</td>
</tr>
<tr>
<td>CGS Administrators, LLC</td>
<td>DME MAC</td>
<td>18003 - DME MAC</td>
<td>J-C</td>
<td>Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, North Carolina, New Mexico, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, Virgin Islands, West Virginia</td>
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## LCD Information

### Document Information

<table>
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<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>LCD ID</strong></td>
<td>L34824</td>
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<tr>
<td><strong>Original ICD-9 LCD ID</strong></td>
<td>L34675, L34740, L34732, L34736</td>
</tr>
<tr>
<td><strong>LCD Title</strong></td>
<td>Vacuum Erection Devices (VED)</td>
</tr>
<tr>
<td><strong>Original Effective Date</strong></td>
<td>For services performed on or after 10/01/2015</td>
</tr>
<tr>
<td><strong>Revision Effective Date</strong></td>
<td>For services performed on or after 01/01/2017</td>
</tr>
<tr>
<td><strong>Revision Ending Date</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Retirement Date</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Proposed LCD in Comment Period</strong></td>
<td>N/A</td>
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<td><strong>Notice Period Start Date</strong></td>
<td>06/12/2014</td>
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<tr>
<td><strong>Notice Period End Date</strong></td>
<td>07/31/2014</td>
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</tbody>
</table>
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.

### 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:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>L7900</td>
<td>MALE VACUUM ERECTION SYSTEM</td>
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Group 2 Paragraph:
SUPPLIES

Group 2 Codes:

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>L7902</td>
<td>TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH</td>
</tr>
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</table>

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:
Not Applicable
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
## Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
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</table>
| 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  
Removed: Supplier Manual reference from Miscellaneous  
Removed: PIM reference from Appendices  
RELATED LOCAL COVERAGE DOCUMENTS:  
Added: LCD-related Standard Documentation Requirements article | • Provider Education/Guidance |
| 07/01/2016            | R5                      | 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. | • Change in Assigned States or Affiliated Contract Numbers |
| 10/01/2015            | R4                      | Revision Effective Date: 07/01/2015  
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 | • Provider Education/Guidance |
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</table>
| 10/01/2015            | R3                      | Revision Effective Date: 10/31/2014  
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 | • Provider Education/Guidance |
| 10/01/2015            | R2                      | Revision Effective Date: 10/01/2014  
SOURCES OF INFORMATION AND BASIS FOR DECISION: Revised: Update link to ‘The primary care management of erectile dysfunction’, Department of Veterans Affairs publication | • 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 | • Other (Draft LCD promoted to final) |

**Associated Documents**

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs  
A52712 - Vacuum Erection 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

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

**Keywords**
N/A
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.
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Noridian Healthcare Solutions, LLC

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**Article Information**

**General Information**

**Article ID**
A52712

**Original ICD-9 Article ID**
A52669, A52679, A52682, A52677

**Article Title**
Vacuum Erection Devices (VED) - Policy Article

**Original Article Effective Date**
10/01/2015

**Revision Effective Date**
01/01/2017

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**
CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.
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.

## 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.

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N/A

### CPT/HCPCS Codes

N/A

### ICD-10 Codes that are Covered

N/A

### ICD-10 Codes that are Not Covered

N/A

## Revision History Information
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<tr>
<td>01/01/2017</td>
<td>R6</td>
<td>03/07/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination.</td>
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<tr>
<td>01/01/2017</td>
<td>R5</td>
<td>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</td>
</tr>
<tr>
<td>07/01/2016</td>
<td>R4</td>
<td>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.</td>
</tr>
<tr>
<td>07/01/2015</td>
<td>R3</td>
<td>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</td>
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<tr>
<td>10/31/2014</td>
<td>R2</td>
<td>Revision Effective Date: 10/31/2014 Added: WOPD standard language</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>Revision Effective Date: 10/01/2014 Draft policy article promoted to final</td>
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**Associated Documents**

**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