POLICY STATEMENT:

Based upon the lack of peer-reviewed literature, vacuum therapy using the Eros-CTD (Clitoral Therapy Device) is 
investigational in the treatment of female sexual dysfunction; as the long-term efficacy has not been proven in the peer-reviewed, published literature.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES:

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Female sexual dysfunction is the persistent impairment of a couple’s normal or usual patterns of sexual interest and/or responses. Female sexual dysfunction can be classified into the following categories:

I. Sexual desire disorders (e.g., hypoactive sexual desire disorder, sexual aversion disorder);
II. Sexual arousal disorders;
III. Orgasmic disorders; and
IV. Sexual pain disorders (e.g., dyspareunia, vaginismus, noncoital sexual pain disorder).

Treatment options for female sexual dysfunction are limited. One treatment method is using a vacuum therapy device. The Eros-CTD is a vacuum therapy device intended for use as a treatment for female sexual dysfunction; and consists of a small, soft plastic vacuum cup and a palm-sized battery, operated vacuum pump. The vacuum cup is placed over the clitoris immediately before sexual intercourse. When activated, the pump draws blood into the clitoris, causing engorgement, which aids in sexual arousal and increased lubrication.

RATIONALE:

The Eros-CTD received pre-market approval from the U.S. Food and Drug Administration in April 2000. Published data regarding vacuum therapy is scant. The published data is generally from small studies and of limited duration. The long-term efficacy of vacuum therapy has not been proven.

CODES:  

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Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT:  

No specific code(s)
HCPCS: No specific code(s)

ICD9:
- 302.7-302.73, Psychosexual dysfunction (code range)
- 302.76, 302.79
- 625.0 Dyspareunia
- 625.1 Vaginismus
- 625.5 Pelvic congestion syndrome

ICD10:
- F52.0 Hypoactive sexual desire disorder
- F52.1 Sexual aversion disorder
- F52.22 Female sexual arousal disorder
- F52.31 Female orgasmic disorder
- F52.6-F52.9 Sexual dysfunction not due to a substance or known physiological condition (code range)
- N94.1 Dyspareunia
- N94.2 Vaginismus
- N94.89 Other specified conditions associated with female genital organs and menstrual cycle
- R37 Sexual dysfunction, unspecified

REFERENCES:
*key article

KEY WORDS:
Clitoral therapy device, Eros-CTD, Eros therapy.
Based on our review, Clitoral Therapy Devices are not addressed in a National Coverage Determination (NCD) or Local Coverage Determination (LCD).