EVALUATION OF IMPOTENCE
SUR717.006

COVERAGE:

Evaluation of Impotence MAY BE ELIGIBLE FOR COVERAGE for the following diagnostic studies after a complete history and physical (medical and sexual) has been completed. These diagnostic studies include, but are not limited to, the following:

- Laboratory Studies;
  - Hormonal Evaluation (includes testosterone, luteinizing hormone, follicle stimulating hormone, prolactin levels), and
  - Diabetes Screening (includes glucose tolerance testing);

- Morning Sleep Nap - refer to "NOTE" below;

- Pharmacologic Screening Test - Intracavernosal Injection of Papaverine, Phentolamine, or Prostaglandin E₁ (PGE₁);

- Evaluation of Penile Arterial Flow -
  - Penile Brachial Index using a doppler signal transducer,
  - Pudendal Arteriography with Intracavernosal Injection (ICI) using vasodilating agents,
  - Angiography (with ICI) using vasodilating agents;
  - Duplex Doppler Sonography or Color Doppler Sonography (with ICI) using vasodilating agents;

- Veno-Occlusive Dysfunction Testing;
  - Cavernosography utilizing a radiocontrast solution (with ICI) using vasodilating agents,
  - Cavernosometry with simultaneous infusion of saline solution (with or without ICI) using vasodilating agents.

NOTE: Refer to the Morning Sleep Nap - MED205.004 for Nocturnal Penile Tumescence and/or Rigidity Testing Policy for additional coverage allowance for diagnostic evaluations.

Penile Plethysmography IS NOT ELIGIBLE FOR COVERAGE as this diagnostic testing has been replaced by newer, more accurate assessments and measurements of penile blood flow.

Corpus Cavernosum Electromyography (CCEMG) and Single Potential Analysis of Cavernous Electrical Activity (SPACE) ARE NOT ELIGIBLE FOR COVERAGE as part of an evaluation of impotence as these diagnostic evaluations are considered investigational.
RATIONALE:

Considerable attention has been paid to the evaluation and treatment of sexual dysfunction due to the development of new drugs and procedures.

Erectile dysfunction or impotence can be a secondary symptom of systemic diseases or their treatment, such as diabetes mellitus, hypertension, blood lipid abnormalities, or peripheral vascular disease. Evaluation of impotence should include detailed medical and sexual history, physical examination, and basic lab studies. Further diagnostic studies may be required to assess:

- erectile responses to medications,
- abnormalities in vascular flow, and/or
- absence of erections during sleep.

DESCRIPTION:

Evaluation of Impotence begins with a comprehensive history and physical examination. A careful sexual history and knowledge of concurrent illnesses and medications are essential. In addition, a clinical evaluation may include the following:

- Laboratory Studies including Hormonal Assessment and/or Diabetes Screening,
- Morning Sleep Nap/Nocturnal Penile Tumescence Testing,
- Pharmacologic Screening Testing including administering vascular dilating agents testing the penile erection process,
- Evaluation of Penile Arterial Flow including Doppler Studies, Angiography or Arteriography, and
- Veno-Occlusive Dysfunction Testing to include Cavernosography and Cavernosometry.

RATIONALE:

None

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.
Posted Jan. 7, 2003