



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 11/15/05
LAST REVIEW DATE: 10/16/18
LAST CRITERIA REVISION DATE: 11/04/15
ARCHIVE DATE:

VARICOCELE TREATMENTS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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VARICOCELE TREATMENTS (cont.)

Description:

Varicocele:

Varicocele is a varicose vein of the testicle or scrotum. It is usually asymptomatic but some individuals may experience pain, atrophy of the testicles and infertility. Treatments investigated for varicocele include varicocelectomy and embolization of the veins in the spermatic cord.

Varicocelectomy:

Surgical excision/ligation of the affected veins of the testicle or scrotum. This detours the flow of blood into normal veins. May be performed by a urologist.

Embolization:

Embolization is the intentional occlusion or drastic reduction of blood flow to the affected veins of the testicle or scrotum. A small amount of sclerosing agents or a coil or balloon device is delivered via a small catheter into the vein to block the flow of blood to the varicose vein. May be performed by a radiologist.

Criteria:

Varicocelectomy:

- Varicocelectomy for the treatment of varicocele is considered **medically necessary** with documentation of hemorrhage or chronic pain that cannot be controlled by conservative treatment.
- Varicocelectomy in an adolescent younger than 18 for the treatment of grade 2 or 3 varicocele with testicular atrophy is considered **medically necessary**.
- Varicocelectomy for the treatment of varicocele in the absence of documented hemorrhage or chronic pain and/or swelling is considered **not medically necessary**.

COVERAGE FOR TREATMENT OF INFERTILITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

- **If benefit coverage for fertility/infertility services is available**, varicocelectomy for the treatment of varicocele to improve or achieve fertility or to diagnose and treat infertility is considered **medically necessary**.



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VARICOCELE TREATMENTS (cont.)

Criteria: (cont.)

Embolization:

- Embolization with sclerosing agents, coil or balloon devices for the treatment of varicocele is considered **medically necessary** with documentation of hemorrhage or chronic pain and/or swelling that cannot be controlled by conservative treatment.
- Embolization with sclerosing agents, coil or balloon devices in an adolescent younger than 18 for the treatment of grade 2 or 3 varicocele with testicular atrophy is considered **medically necessary**.
- Embolization with sclerosing agents, coil or balloon devices for the treatment of varicocele in the absence of documented hemorrhage or chronic pain and/or swelling is considered **not medically necessary**.

COVERAGE FOR TREATMENT OF INFERTILITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

- **If benefit coverage for fertility / infertility services is available**, embolization with sclerosing agents, coil or balloon devices for the treatment of varicocele to improve or achieve fertility or to diagnose and treat infertility is considered **medically necessary**.

VARICOCELE TREATMENTS (cont.)

Resources:

Literature reviewed 11/07/17. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 11/08/16 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Jargiello T, Drelich-Zbroja A, Falkowski A, Sojka M, Pyra K, Szczerbo-Trojanowska M. Endovascular transcatheter embolization of recurrent postsurgical varicocele: anatomic reasons for surgical failure. *Acta Radiol*. Jan 10 2014.
2. Kim KS, Lee C, Song SH, et al. Impact of internal spermatic artery preservation during laparoscopic varicocelectomy on recurrence and the catch-up growth rate in adolescents. *J Pediatr Urol*. Jun 2014;10(3):435-440.
3. Lord DJ, Burrows PE. Pediatric varicocele embolization. *Tech Vasc Interv Radiol*. 2003 Dec;6(4):169-175.



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VARICOCELE TREATMENTS (cont.)

Resources: (cont.)

4. National Guideline Clearinghouse. Report on Varicocele and Infertility. 12/2001.
5. Shlansky-Goldberg RD, VanArsdalen KN, Rutter CM, et al. Percutaneous varicocele embolization versus surgical ligation for the treatment of infertility: changes in seminal parameters and pregnancy outcomes. *J Vasc Interv Radiol*. 1997 Sep-Oct;8(5):759-767.
6. Society of Interventional Radiology. Nonsurgical Treatment of Male Infertility Caused by Varicoceles, Varicocele Treatments. Accessed 10/30/16, 09/03/14 & 08/21/15.
7. Taber's ® Cyclopedic Medical Dictionary.
8. UpToDate, Brenner JS. Causes of painless scrotal swelling in children and adolescents. 08/04/2017.
9. UpToDate, Eyre RC. Evaluation of nonacute scrotal pathology in adult men. 07/07/2016, 08/15/2013.
10. UpToDate, Eyre RC. Evaluation of nonacute scrotal conditions in adults. 07/17/2017.
11. Urbano J, Cabrera M, Alonso-Burgos A. Sclerosis and varicocele embolization with N-butyl cyanoacrylate: experience in 41 patients. *Acta Radiol*. Mar 2014;55(2):179-185.
12. Urology Care Foundation. Male Infertility:Management. 2011.



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VARICOCELE TREATMENTS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

