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Dear Medical Director:

The American Academy of Pediatrics (AAP) is a professional medical society of over 62,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. I am writing to you to advocate for coverage of testicular prostheses.

Testicular prostheses are FDA approved and have a well-established track record of safety.¹ They are inserted under a general anesthetic in an ambulatory setting. Post-operative recuperation is rapid and both long term and short term complications are rare. Satisfaction after placement of a prosthesis is high.¹ The most common reasons for implantation are testicular loss in an older child and adult secondary to trauma, testicular torsion, and cancer.² Boys and men with unilateral congenital testicular absence less commonly request placement when they reach puberty.² Children with congenital anorchia or bilateral absence, however, more often undergo bilateral prosthesis placement at puberty in conjunction with hormonal therapy.³ Prostheses can be inserted prior to puberty, but they have to be replaced with a larger one in adolescence.³

Recent literature has shown that unilateral testicular loss in young adults and older men is associated with feelings of anxiety and loss similar to women who undergo mastectomy.^{4,5} Surveys have demonstrated that in individuals who request prostheses there are real concerns regarding self-image and masculinity.^{4,5} Humiliation due to an absent testis is worse than being teased about a small penis, being diagnosed as sterile, or having a break up with a romantic partner. These individuals also have symptoms of anxiety and depression. Similar surveys have also revealed that individuals who were not offered a prosthesis after removal of a testicle are resentful and regret not having one placed. Up to 91% of individuals in one survey stated that it was important to be offered a prosthesis after orchiectomy. In particular, younger patients, with a mean age of 21 years, are more likely to report humiliation and are ashamed of being seen naked. These feelings are more common in single men without a partner, suggesting that absence of a testicle has an impact on social and sexual life.⁴

It is inappropriate to deny insurance coverage for testicular prosthesis placement. This is not a cosmetic procedure, but rather important for the psychological health and well-being of those who request placement. While prostheses can be placed at the time of orchiectomy, this is not a well-accepted procedure and many individuals and families may want time to think about it before proceeding.^{5,6} In particular, testicular torsion is an acute event, with little time for counseling prior to surgery. This need for more time may be especially true in the pediatric and adolescent age group, wherein caregivers make decisions. In addition, adolescents

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and young adults who want a prosthesis and who have congenital testicular absence or who have lost a testis prior to puberty, cannot possibly decide on a prosthesis at the time of loss. It is, therefore, illogical to only approve of coverage if a prosthesis is placed at the time of orchiectomy (CPT code: 54660-- Insertion of testicular prosthesis, separate procedure).

I look forward to your response regarding your health plans benefits coverage for testicular prostheses. The AAP is actively engaged in working with health plans and payers for appropriate benefits coverage that achieves the goals of improving quality of care and managing costs in a model of care that ensures children and families have access to appropriate care.

Should you require additional information regarding testicular prostheses, please contact Kathleen Ozmeral, AAP staff manager to the AAP Section on Urology at kozmeral@aap.org

Sincerely,



Benard P. Dreyer, MD, FAAP
President

BPD/ko

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