



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 04/16/13  
LAST REVIEW DATE: 03/05/19  
LAST CRITERIA REVISION DATE: 04/29/14  
ARCHIVE DATE:

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## FEMALE SEXUAL DYSFUNCTION TREATMENTS

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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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## FEMALE SEXUAL DYSFUNCTION TREATMENTS (cont.)

### Description:

Sexual dysfunction is the continual impairment of customary patterns of sexual interest and/or responses of an individual or a couple. Sexual dysfunction may result from organic diseases or conditions (e.g., Peyronie's disease, severe diabetes, vaginismus, vascular disease), trauma or surgery or it may be non-organic in nature (e.g., psychogenic).

Female lack of sexual arousal manifests as lack of subjective excitement or lack of genital lubrication, swelling and/or clitoral engorgement.

### Vaginismus:

Painful spasm of the vagina due to involuntary muscular contraction. The cause can be organic or psychogenic. Vaginismus may be severe enough to prevent intercourse.

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### Criteria:

**COVERAGE FOR SEXUAL DYSFUNCTION IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.**

- **If benefit coverage for sexual dysfunction is not available, sexual dysfunction** treatment is considered ***a benefit plan exclusion*** and ***not eligible for coverage***.
- **If benefit coverage for sexual dysfunction is available, requests for treatment for sexual dysfunction will be reviewed by the medical director(s) and/or clinical advisor(s).**
- **If benefit coverage for sexual dysfunction is available, unless otherwise stated in the member's specific benefit booklet, coverage is only available for sexual dysfunction caused by or related to an organic disease or condition.**
- **If benefit coverage for organic sexual dysfunction is available, treatment of vaginismus is considered *medically necessary*.**
- **If benefit coverage for sexual dysfunction is available, vacuum therapy for treatment of female sexual dysfunction is considered *experimental or investigational* based upon:**
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome.



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## FEMALE SEXUAL DYSFUNCTION TREATMENTS (cont.)

### Resources:

Literature reviewed 04/03/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 04/16/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.01.46 BCBS Association Medical Policy Reference Manual. Vacuum Therapy as a Treatment for Female Sexual Dysfunction. Re-issue date 07/09/2009, issue date 11/20/2001.
2. Alexander M, Bashir K, Alexander C, Marson L, Rosen R. Randomized Trial of Clitoral Vacuum Suction Versus Vibratory Stimulation in Neurogenic Female Orgasmic Dysfunction. *Archives of physical medicine and rehabilitation*. Feb 2018;99(2):299-305.
3. American Academy of Family Physicians, Frank J, Mistretta P, Will J. Diagnosis and Treatment of Female Sexual Dysfunction. *American Family Physican*. 03/01/2008;77(5).
4. Up to Date. Sexual Dysfunction in Women: Management. 4/14/2017, 1/11/2016, 8/19/2013.



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## FEMALE SEXUAL DYSFUNCTION 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](mailto: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 nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idíílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodíílnih 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.

