



MEDICAL COVERAGE GUIDELINES
SECTION: OB/GYN/REPRODUCTION

ORIGINAL EFFECTIVE DATE: 04/14/10
LAST REVIEW DATE: 10/16/18
LAST CRITERIA REVISION DATE: 01/01/14
ARCHIVE DATE:

GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES

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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Description:

Various types of vaginal surgeries have been marketed to women as ways to enhance or rejuvenate genital appearance and sexual gratification. Types of procedures being promoted have been referred to as "vaginal rejuvenation", "designer vaginoplasty", "revirgination", and "G-spot amplification". Some of these procedures appear to be modifications of traditional vaginal surgical procedures that have been used for genuine medical conditions.

The American College of Obstetricians and Gynecologists (ACOG) states that it is deceptive to give the impression that any of these procedures are accepted and routine surgical practices. ACOG recommends that women considering cosmetic vaginal procedures should be informed about the lack of data supporting the effectiveness of these procedures as well as their potential complications, including infection, altered sensation, dyspareunia (pain), adhesions, and scarring. Such procedures are not medically indicated, and their safety and effectiveness have not been documented.

Male enhancement procedures include phalloplasty or penile enlargement.

Functional Impairment:

A state in which the normal or proper function of the genitalia is damaged or deficient as a result of surgery, accidental trauma or injury, diseases, congenital anomalies, severe anatomic variants or chemotherapy.

Instrumental Activities of Daily Living (ADLs):

Activities that are required for an individual to effectively work in their profession (e.g., dance instructor, professional dancer, jockey).



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Criteria:

COVERAGE FOR TREATMENT TO CORRECT A CONGENITAL DEFECT OR BIRTH ABNORMALITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE AND IS SUBJECT TO THE PROVISIONS OF THE RECONSTRUCTIVE BENEFIT AND THE COSMETIC BENEFIT EXCLUSION. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS AND THE FUNCTIONAL IMPAIRMENT REQUIREMENT.

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

Procedures on the genitalia **will be reviewed by the medical director(s) and/or clinical advisor(s).**

- Reconstructive procedures on the genitalia may be considered **medically necessary** with documentation of underlying disease (e.g., ambiguous genitalia), trauma or injury.
- Procedures on the female genitalia may be considered **medically necessary** with documentation of **ONE** of the following:
 - Labial hypertrophy, redundancy or asymmetrical labial growth with chronic or recurrent vaginal or perineal skin infections or chronic irritation that cannot be eradicated or controlled by conservative therapy.
 - Labial hypertrophy, redundancy or asymmetrical labial growth causing functional impairment that interferes with instrumental ADLs and is not resolved with conservative treatment.
- If the functional impairment is solely sexual dysfunction, procedures on the female genitalia are a **benefit plan exclusion** and **not eligible for coverage** unless coverage for treatment of sexual dysfunction is specifically stated as a benefit in the individual's specific benefit plan booklet.

GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES (cont.)

Criteria: (cont.)

- Procedures on the genitalia intended to improve appearance or enhance sexual performance where there is the absence of a functional physical impairment are considered **cosmetic** and **not eligible for coverage**, even when the procedure will improve emotional, psychological or mental condition or performance.

These procedures include, *but are not limited to:*

- Clitoral reduction
 - Clitoral unhooding (excess prepuce removal)
 - Labiaplasty, including labia minor reduction, labia major reshaping, augmentation or convergence
 - Mons pubis reduction, pubic liposuction or lift
 - Perineoplasty
 - Phalloplasty
 - Redundant prepuce removal
- The following procedures on the genitalia are considered **cosmetic** and **not eligible for coverage** under all circumstances:
- Designer vaginoplasty
 - G-spot amplification
 - Hymenoplasty (hymen restoration)
 - Revirgination
 - Vaginal rejuvenation or tightening



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Resources:

Literature reviewed 10/10/17. We do not include marketing materials, poster boards and non-published literature in our review.

1. American Academy of Phalloplasty Surgeons. History of the American Academy of Phalloplasty Surgeons and its International Phalloplasty Institute. Accessed 03/25/09.
2. American College of Obstetricians and Gynecologists. ACOG Advises Against Cosmetic Vaginal Procedures Due to Lack of Safety and Efficacy Data. September 01, 2007.
3. American College of Obstetricians and Gynecologists. ACOG Does Not Support Vaginal Rejuvenation. *ACOG Today*. September 2007:8-9.
4. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 378: Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures. *Obstet Gynecol.*, 2007 Sep;110(3):737-738.
5. American College of Obstetricians and Gynecologists Statement of Policy. The Role of the Obstetrician-Gynecologist in Cosmetic Procedures. November 2008. Reaffirmed 2012.



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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'idilkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idilkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowotgo bee haz'á doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodilnih 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.

