GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES

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.

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.
GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES (cont.)

Description: (cont.)

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).

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
GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES (cont.)

Resources:


