



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: OB/GYN/REPRODUCTION

ORIGINAL EFFECTIVE DATE: 11/09/22  
LAST REVIEW DATE: 11/20/24  
CURRENT EFFECTIVE DATE: 11/20/24  
LAST CRITERIA REVISION DATE: 11/21/23  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

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## GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES

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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 Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria 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.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **GENITAL RECONSTRUCTION, ENHANCEMENT AND REJUVENATION PROCEDURES**

### **Description:**

“Female genital cosmetic surgery” is a broad term that comprises numerous procedures, including labiaplasty, clitoral hood reduction, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification. Both individual interest in and performance of cosmetic genital procedures have increased during the past decade. Lack of published studies and standardized nomenclature related to female genital cosmetic surgical procedures and their outcomes translates to a lack of clear information on incidence and prevalence and limited data on risks and benefits.

The American College of Obstetricians and Gynecologists (ACOG) states that individuals should be made aware that surgery or procedures to alter sexual appearance or function (excluding procedures performed for clinical indications, such as clinically diagnosed female sexual dysfunction, pain with intercourse, interference in athletic activities, previous obstetric or straddle injury, reversing female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery) are not medically indicated, pose substantial risk, and their safety and effectiveness have not been established. Women should be informed about the lack of high quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation.

Male enhancement procedures include phalloplasty or penile enlargement.

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### **Definitions:**

#### **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:

For Gender Affirmation and/or Gender Dysphoria, see MCG care guidelines. .

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:
  1. 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.
  2. Labial hypertrophy, redundancy or asymmetrical labial growth causing functional impairment that interferes with instrumental ADLs and is not resolved with conservative treatment.
- 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**.

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 11/20/24. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 12/21/21 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. American Academy of Phalloplasty Surgeons. Welcome to the American Academy of Phalloplasty Surgeons and its International Phalloplasty Institute. Accessed November 13, 2024. <http://internationalphalloplastyinstitute.org/>
2. Committee Opinion No. 686: Breast and Labial Surgery in Adolescents. *Obstet Gynecol.* Jan 2017;129(1):e17-e19. doi:10.1097/aog.0000000000001862
3. Elective Female Genital Cosmetic Surgery: ACOG Committee Opinion, Number 795. *Obstet Gynecol.* Jan 2020;135(1):e36-e42. doi:10.1097/aog.0000000000003616

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### Coding:

CPT: 00906, 15839, 55899, 56620, 56800, 56810, 58999

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### History:

<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel (ad hoc)	11/20/24	Review with revisions
Medical Policy Panel	11/21/23	Review with revisions (Criteria)
Legal Division	11/13/23	Review with revisions (Criteria)
Medical Policy Panel	11/07/23	Review with revisions
Medical Director (Dr. Raja)	10/30/23	Review with no revisions
Medical Policy Panel	11/09/22	Approved guideline

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### Policy Revisions:

11/20/24	Updated:	Resources section
11/21/23	Added:	"For Gender Affirmation and/or Gender Dysphoria, see MCG care guidelines" to criteria
11/07/23	Updated:	Resources section



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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](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: Dii kwe'é atah nilínigíí 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'doowolgo bee haz'á doo baqah ilínigóó. Ata' halne'ígíí kojí' bich'í' hodílnih 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.

