

Corporate Medical Policy

Sexual Dysfunction Treatment, Female

File Name: sexual_dysfunction_treatment_female
Origination: 8/1995
Last CAP Review: 2/2010
Next CAP Review: Not applicable
Last Review: 2/2011

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Sexual Dysfunction describes any of a group of sexual disorders characterized by inhibition either of sexual desire or the physiological changes that usually characterize sexual response. It is estimated that some 43% of American women experience female sexual dysfunction to some degree. Age may not be a significant factor, as women under 20 and over 50 experience problems with arousal, orgasm, and satisfaction. However, there is evidence that the majority of female sexual dysfunction (FSD) happens after menopause when hormone production drops and vascular conditions are more common.

The internationally accepted classification of female sexual dysfunction consists of:

- Sexual desire disorders:
 - a) Hypoactive sexual desire disorder
 - b) Sexual aversion disorder
- Sexual arousal disorder
- Orgasmic disorder
- Sexual pain disorders:
 - a) Dyspareunia - genital pain associated with sexual intercourse
 - b) Vaginismus - involuntary spasm of the vagina musculature that causes interference with vaginal penetration
 - c) Other sexual pain disorders

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will provide coverage for Treatment of Female Sexual Dysfunction when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

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When Sexual Dysfunction Treatment, Female is covered

- A. The treatment of female sexual dysfunction may be considered medically necessary when **all** of the following criteria are met:
1. The history and physical exam of the patient/member are consistent with sexual dysfunction; **and**
 2. The patient has a medical (organic) condition that directly contributes to sexual dysfunction; **and**
 3. The treatment rendered is listed below as "services eligible for coverage."
- B. Organic causes for sexual dysfunction include, but are not limited to:
1. Endocrine disorders
 - a) Age related decline in estrogen and/or testosterone levels (e.g., menopause)
 - b) Diabetes Mellitus
 - c) Hyperprolactinemia
 - d) Surgically induced decline in estrogen level (i.e., bilateral salpingo-oophorectomy)
 2. Drug induced
 - a) Medications: antihypertensive (B-Blockers), antidepressants, tricyclics and monoamine oxidase inhibitors
 3. Iatrogenic
 - a) Arterial procedures: aorto-iliac-femoral bypass
 - b) Renal transplantation
 - c) Urologic procedures: radical cystectomy
 - d) Pelvic irradiation
 - e) Neurologic procedures
 4. Traumatic
 - a) Spinal cord injury
 - b) Pelvic fracture
 5. Vascular diseases
 - a) Hypertension
 - b) Cardiovascular disease
 - c) Atherosclerosis
 - d) Peripheral vascular disease
 6. Neurologic diseases
 - a) Stroke
 - b) Multiple sclerosis
 - c) ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's disease)
 - d) Parkinson's Disease
- C. Services eligible for coverage for women with sexual dysfunction related to organic causes include:
1. Treatment of the underlying organic/medical condition causing sexual dysfunction;
 2. Estrogen and/or testosterone replacement or topical treatment if appropriate. These drugs should have U.S. Federal Drug Administration (FDA) approval for use in women. Also refer to policy, Hormone Pellet Implantation for Hormone Replacement Therapy in Women.

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When Sexual Dysfunction Treatment, Female is not covered

- When the above medical criteria and guidelines are not met.
- Viagra®, Levitra® and Cialis® are not indicated for newborns, children, or women.
- Treatment of sexual dysfunction not related to organic disease is excluded under most plans.
- Female erectile devices (e.g., Eros clitoral stimulation device) are considered investigational for the treatment of female sexual dysfunction (FSD). The Eros clitoral stimulation device is a handheld battery-operated vacuum device with a disposable cap. Therapy using this device is known as "vacuum therapy" and is also considered investigational.
- Vibrators are not covered as they do not meet BCBSNC definition of durable medical equipment (any equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose). Vibrators are not primarily a medical device, and may be of use in the absence of illness, injury or disease. (Refer to policy, Durable Medical Equipment.)

Policy Guidelines

There is insufficient or inconclusive medical and scientific evidence to permit the Plan to evaluate the therapeutic value of vacuum therapy as a treatment of female sexual dysfunction. Refer to separate policy, Investigational (Experimental) Services.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Codes: N/A

Information necessary for review of medical necessity are:

- *A letter of medical necessity and/or complete history and physical, and*
- *Diagnosis consistent with organic cause of sexual dysfunction as listed above.*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual - "Allied" Section, Page L5000

Stedman's Medical Dictionary, 26th Ed. Williams & Wilkins, copyright 1995, p.859.

Consultant Review - 7/96

FDA approval of Alprostadil, MUSE, 11/19/96

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FDA approved product insert on Viagra, 1998

MEDLINE SEARCH 5/98

Consultant Review - 5/98

Medical Policy Advisory Group - 11/98

Urology 1999, Sept; 54 (3): pp.385-391; "Female Sexual Dysfunction: Incidence, Pathophysiology, Evaluation, and Treatment Options

USPDI, Vol. 1, 19th Edition, 1999 pp. 2574-2577

Medical Policy Advisory Group - 12/99

Specialty Matched Consultant Advisory Panel - 5/2001

Specialty Matched Consultant Advisory Panel - 9/2001

BCBSA Medical Policy Reference Manual, 11/20/01; 2.01.46 and 7.01.81

Sexual Dysfunction Treatment policy separated. New policy name is Sexual Dysfunction Treatment, Female

Report of the International Consensus Development Conference on Female Sexual Dysfunction: Definitions and Classifications; J Urol. 2000 Mar;163(3):888-93.

Female sexual dysfunction: evaluation and treatment; Am Fam Physician. 2000 Jul 1;62(1):127-36, 141-2.

BCBSA Medical Policy Reference Manual, 4/29/03; 2.01.46

Specialty Matched Consultant Advisory Panel - 8/03

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.46, 4/1/05

Specialty Matched Consultant Advisory Panel - 8/25/05

Specialty Matched Consultant Advisory Panel - 8/29/07

Specialty Matched Consultant Advisory Panel – 2/2010

Policy Implementation/Update Information

8/95	Original Policy issued.
8/96	Revised: Added statement regarding documentation of Rigi-scan when determining organic versus psychogenic impotence.
12/96	Revised: Added vacuum erection system and coding.
2/97	Revised: Alprostadil added to policy as result of FDA approval.
9/98	Revised: Renamed from Implantation of Penile Prosthesis to Treatment of Male Impotency. Added definition of impotence, Papavarine and Viagra. Defined information required to document medical necessity. Added examples of vascular diseases and neurologic diseases that may cause impotence
11/98	Medical Policy Advisory Board.

Sexual Dysfunction Treatment, Female

- 8/99 Reformatted, Renamed from Treatment of Male Impotency to Sexual Dysfunction, Medical Term Definitions added.
- 12/99 Medical Policy Advisory Group.
- 10/00 System coding changes.
- 11/00 Revised. Coverage criteria expanded to include more specific indications for women.
- 5/01 Specialty Matched Consultant Advisory Panel review (5/2001). Name changed to Sexual Dysfunction Treatment from Sexual Dysfunction. Criteria reformatted for ease of understanding. 54200-54205, 54230, 54231, 54235, and 54250 added to applicable codes.
- 9/01 Specialty Matched Consultant Advisory Panel review. Changed statement in When Treatment of Sexual Dysfunction is Covered from "Age related decline in estrogen levels (e.g., menopause)" to "Age related decline in estrogen and/or testosterone levels (e.g., menopause)"
- 3/02 Policy revised. Added statement under when it is not covered to include "vacuum therapy as a treatment of female sexual dysfunction is considered investigational" and "sural nerve graft in association with radical prostatectomy is considered investigational". Codes 54406-54417 and 64999 added to Billing/Coding Section and the System Application Guidelines.

Sexual Dysfunction Treatment policy separated. New policy name is Sexual Dysfunction Treatment, Female

- 5/27/04 Sexual Dysfunction Treatment policy separated. Name changed from Sexual Dysfunction Treatment to Sexual Dysfunction Treatment, Female. Removed references to male sexual dysfunction. Specialty Matched Consultant Advisory Panel review 8/4/03. Description, Benefits Application and Billing/Coding sections revised. Under "When covered", A.1.a.iv - changed to "Surgically induced decline in estrogen level (i.e., bilateral salpingo-oophorectomy); A.1.b - is now "Drug induced" with i. "medications: antihypertensive (B-Blockers), antidepressants, tricyclics and monoamine oxidase inhibitors; A.1.e - ii. changed to Cardiovascular disease & added iv. - Peripheral vascular disease; A.1.f - added iv. Parkinson's Disease; A.2.b. - added "and/or testosterone" Under "When not covered", second bullet, added Levitra and Cialis. Sources added. Notification given 5/27/04. Effective date 7/29/04.
- 9/1/05 Under When Not Covered section; 4th bullet re: vacuum therapy revised to list the FDA approved device - "female erectile devices (e.g., Eros clitoral stimulation device)" and to indicate that therapy using this device is known as vacuum therapy. Added 5th bullet to indicate that vibrators are considered non covered as they do not meet Plan definition of DME. Policy guidelines added for vacuum therapy. Key words and Reference sources added. Specialty Matched Consultant Advisory Panel review - 8/25/05.
- 9/24/07 Under "When Covered" section, 2.b.- added "These drugs should have U.S. Federal Drug Administration (FDA) approval for use in women. Also refer to policy number OBGYN3017 Hormone Pellet Implantation for Hormone Replacement Therapy in Women." Reference sources added. Specialty Matched Consultant Advisory Panel review 8/29/07. (pmo)
- 3/16/10 Specialty Matched Consultant Advisory Panel review 2/11/2010. No changes to policy statement. Added "A. Treatment of female sexual dysfunction may be considered medically

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- necessary” to the “When Covered” section. References added. (btw)
- 6/22/10 Policy Number(s) removed (amw)
- 3/29/11 No changes to medical coverage/noncoverage criteria. Policy status changed to “Active policy, no longer scheduled for routine literature review.” (adn)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.