

**OKLAHOMA HEALTH CARE AUTHORITY  
MEDICAL PROFESSIONAL SERVICES  
PRIOR AUTHORIZATION GUIDELINES**

 11/12/14  
Medical Authorization Director Signature / Date

 12 Nov. 2014  
Physician Medical Director Signature / Date

**SUBJECT:** Vulvectomy (CPT 56620, 56625, 56630)  
Hymenectomy or Revision of Hymenal Ring (56700)

**EFFECTIVE:** December 1, 2014

**OBJECTIVE:** To provide guidelines to assist in clinical decision making regarding medical necessity and consistency in the prior authorization process.

**DISCLAIMER:** This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit. Prior Authorization is not a guarantee of member eligibility or SoonerCare payment.

**DESCRIPTION:**

Vulvectomy: A *simple complete* vulvectomy includes removal of all of the labia majora, labia minora, and clitoris, while a *simple partial* vulvectomy may include removal of part or all of the labia majora and labia minora on one side and the clitoris.

A *partial radical* vulvectomy includes partial or complete removal of a large, deep segment of skin from the following structures: abdomen and groin, labia majora, labia minora, clitoris, mons veneris and terminal portions of the urethra, vagina and other vulvar organs.

Labiaplasty: Surgical alteration of the labia minora or majora. Typically reduction of the labia minora is performed. This is the most common female genital cosmetic surgery (FGCS) performed.

Hymenectomy: Surgical removal of the hymen.

The OHCA defines Medical Necessity as Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria. Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determinations of medical necessity. Medical necessity is established through consideration of the following standards: Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis or treatment of symptoms of illness, disease or disability; Documentation submitted in order to request

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services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the client's need for the service; Treatment of the client's condition, disease or injury must be based on reasonable and predictable health outcomes; Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the client, family, or medical provider; Services must be delivered in the most cost-effective manner and most appropriate setting; and Services must be appropriate for the client's age and health status and developed for the client to achieve, maintain or promote functional capacity. (OAC 317:30-3-1)

OHCA "General Program Exclusions for Adults" include services or any expense incurred for cosmetic surgery. (OAC 317:30-3-59) OHCA "General Program Exclusions for Children" include services or any expense incurred for cosmetic surgery unless the physician certified the procedure emotionally necessary. (OAC 317:30-3-60) The patient must have a documented DSM classified diagnosis certifying the procedure emotionally necessary. (This exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.)

### NOTE:

#### ***Reconstructive Surgery***

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, accidental injury, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.

#### ***Cosmetic Surgery***

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.

### INDICATIONS FOR PROCEDURES:

#### **LABIAPLASTY:**

Labiaplasty for hypertrophic labia minora and/or labia majora is generally cosmetic in nature and performed to improve appearance. The labia continue to grow and reshape into adolescence. Procedures requested for girls under the age of 16 are discouraged.

For members age 16-20, the member must have a documented DSM classified diagnosis certifying the procedure is emotionally necessary. All requests should be referred to the physician for review.

Any expense incurred for cosmetic surgery for adults is not a benefit.

Labiaplasty may be performed for dyspareunia. This could be painful intercourse or pain associated with tampon insertion. This is usually caused by an enlarged labia pinched during the act.

#### **VULVECTOMY:**

Member must present with one of the following:

- Benign, pre-malignant or malignant lesion(s);
- Area with persistent infection, refractory to medical management;
- In conjunction with medically indicated treatment of a congenital anomaly, included fused labia, imperforate hymen;

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- In conjunction with medically indicated reconstructive surgery as a result of accidental injury or trauma.

### **HYMENECTOMY or REVISION OF HYMENAL RING:**

Member has a diagnosis of imperforate hymen. Can be diagnosed as a newborn or into adolescence.

Requests for any other indications should be referred to the physician for review.

### **SOURCES**

1. Oklahoma Health Care Authority. Policies & Rules, Chapter 30, Medicaid Providers Fee-For-Service. 317:30-3-1; 317:30-5-8; 317:30-3-59; 317:30-3-60.
2. Novitas Solutions, Inc., Local Coverage Determination "Cosmetic and Reconstructive Surgery", L32763, effective 9/1/2014.
3. Coder's Desk Reference, Procedures, Optum, 2014.
4. AHRQ Guideline Summary NGC-10238, 2014 UK National Guideline on the Management of Vulval Conditions, <http://www.guideline.gov/content.aspx?id=47820&search=labia>
5. ACOG Committee Opinion Number 378, *Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures*, September 2007, <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Vaginal-Rejuvenation-and-Cosmetic-Vaginal-Procedures>
6. ACOG Committee Opinion Number 509, *Management of Vulvar Intraepithelial Neoplasia*, November 2011, reaffirmed 2014. <http://www.acog.org/-/media/Committee-Opinions/Committee-on-Gynecologic-Practice/co509.pdf?dmc=1&ts=20141031T1254554389>
7. *Labiaplasty for Labia Minora Hypertrophy*, Hayes directory, May 7, 2013.
8. Redundant Skin Surgery Medical Necessity Guideline, CareAllies/CIGNA, 10/15/2011. [http://www.cigna.com/sites/careallies/pdf/EX209\\_redundant\\_skin\\_surgery.pdf](http://www.cigna.com/sites/careallies/pdf/EX209_redundant_skin_surgery.pdf)
9. Vulvectomy, BCBS of Tennessee Medical Policy Manual, 9/12/2013.

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Guideline Author/Date