

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Vulvectomy/Labiaplasty</b>
Initial Implementation Date:	12/1/2014
Last Review Date:	3/5/2025
Effective Date:	3/25/2025
Next Review/Revision Date:	March 2028
<p>* 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.</p>	
<p><input type="checkbox"/> New Criteria <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span></p>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Description</b>	
<p><b>Labiaplasty:</b> 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.</p> <p><b>Vulvectomy:</b></p> <ul style="list-style-type: none"> <li>o A <b>simple complete</b> vulvectomy includes removal of all the labia majora, labia minora, and clitoris.</li> <li>o A <b>simple partial</b> vulvectomy may include removal of part or all the labia majora and labia minora on one side and the clitoris.</li> <li>o A <b>partial radical</b> 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.</li> </ul>	
<b>Definitions</b>	
<p><b>Reconstructive Surgery</b> 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.</p> <p><b>Cosmetic Surgery</b> Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.</p> <p><b>Note</b> - Any expense incurred for cosmetic surgery for adults is <u>not</u> a benefit.</p>	
<b>CPT Codes Requiring Prior Authorization (PA)</b>	
56620, 56625, and 56630 (See CPT manual for code descriptions)	
<b>Approval Criteria</b>	
<p><b>GENERAL INFORMATION:</b></p> <ul style="list-style-type: none"> <li>• Provide education and reassurance regarding normal variations in anatomy, growth, and development.</li> </ul>	

- Appropriate patient counseling and assessment of the member's physical maturity and emotional readiness are necessary before surgical management.
- Documentation submitted in order to request services must demonstrate through adequate objective medical records and other supporting records, evidence sufficient to justify the member's need for the service.

#### **INDICATIONS FOR PROCEDURES:**

##### **A. LABIAPLASTY**

1. Labiaplasty for hypertrophic labia minora and/or labia majora is generally considered cosmetic in nature and performed to improve appearance. For members aged 16-20 years, procedure may be considered for coverage if the member has a DSM classified diagnosis certifying the procedure is emotionally necessary. (Procedures requested for girls under the age of 16 are discouraged as labia continues to grow and reshape into adolescence.) ***All requests should be referred to an OHCA Medical Director/Physician Consultant for review.***
2. Labiaplasty may be considered medically indicated when documentation supports the member has enlarged labia causing dyspareunia (i.e., painful intercourse or pain associated with tampon insertion) that has not responded to conservative treatment.

##### **B. VULVECTOMY**

1. Vulvectomy may be considered medically indicated when documentation supports **ONE** of the following:
  - A) Benign, pre-malignant, or malignant vulvar lesion(s); **OR**
  - B) Vulvar area with persistent infection, refractory to medical management; **OR**
  - C) In conjunction with medically indicated treatment of a congenital anomaly, including fused labia and/or imperforate hymen; **OR**
  - D) In conjunction with medically indicated reconstructive surgery because of accidental injury or trauma.

**Note:** Requests for any indications not listed above should be referred to an OHCA Medical Director/Physician Consultant for review.

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1; 317:30-3-59; 317:30-5-60; 317:30-5-8
2. Novitas Solutions, Local Coverage Determination (L35090) Cosmetic and Reconstructive Surgery, 05/13/2022.
3. C. William Helm, MD, MBBChir, FRCS, MRCOG; UptoDate, Radical Vulvectomy, June 13, 2019 <https://www.uptodate.com/contents/radical-vulvectomy?csi=4b82fa0e-e534-402f-9ded-39c9777d27ac&source=contentShare>
4. C. William Helm, MD, MBBChir, FRCS, MRCOG; UptoDate, Vulvar Wide Local Excision, Simple Vulvectomy, and Skinning Vulvectomy, August 4, 2020, <https://www.uptodate.com/contents/vulvar-wide-local-excision-simple-vulvectomy-and-skinning-vulvectomy?csi=c088736c-c47d-49d4-9b6e-f20e34263eb5&source=contentShare>
5. Marc R. Laufer, MD, Jhansi Reddy, MD, FACOG; UptoDate, Labia Minor Hypertrophy, November 30, 2020 <https://www.uptodate.com/contents/labia-minora-hypertrophy?csi=e43094ba-da7a-4fb9-805b-92b5bc87ad44&source=contentShare>
6. The American College of Obstetricians and Gynecologists: Breast and Labial Surgery in Adolescents. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/breast-and-labial-surgery-in-adolescents>