INTRODUCTION

Behavioral Clinical Policies are a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member’s specific benefit, the member’s specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in Clinical Criteria.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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1 Optum is a brand used by United Behavioral Health and its affiliates.
Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

**BENEFIT CONSIDERATIONS**

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

**DESCRIPTION OF SERVICE**

Sexual conversion therapy (reparative therapy) is the use of psychotherapy or pastoral counseling to convert an individual from a homosexual orientation to a heterosexual one.

**COVERAGE RATIONALE**

**Sexual conversion therapy (reparative therapy) is unproven and not medically necessary.**

In general, there is minimum research on the practice of sexual conversion therapy, and no well-designed trials could be found to demonstrate its effectiveness. A large number of professional organizations have issued policy statements condemning the practice of sexual conversion therapy.

The requested service or procedure must be reviewed against the language in the member's benefit document. When the requested service or procedure is limited or excluded from the member’s benefit document, or is otherwise defined differently, it is the terms of the member’s benefit document that prevails.

Per the specific requirements of the plan, health care services or supplies may not be covered when inconsistent with Level of Care Guidelines and/or evidence-based clinical guidelines.

All services must be provided by or under the direction of a properly qualified behavioral health provider.

**CLINICAL EVIDENCE**

**Summary of Clinical Evidence**

In 1973, the American Psychiatric Association eliminated homosexuality as a behavioral health condition, and the current issue of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not list homosexuality as a behavioral health condition.

The American Academy of Child & Adolescent Psychiatry (2012), the American Psychiatric Association (1998; 2000), the American Psychological Association (2009; 2012), the American Academy of Nursing, the International Society of Psychiatric-Mental Health Nurses (2009), and the National Association of Social Workers (2015) have all issued policy statements condemning the practice of sexual conversion therapy.

There is little research on sexual conversion therapy, and no well-designed clinical trials demonstrate its efficacy.

**Clinical Trials & Studies**

Shidlo and Schroeder (2002) interviewed 202 consumers of sexual orientation conversion interventions to better perceive its harmfulness and helpfulness. Results indicated that a majority of therapy participants failed to change sexual orientation, and many reported that they experienced serious psychological and interpersonal problems (depression and suicidal ideation, alienation, social isolation) during conversion therapy and after its termination. A minority of therapy participants reported feeling helped, although not necessarily with their original goal of changing sexual orientation. The authors conclude that many consumers of failed sexual orientation therapies experienced them as harmful.

Haldeman (1994) reviewed the literature on psychotherapeutic and religious conversion therapies. The author notes that no evidence is available indicating that such treatments are effective in their intended purpose, and that the studies reviewed reveal inadequacies in selection criteria, classification of subjects, and poorly designed and administered outcome measures. The author concludes that no consistency emerges to suggest that sexual orientation is amenable to redirection or significant
influence from psychological intervention, and stresses a need for empirical data on the potentially harmful effects of such treatments.

**Systematic Reviews & Meta-Analyses**

A systematic review searching five databases with a focus on transgender and gender diverse people revealed limited research; a total of 7 studies met inclusion criteria. Four of the studies involved case studies of conversion therapy. The remaining 3 case studies included various psychotherapy treatments. These case studies offered little to no implications due to the study designs. Overall, the systematic review results identified a research deficit regarding conversion therapy, difficulties in accessing healthcare in the transgender population, and poor evaluation of the mental health consequences of conversion therapies (Wright, Candy, & King, 2018).

**Guidelines & Consensus Statements**

**American Academy of Child & Adolescent Psychiatry (AACAP):** In 2018, the AACAP published a policy statement reporting that variations in sexual orientation and gender expression are not considered pathological, rather as normal human development. Conversion or reparative therapies are interventions that operate under the false premise that homosexuality or gender expression are pathological; the absence of pathology indicates no need for conversion or reparative therapies.

A 2012 practice parameter from the American Academy of Child & Adolescent Psychiatry states that: "Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful...there is no empirical evidence that adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming...given that there is no evidence that efforts to alter sexual orientation are effective, beneficial, or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated".

**American Academy of Nursing (AAN):** In 2015, a position statement was published opposing reparative therapies, conversion therapies, or sexual orientation change interventions. The position states "lack of scientific justification, failure to achieve intended results, questionable clinical practices, disregard and lack of respect for normal human differences, and inherently harmful effects on mental and physical health of individuals being pressured to change".

**American College of Physicians (ACP):** A position paper from the American College of Physicians (2015) states “The College opposes the use of ‘conversion,’ reorientation,’ or ‘reparative’ therapy for the treatment of LGBT persons...available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons”.

**American Counseling Association (ACA):** The American Counseling Association issued a statement on ethical issues related to conversion or reparative therapy in 2013. The statement notes that “the ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients...treatment has no empirical or scientific foundation”.

**American Medical Association (AMA):** “Our AMA: opposes, the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation”.

**American Psychiatric Association (APA):** A position statement from the American Psychiatric Association (2000) states “The validity, efficacy and ethics of clinical attempts to change an individual’s sexual orientation have been challenged. To date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of ‘reparative’ treatments. There is sparse scientific data about selection criteria, risks versus benefits of the treatment, and long-term outcomes of ‘reparative’ therapies. The literature consists of anecdotal reports of individuals who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims”.
A position statement from the American Psychiatric Association (1998; reaffirmed in 2013 and 2018) states ...“the potential risks of ‘reparative therapy’ are great and include depression, anxiety, and self-destructive behavior...APA opposes any psychiatric treatment, such as ‘reparative’ or ‘conversion’ therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation”.

American Psychological Association (APA): In 2012, the American Psychological Association published guidelines for psychological practice with lesbian, gay, and bisexual clients. The guidelines note that "No scientific basis for inferring a predisposition to psychopathology or other maladjustment as intrinsic to homosexuality or bisexuality has been established...when studies have noted differences between homosexual and heterosexual individuals with regard to psychological functioning, these differences have been attributed to the effects of stress related to stigmatization on the basis of sexual orientation...psychologists are encouraged to avoid attributing a client's non-heterosexual orientation to arrested psychosocial development or psychopathology...the potential of sexual orientation change efforts (SOCE) to cause harm to many clients also has been demonstrated...”

A 2009 report of the American Psychological Association Task Force on appropriate therapeutic responses to sexual orientation reviewed peer-reviewed journal articles from 1960-2007. It notes that only a few studies have been conducted in the last 10 years, and that serious methodological problems were found in this area of research. It states that "...the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE...we found that there was some evidence to indicate that individuals experienced harm from SOCE...we recommend that researchers and practitioners investigate multiculturally competent and affirmative evidence-based treatments for sexual minorities that do not aim to alter sexual orientation”.

International Society of Psychiatric-Mental Health Nurses (ISPN): In 2009, ISPN published their strong opposition to the practice of reparative or conversion therapies, stating "It is clear that these treatment modalities raise numerous ethical concerns and challenge the code of ethics of medical, psychological, nursing, and social work disciplines”.

National Association of Social Workers (NASW): A position statement from the National Association of Social Workers (2015) states "The NASW National Committee on Lesbian, Gay, Bisexual, and Transgender Issues believes that sexual orientation change efforts (SOCE) can negatively affect one's mental health and cannot and will not change sexual orientation or gender identity”.

Society for Adolescent Health and Medicine (SAHM): A position paper of the Society for Adolescent Health and Medicine (2013) states "Because reparative therapy is an unsubstantiated and harmful option, it should not be considered or recommended for teenagers who are dealing with issues surrounding their sexual orientation or gender identity. Rather, providers who work with teens should be trained to recognize the adolescent’s external stressors, which may increase risks, and provide supportive counseling to promote self-acceptance and healthy growth”.

U.S. FOOD AND DRUG ADMINISTRATION

Sexual conversion therapy is a procedure and thus not subject to review by the U.S. Food and Drug Administration.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

There are no national coverage determinations (NCDs) or local coverage determinations (LCDs) for sexual conversion therapy.

CONVERSION THERAPY LAWS

There are state laws prohibiting the practice of conversion therapy for minors; the following states have current laws in place: California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Maine, Maryland, Massachusetts, North Carolina (banned the use of taxpayer dollars for this therapy), Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Puerto Rico, Rhode Island, Vermont, Washington (Movement Advancement Project, 2019).
APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply.

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<th>Procedure Code(s)</th>
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<tr>
<td></td>
<td>There are no specific CPT codes for sexual conversion therapy</td>
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REFERENCES


REVISION HISTORY

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<td>04/11/2017</td>
<td>Version 1 – Draft</td>
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<tr>
<td>04/11/2018</td>
<td>Annual Update: Updated formatting, added references</td>
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<tr>
<td>10/21/2019</td>
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