SEXUAL CONVERSION THERAPY (REPARATIVE THERAPY)

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BENEFIT CONSIDERATIONS

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

COVERAGE RATIONALE

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

In general, there is little 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.

DESCRIPTION OF SERVICES

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

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.


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

Related Clinical Policies & Guidelines:
- Gender Dysphoria
- Complementary and Alternative Medicine (CAM)
Clinical Trials
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.

Professional Societies
American Academy of Child & Adolescent Psychiatry (AACAP): A 2012 practice parameter from the American Academy of Child & Adolescent Psychiatry states that “Clinticians 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 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.”

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 2000) 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.”

**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.”

**American Medical Association:** "Our AMA: (c) 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.”

**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**

A search of the CMS database returned no national coverage determinations (NCDs) or local coverage determinations (LCDs) for sexual conversion therapy.

**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 Policies and Coverage Determination Guidelines may apply.

There are no specific CPT codes for sexual conversion therapy.

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**REFERENCES**


### HISTORY/REVISION INFORMATION

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<td>• Version 1 – Draft</td>
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