

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 16.10  
**TITLE:** SEXUAL DYSFUNCTIONS, PARAPHILIAS AND GENDER IDENTITY DISORDERS

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(g)(30)

**TRICARE POLICY MANUAL:** Chapter 1, Section 1.1

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### I. EFFECTIVE DATE

February 1, 1988

### II. DESCRIPTION

A. Sexual dysfunction are characterized by disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle and cause marked distress and interpersonal difficulty. The sexual dysfunctions include sexual desire disorders (hypoactive sexual desire disorder and sexual aversion disorder), sexual arousal disorders (female sexual arousal disorder and male erectile disorder), orgasmic disorders (female orgasmic disorder, male orgasmic disorder, premature ejaculation), sexual pain disorders (dyspareunia and vaginismus), sexual dysfunction due to a general medical condition, substance-induced sexual dysfunction, and sexual dysfunction not otherwise specified. The origin of these disorders may be organic or psychogenic.

B. Paraphilias are characterized by recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The paraphilias include exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, voyeurism, and paraphilia not otherwise specified.

C. Gender identity disorders are characterized by strong and persistent cross-gender identification accompanied by persistent discomfort with one's assigned sex.

### **III. POLICY**

A. Services and supplies provided in connection with therapy for sexual dysfunctions or inadequacies are specifically excluded from cost sharing. This includes therapy that is wholly or partially related to treating the sexual dysfunction or inadequacy, such as sex therapy, sexual advise, sexual counseling, sex behavior modification, psychotherapy for mental disorders involving sex deviations (transvestic fetishism) or other similar services.

B. Diagnostic studies necessary to establish organic versus psychogenic disorders, and appropriate medical and surgical treatment related to sexual dysfunctions with an organic origin (disease, trauma, injury, or radical surgery) may be cost shared. Non-medical (psychiatric) services are not a benefit for organic sexual dysfunction.

### **IV. EXCLUSIONS**

Sex therapy, sexual advise, sexual counseling, sex behavior modification, psychotherapy for mental disorders involving sexual dysfunction, paraphilias (transvestic fetishism) or gender identity disorders, or other similar services, and supplies provided in connection with therapy for sexual dysfunctions or inadequacies are specifically excluded from cost-sharing.

**\*END OF POLICY\***