



Surgical Treatment for Gender Dysphoria

Last Revision/Review Date: July 17, 2019

P&P # C.5.29

Policy

The Medical Management Department reviews referral requests for authorization of gender reassignment surgical procedures for patients with a gender dysphoria diagnosis.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. Documentation Required:

- a. In order to facilitate the authorization process, the referral requests must include at least one letter or clinical document of readiness for breast/chest surgery and two letters of readiness for genital surgery from qualified mental health professionals. Qualified mental health professionals must meet the following criteria:
 - i. A Master's degree professional or higher equivalent in a clinical behavioral science or mental health field; **OR**
 - ii. The equivalent in clinical behavioral science granted by an accredited institution.
- b. Referral letters of readiness for breast/chest and genital surgery must include the following:
 - i. The patient's general identifying characteristics;
 - ii. Results of the client's psychosocial assessment, including any diagnoses;
 - iii. The duration of the mental health professional's relationship with the patient, including the type of evaluation and therapy or counseling to date;
 - iv. An explanation that the criteria for surgery have been met, and a description of the clinical rationale for supporting the patient's request for surgery;
 - v. A statement that the informed consent for the planned surgery has been obtained from the patient;
 - vi. A statement that the mental health professional is available for coordination of care and on-going treatment as needed.
- c. Patient compliance required with **ALL** of the following:
 - i. Patient is 18 years of age or older with mental capacity to make an informed decision; **AND**
 - ii Patient has at least one letter or clinical document of readiness for breast/chest surgery and two letters of readiness for genital surgery from qualified mental health

- professionals (see sections A.1. and A.2. above for qualifications and documentation requirements); **AND**
- iii Co-existing medical and mental health concerns are reasonably controlled

NOTE: For mastectomy only, a patient may be eligible at age 16 or 17 if that patient meets all other criteria and has documented consent from parent(s) and/or legal guardian(s).

II. SURGICAL PROCEDURES:

Coverage for any approved surgical procedure listed below is limited to the initial surgery and medical complication(s) of the initial surgery (e.g., postoperative infection).

a. Male to Female Gender Reassignment

- 1.Orchiectomy (12 months of hormone therapy required unless the patient has a medical contraindication);
- 2.Genital reconstruction procedures (e.g., vaginoplasty, labiaplasty or penectomy) are considered medically necessary if **ALL** of the following criteria are met:
 - iii. 12 months of hormone therapy unless the patient has a medical contraindication;
AND
 - iii. 12 continuous months living in a gender role congruent with their gender identity (real life experience); **AND**
 - iii. A statement that the mental health professional is available for coordination of care and on-going treatment as needed.

b. Female to Male Gender Reassignment

1. Mastectomy (12 months of hormone therapy **not** required)
2. Hysterectomy and salpingo-oophorectomy (12 months of hormone therapy required unless the patient has a medical contraindication)
3. Genital reconstruction (e.g., metoidioplasty, phalloplasty) are considered medically necessary if **ALL** of the following criteria are met:
 - i. 12 months of hormone therapy required unless the patient has a medical contraindication; **AND**
 - ii. 12 continuous months living in a gender role congruent with their gender identity (real life experience); **AND**
 - iii. A statement that the mental health professional is available for coordination of care and on-going treatment as needed.

III. The following procedures are considered cosmetic therefore not medically necessary (not an all-inclusive list).

1. Chin augmentation: reshaping or enhancing the size of the chin;
2. Laryngoplasty: reshaping of laryngeal framework (voice modification);
3. Liposuction: removal of fat;
4. Hair removal/hair transplantation;
5. Facial feminizing (facial bone reduction);
6. Rhinoplasty: reshaping of the nose;
7. Lip reduction/enhancement: decreasing/enlarging lip size;
8. Rib excision: to enhance waistline.
9. Breast augmentation

10.Tracheal shave/reduction thyroid chondroplasty

CPT CODES COVERED:

Surgery: Male to Female

54125	Amputation of penis, complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55970	Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement]
57291-57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state

Surgery: Female to Male

19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
55980	Intersex surgery, female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
58150, 58180 58260-58262, 58275-58291, 58541-58544, 58550-58554	Hysterectomy
58570-58573	Laparoscopy, surgical with total hysterectomy
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral

CPT CODES NOT COVERED: *(This list may not be all-inclusive)*

11950-11954	Subcutaneous injection of filling material (e.g., collagen)
15775-15776	Punch graft for hair transplant
15820-15823	Blepharoplasty
15824-15829	Rhytidectomy
15830-15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy)
15876-15879	Liposuction
17380	Electrolysis epilation (includes laser hair removal)
19324	Mammoplasty, augmentation; without prosthetic implant.
19325	Mammoplasty, augmentation; with prosthetic implant.

19316	Mastopexy
19350	Nipple/areola reconstruction
21120-21123	Genioplasty (Chin augmentation)
21125-21127	Augmentation, mandibular body or angle
21208-21209	Osteoplasty, facial bones; augmentation or reduction
30400-30450	Rhinoplasty
31599	Unlisted procedure, larynx

References

American Psychological Association (2015) Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist*, 70 (9), 832-864. Accessed June 26, 2019

Coleman, E., Bockting, W, Botzer, M., et al; Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, World Professional Association for Transgender Health (WPATH), Version 7, *International Journal of Transgenderism* 13:165-232, 2011. Accessed June 26, 2019

Hembree WC, Cohen-Kettenis P T, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017; 102(11): 3869-3903. Accessed June 26, 2019

Van Damme S, Cosyns M, Deman S et al. the effectiveness of pitch-raising surgery in make-to-female transsexuals: a systematic review. *Journal of Voice*. 2017;31(2): 244.e1-244.e5. Accessed June 26, 2019