Policy

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

A. Documentation Required:

1. To facilitate the authorization process, referral requests for gender affirming surgery must include at least one letter or clinical document of readiness for breast/chest surgery and two independent 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.

2. Referral letters of readiness for ANY gender affirming 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 gender affirming surgery have been met, and a description of the clinical rationale for supporting the patient’s request for gender affirming surgery;
   v. A statement that the patient is making a fully informed decision for surgery;

3. Documentation from the surgical provider that includes the following:
   i. Surgical history related to previous gender affirming treatment including, facial plastic surgery, breast/chest, and genital surgery; AND
   ii. History of previous hormone treatment; AND

Note: The letters of readiness for genital surgeries must be from two independent evaluations by a qualified mental health professional who meet the training criteria A.1.i. above.
iii. Discussion about the nature of the patient’s current gender dysphoria and how the requested surgery(ies) will treat this.

B. General Requirements for ALL Gender Affirming Surgical Procedures

Gender affirming surgeries are considered medically necessary for patients who meet ALL the following criteria:

1. Patient is 18 years of age or older with mental capacity to make an informed decision OR for mastectomy only, patient is 16 years of age or older and has documented consent of their parent or legal guardian; AND

2. Patient has a diagnosis of persistent, well-documented gender dysphoria; AND

3. The patient’s co-existing medical and mental health concerns are reasonably controlled; AND

4. The surgeon performing the procedures is part of an interdisciplinary team that treats patients with gender dysphoria OR has a close association with the mental health and other health professional(s) involved in the treatment of the patient’s gender dysphoria; AND

5. The surgeon has expertise in performing the gender affirming surgery being requested.

C. Male-to-Female Gender Affirming Surgical Procedures

Male-to-female gender affirming surgeries are considered medically necessary for patients diagnosed with persistent, well-documented gender dysphoria who meet the documentation requirements in section IA, IB AND the following procedure specific criteria:

1. **Breast augmentation mammoplasty (using breast implants) with nipple reconstruction.**
   At least 12 months of feminizing hormone therapy, (e.g., estrogen and anti-androgen therapy), is required prior to surgery unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones.

2. **Orchiectomy.** At least 12 months of feminizing hormone therapy, (e.g., estrogen and anti-androgen therapy), is required prior to surgery unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones.

3. **Genital reconstruction procedures** (e.g., vaginoplasty including laser and electrolysis hair removal of the tissue intended for use in vaginoplasty, labiaplasty, vulvoplasty, clitoroplasty, or penectomy) are considered medically necessary if ALL the following criteria are met:
   i. At least 12 months of feminizing hormone therapy, (e.g., estrogen and anti-androgen therapy), is required prior to surgery unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones; 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.
4. Facial feminization procedures
   i. Frontal cranioplasty (forehead contouring);
   ii. Tracheal shave/reduction thyroid chondroplasty;
   iii. Blepharoplasty and brow lift when the criteria in Medical Policy Ptosis Surgical Procedures are met;
   iv. Septorhinoplasty when the criteria in Medical Policy Rhinoplasty-Septorhinoplasty are met.

NOTES:
1. After initial breast augmentation surgery is successfully completed, further modification relating to achieving symmetry is considered not medically necessary.
2. Breast augmentation surgery after healing of initial augmentation is considered cosmetic and considered not medically necessary.
3. If a breast implant was part of a covered initial gender affirming surgery then removal, replacement and/or reconstruction for medical reasons such as implant rupture will be covered.
4. Hair removal typically precedes genital reconstruction surgery by as much as 6-9 months. For hair removal separate from a referral for genital reconstruction surgery, a patient must meet all of the above criteria and have met with the surgeon and found to be a good candidate for surgery with plans for surgery after successful hair removal.

D. Female-to-Male Gender Affirming Surgical Procedures
Female-to-Male gender affirming surgeries are considered medically necessary for patients diagnosed with persistent, well documented gender dysphoria who meet the documentation requirements in section IA, IB, AND the following procedure specific criteria:
1. Mastectomy with nipple reconstruction (12 months of hormone therapy not required).
2. Hysterectomy and salpingo-oophorectomy.
   At least 12 months of masculinizing hormone therapy is required prior to surgery unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones.
3. Genital reconstruction procedures (e.g., hysterectomy/ovariectomy, reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, hair removal on skin intended for phalloplasty with urethral lengthening, and implantation of erection and/or testicular prostheses) are considered medically necessary if ALL the following criteria are met:
   i. At least 12 months of masculinizing hormone therapy is required prior to surgery unless the patient has a medical contraindication or is otherwise unwilling or unable to take hormones; 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.
NOTES:
1. After initial breast surgery is successfully completed, further modification relating to achieving symmetry is considered not medically necessary.
2. Hair removal typically precedes genital reconstruction surgery by as much as 6-9 months. For hair removal separate from a referral for genital reconstruction surgery, a patient must meet all of the above criteria and have met with the surgeon and found to be a good candidate for surgery with plans for surgery after successful hair removal.

E. 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 (except laser hair removal of the tissue intended for use in vaginoplasty);
5. Hair transplantation;
7. Rib excision: to enhance waistline;

F. The following reproductive services are not covered as benefit exclusions:
1. Cryopreservation of fertilized embryos;
2. Donor eggs;
3. Donor sperm;
4. Gestational carrier;
5. Oocyte preservation;
6. Sperm preservation in advance of hormone replacement of gender affirming surgery;
7. Surrogate parenting/services;
8. Other assisted reproductive services noted in the certificate of coverage.

Covered Procedures: Male-to-Female

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<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when specified as permanent hair removal by laser to the tissue intended for use in the vaginoplasty).</td>
</tr>
<tr>
<td>19325</td>
<td>Mammaplasty, augmentation</td>
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<tr>
<td>19350</td>
<td>Nipple/areola reconstruction</td>
</tr>
<tr>
<td>21137</td>
<td>Reduction forehead; contouring only</td>
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<tr>
<td>21139</td>
<td>Reduction forehead; contouring and setback of anterior frontal sinus wall</td>
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<tr>
<td>31599</td>
<td>Unlisted procedure, larynx</td>
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<tr>
<td>53410</td>
<td>Urethroplasty, 1-stage reconstruction of male anterior urethra</td>
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<tr>
<td>54125</td>
<td>Removal of penis, complete</td>
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<tr>
<td>54520</td>
<td>Orchietectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>54530</td>
<td>Remove Testis, radical</td>
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<tr>
<td>54690</td>
<td>Laparoscopy, surgical; orchiectomy</td>
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<tr>
<td>55180</td>
<td>Revision of scrotum, complicated</td>
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<tr>
<td>55970</td>
<td>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]</td>
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<tr>
<td>56805</td>
<td>Clitoroplasty for intersex state</td>
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<tr>
<td>57291-57292</td>
<td>Construction of artificial vagina</td>
</tr>
<tr>
<td>57335</td>
<td>Vaginoplasty for intersex state</td>
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**Covered Procedures: Female-to-Male**

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<th>Description</th>
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<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when specified as permanent hair removal by laser to the tissue intended for use in the vaginoplasty).</td>
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<tr>
<td>19303</td>
<td>Mastectomy, simple, complete</td>
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<tr>
<td>19304</td>
<td>Mastectomy, subcutaneous</td>
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<tr>
<td>19318</td>
<td>Reduction mammoplasty</td>
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<tr>
<td>19350</td>
<td>Nipple/areola reconstruction</td>
</tr>
<tr>
<td>55980</td>
<td>Intersex surgery, female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]</td>
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<tr>
<td>56620</td>
<td>Partial simple removal of vulva</td>
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<tr>
<td>57106</td>
<td>Vaginectomy, partial removal of vaginal wall</td>
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<tr>
<td>57110</td>
<td>Vaginectomy, complete removal of vaginal wall</td>
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<tr>
<td>58150, 58180</td>
<td>Hysterectomy, vaginal hysterectomy, lap-assisted vaginal hysterectomy</td>
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<tr>
<td>58260-58262, 58275-58291, 58541-58544, 58550-58554</td>
<td>Laparoscopy, surgical with total hysterectomy</td>
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<tr>
<td>58570-58573</td>
<td>Salpingo-oophorectomy, complete or partial, unilateral or bilateral</td>
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<td>58661</td>
<td>Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)</td>
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</tbody>
</table>

**References**


