Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Gender Assignment, Reassignment Surgery or Gender Dysphoria

PRIOR AUTHORIZATION: Required

POLICY: SWHP considers gender reassignment surgery medically necessary when all of the following criteria are met:

1. Requirements for mastectomy for female-to-male patients:
   - Two letters of referral from qualified mental health professionals; **AND**
   - Persistent, well-documented gender dysphoria; **AND**
   - Capacity to make a fully informed decision and to consent for treatment; and
   - Age of majority (18 years of age or older); **AND**
   - If significant medical or mental health concerns are present, they must be reasonably well controlled.

   A trial of hormone therapy is not a pre-requisite to qualifying for a mastectomy.

2. Requirements for gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female):
   - Two letters of referral from qualified mental health professionals; **AND**
   - Persistent, well-documented gender dysphoria; **AND**
   - Capacity to make a fully informed decision and to consent for treatment; and
   - Age of majority (18 years or older); **AND**
   - If significant medical or mental health concerns are present, they must be reasonably well controlled; **AND**
   - Twelve months of continuous hormone therapy as appropriate to the member’s gender goals (unless medically contraindicated)

3. Requirements for genital reconstructive surgery:
   - Two letters of referral from qualified mental health professionals; **AND**
   - Persistent, well-documented gender dysphoria; **AND**
   - Capacity to make a fully informed decision and to consent for treatment; **AND**
• Age of majority (age 18 years and older); AND
• If significant medical or mental health concerns are present, they must be reasonably well controlled; AND
• Twelve months of continuous hormone therapy as appropriate to the member’s gender goals (unless medically contraindicated); AND
• Twelve months of living in a gender role that is congruent with their gender identity (real life experience).

Note: Rhinoplasty, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, breast augmentation, liposuction of the waist (body contouring), reduction thyroid chondroplasty, hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which have been used in feminization, are considered cosmetic and NOT covered. Similarly, chin implants, nose implants, and lip reduction, which have been used to assist masculinization, are considered cosmetic and NOT covered.

Note on gender specific services for the transgender community:
Gender-specific services may be medically necessary for transgender persons appropriate to their anatomy. Examples include:
• Breast cancer screening may be medically necessary for female to male trans identified persons who have not undergone a mastectomy;
• Prostate cancer screening may be medically necessary for male to female trans identified persons who have retained their prostate.

SWHP considers the following procedures that may be performed as a component of a gender reassignment as cosmetic (not an all-inclusive list):
• Abdominoplasty
• Blepharoplasty
• Brow lift
• Calf implants
• Cheek/malar implants
• Chin/nose implants
• Collagen injections
• Construction of a clitoral hood
• Drugs for hair loss or growth
• Forehead lift
• Hair removal
• Hair transplantation
• Lip reduction
• Liposuction
• Mastopexy
• Neck tightening
• Pectoral implants
• Removal of redundant skin
• Rhinoplasty
• Voice therapy/voice lessons.

Ancillary expenses that might be incurred with treatment if not local, such as travel, housing and food, are NOT covered.

OVERVIEW: Gender Dysphoria is a gender identity condition in which marked incongruence exists between a person’s experienced/expressed gender and assigned gender, of at least 6 months duration”. The condition is associated with significant distress or impairment in social, school or other important areas of functioning.

The person manifests with the desire to live as a member of the opposite sex and progressively take steps to live in the opposite sex role full-time.” Treatment in general, including surgical treatment, aims to help reduce or remove the distressing feelings of a mismatch between biological sex and gender identity.

Gender reassignment surgery, also known as transsexual surgery, sex reassignment surgery or intersex surgery, is the culmination of a series of procedures designed to change the anatomy to conform to the gender to which a person with a gender identity disorder identifies themselves. Gender reassignment surgery entails castration, penectomy and vulva-vaginal construction for male to female gender reassignment. Female to male surgery includes bilateral mammectomy, hysterectomy, salpingo-oophorectomy, followed by phalloplasty and insertion of testicular prosthesis.

MANDATES: None

The Centers for Medicare & Medicaid Coverage (CMS) conducted a National Coverage Analysis that focused on the topic of gender reassignment surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.

CODES:
Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

<table>
<thead>
<tr>
<th>CPT Codes:</th>
<th>Description:</th>
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<tbody>
<tr>
<td>19301, 19303, 19304</td>
<td>Mastectomy</td>
</tr>
<tr>
<td>53430</td>
<td>Urethroplasty, reconstruction of female urethra</td>
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<tr>
<td>54125</td>
<td>Amputation of penis; complete</td>
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<tr>
<td>54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417</td>
<td>Penile prosthesis</td>
</tr>
<tr>
<td>54520</td>
<td>Orchietomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach</td>
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</table>
MEDICAL COVERAGE POLICY

SERVICE: Gender Assignment and Reassignment Surgery

Policy Number: 064
Effective Date: 07/01/2018
Last Review: 04/24/2018
Next Review Date: 04/24/2019

54660 Insertion of testicular prosthesis (separate procedure)
54690 Laparoscopic, surgical; orchietomy
55175 Scrotoplasty; simple
55180 Scrotoplasty; complicated
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]
55980 Female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement]
56625 Vulvectomy simple; complete
56800 Plastic repair of introitus
56805 Clitoroplasty for intersex state
56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106, 57107, 57110, 57111 Vaginectomy
57291, 57292 Construction of artificial vagina
57335 Vaginoplasty for intersex state
58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 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

HCPCS Covered: C1813 Prosthesis, penile, inflatable
C2622 Prosthesis, penile, non-inflatable

ICD10 codes F64.1 Transexualism/Gndr ident d/o adult/adolescent


POLICY HISTORY:

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<tr>
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<td>08/21/2014</td>
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<tr>
<td>Reviewed</td>
<td>04/30/2015</td>
<td>Added pharmacologic and consultation exclusion.</td>
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<td>Reviewed</td>
<td>09/03/2015</td>
<td>Updated to include criteria for coverage where permitted.</td>
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<tr>
<td>Reviewed</td>
<td>07/07/2016</td>
<td>Major revision – update transgender management</td>
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<tr>
<td>Reviewed</td>
<td>06/13/2017</td>
<td>Updated “Overview” language</td>
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<tr>
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REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the Gender Assignment and Reassignment Surgery

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<table>
<thead>
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<th>Reference</th>
<th>Details</th>
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