



MEDICAL COVERAGE POLICY

SERVICE: Gender Assignment, Reassignment Surgery

Policy Number: 064

Effective Date: 07/01/2020

Last Review: 05/28/2020

Next Review Date: 05/28/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus 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 (EOC) or Summary Plan Description (SPD) 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 Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan 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. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Required

POLICY: Not all plans cover this therapy. Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Gender reassignment surgery may be considered medically necessary for one or more of the following:

- Mastectomy in female-to-male members when ALL of the following are met:
 - Single letter of referral from a qualified mental health professional
 - Persistent, well-documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age 18 years of age or older
 - No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled
- Gonadectomy (hysterectomy and oophorectomy in female-to-male and orchiectomy in male-to-female) when ALL of the following are met:
 - Two referral letters available from qualified mental health professionals, one in a purely evaluative role
 - Persistent, well-documented gender dysphoria
 - Capacity to make a fully informed decision and to consent for treatment
 - Age 18 years and older
 - No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled
 - Twelve months of continuous hormone therapy as appropriate to the member's gender goals
- Genital reconstructive surgery (i.e. vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female-to-male or



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penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male-to-female) when ALL of the following are met:

- Two referral letters available from qualified mental health professionals, one in a purely evaluative role
- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Age 18 years and older
- No significant medical or mental health concerns are present OR if present, they must be reasonably well controlled
- Twelve (12) continuous months of hormone therapy as appropriate to the member's gender goals (unless medically contraindicated)
- Twelve (12) months of living in a gender role that is congruent with their gender identity (real life experience).

SWHP/FC 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

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



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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 mastectomy, hysterectomy, salpingo-oophorectomy, followed by phalloplasty and insertion of testicular prosthesis.

MANDATES: [CFR 45 PART 156—HEALTH INSURANCE ISSUER STANDARDS UNDER THE AFFORDABLE CARE ACT, INCLUDING STANDARDS RELATED TO EXCHANGES](#) 156.200(e) *Non-discrimination.* A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.

SUPPORTING DATA:

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.

CPT Codes:	19303, 19304, 53430, 54125, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720
CPT Not Covered:	
HCPCS Covered:	C1813 Prosthesis, penile, inflatable C2622 Prosthesis, penile, non-inflatable
ICD10 codes:	F64.x - Gender identity disorders Z87.890 - Personal history of sex reassignment
ICD10 Not covered:	

CMS: NCD for Transsexual Surgery. Centers for Medicare & Medicaid Services. Baltimore, Maryland. Publication Number 13-3, Manual Section Number 140.3, was nullified on May 30, 2014 (Decision 2576).

There is no Texas LCD for this service. There is an LCA A53793 from Medicare contractor Palmetto GBA.

POLICY HISTORY:

Status	Date	Action
New	12/6/2010	New policy
Reviewed	12/6/2011	Reviewed.



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Reviewed	10/25/2012	Reviewed.
Reviewed	10/3/2013	No changes
Reviewed	08/21/2014	No changes
Reviewed	04/30/2015	Added pharmacologic and consultation exclusion.
Reviewed	09/03/2015	Updated to include criteria for coverage where permitted.
Reviewed	07/07/2016	Major revision – update transgender management
Reviewed	06/13/2017	Updated “Overview” language
Reviewed	04/24/2018	No changes
Reviewed	10/31/2019	No changes
Updated	05/28/2020	Reviewed and aligned for FirstCare and SWHP

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan 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 list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Transsexual Surgery: Its Pros and Cons. Comprehensive Exam Essay. Transsexual Women’s Resources. Medical and Other Resources for Transsexual Women (2000) <www.annelawrence.com>. Kregel, S., Bex, A., et al. Male-to female transsexualism: a technique, results, results and long- term follow-up in 66 patients. *Ingentaconnect* (2001 September) 88(4): 396- 402(7).
2. Nuttbrock, L., Rosenblum, A., et al. Transgender Identity Affirmation and Mental Health. *The International Journal of Transgenderism* (2002) 6(4): 1-15.
3. Wagner, I., Fugain, C., et al. Pitch-raising surgery in fourteen male-to-female transsexuals. *Laryngoscope* (2003 July) 113(7): 1157-1165.
4. Fang, R.H., Chen, T.J., et al. Anatomic study of vaginal width in male-to-female transsexual surgery. *Plastic and Reconstructive Surgery* (2003 August) 112(2): 511- 514.
5. [eMedicine.com](http://www.emedicine.com) – Hutcheson, Joel. Ambiguous genitalia and intersexuality. May 26, 2004. *eMedicine Pediatric Continuing Education*. (19 October 2005) <<http://www.emedicine.com>>
6. Hart, Anita C., and Catherine A. Hopkins. *ICD-9-CM Professional for Physicians Volumes I & 2*. Salt Lake, Utah: Ingenix (2004 October 1).
7. Rethinking the gender Identity disorder terminology in the Diagnostic and Statistical Manual of Mental Disorders. – Position Paper, Bologna, Italy: HBIQDA Conference (2005 April 7). <<http://www.avitale.com>>.
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9. Sobralske, M. Primary care needs of patients who have undergone gender reassignment. *Journal of the American Academy of Nurse Practitioners* (2005 April) 17(4): 133-138.
10. Mayer-Bahlburg, H.F. Introduction: gender dysphoria and gender change in persons with intersexuality. *Archives of Sexual Behavior* (2005 August) 34(4): 371-373.