Gender Reassignment Surgery

Policy MP-002

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Current Effective Date: 3/6/20

Disclaimer:
1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the “Policy” section for more information.

Description:
Gender reassignment surgery is part of the spectrum of care considered for individuals with gender dysphoria, a condition in which a person feels a strong and persistent identification with the opposite gender accompanied with a severe sense of discomfort in their own gender. People with gender dysphoria often report a feeling of being born the wrong gender they physically appear to be. Gender reassignment surgery is not a single procedure, but part of a complex process involving multiple medical, psychiatric, and surgical modalities working in conjunction with each other and the patient to achieve successful behavioral and medical outcomes.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans covers gender reassignment surgery when all of the following criteria are met (A-L):

   A. Patient is 18 years or older;
   
   B. The requested procedure is being performed by qualified physicians at an approved Center of Excellence with experience in the following services;
   
   C. The patient has been diagnosed with Gender Dysphoria, including all the following:
      I. The desire to live and be accepted as a member of the opposite sex or non-binary individual, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
      II. The transsexual identity has been present persistently for at least two years; and
III. The disorder is not a symptom of another behavioral health disorder or a chromosomal abnormality; and

IV. The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;

D. For these patients without a medical contraindication, the patient has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a behavioral health professional and provided under the supervision of a physician;

E. The patient has completed a minimum of 12 months of successful continuous full time real-life experience with no returning to their original gender. Examples which would demonstrate this criterion could include maintaining part- or full-time employment as the individuals self-identified gender, functioning as a student in an academic setting, functioning in a community-based volunteer activity, or seeking and obtaining legal gender change from the courts;

F. Documentation provided by patient or therapist that person is living in the gender role they have identified for the last 12 months;

G. Regular participation in psychotherapy throughout the real-life experience when recommended by a treating medical or behavioral health practitioner;

H. Demonstrable knowledge of the required length of hospitalizations, likely complications, and post-surgical rehabilitation requirements of various surgical approaches;

I. Demonstrable progress in consolidating one’s gender identity, including demonstrable progress in dealing with work, family and interpersonal issues resulting in a significantly better state of behavioral health (this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis, suicidality, for instance);

J. The first letter** from the patient’s physician or behavioral health provider, who has treated the patient for a minimum of 18 months, documenting the following:
   
   I. The patient’s general identifying characteristics; and
   II. The initial and evolving gender, sexual, and other psychiatric diagnoses; and
   III. The duration of their professional relationship including the type of psychotherapy or evaluation that the patient underwent; and
   IV. The eligibility criteria that have been met and the behavioral health professional’s rationale for surgery; and
   V. The degree to which the patient has followed the eligibility criteria to date and the likelihood of future compliance; and
   VI. Whether the author of the report is part of a gender team;

K. A second letter** from a different physician or behavioral health provider familiar with the patient’s treatment and the psychological aspects of Gender Dysphoria, corroborating the information provided in the first letter;
L. When one of the signatories on the letters indicated above is not the treating surgeon, a letter from the surgeon confirming that they have personally communicated with the treating therapist and or physician, as well as the patient, and confirming that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon feels that the patient is likely to benefit from surgery.

"At least one of the professionals submitting a letter must have a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) and capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the doctoral degree specifications, in addition to the specifications set forth above.

**Gender reassignment surgery may include any of the following procedures:**

**Male-to-Female Procedures:**
- Breast implantation/augmentation after a minimum of 12 months hormonal therapy
- Orchiectomy
- Penectomy
- Vaginoplasty
- Clitoroplasty
- Labiaplasty

**Female-to-Male Procedures:**
- Subcutaneous mastectomy
- Hysterectomy
- Salpingo-oophorectomy
- Vaginectomy
- Metoidioplasty
- Scrotoplasty
- Urethroplasty
- Placement of testicular prostheses Phalloplasty

*In the case of non-binary individuals, above surgeries will be considered to align their gender preference.*

Gender reassignment surgery is **not covered** and considered cosmetic when used to improve the gender specific appearance of a patient who has undergone or is planning to undergo gender reassignment surgery.
The following surgeries are considered cosmetic (may not be all inclusive):

1) Abdominoplasty
2) Blepharoplasty
3) Brow Lift
4) Cheek/Malar Implants
5) Chin/Nose Implants
6) Collagen Injections
7) Facial bone reconstruction
8) Face lift
9) Forehead Lift
10) Calf Lift
11) Hair removal/hairplasty including medications that cause hair loss or growth
12) Hair Transplantation
13) Lip Reduction
14) Liposuction
15) Mastopexy
16) Neck Tightening
17) Pectoral Implants
18) Reduction thyroid chondroplasty
19) Rhinoplasty
20) Voice modification surgery
21) Voice Therapy/Lessons

It is important to note this policy **DOES NOT** apply to individuals with congenital deformities/anomalies or genetic abnormalities resulting in genitalia requiring correction.

2. Medicaid Plans
Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at [http://health.utah.gov/medicaid/manuals/directory.php](http://health.utah.gov/medicaid/manuals/directory.php) or the Utah Medicaid code Look-Up tool

Clinical Rationale
Gender Identity Disorder, commonly referred to as transsexualism, is a condition wherein an individual’s psychological gender is the opposite of his or her anatomic sex. This results in the persistent feeling of being “trapped in the wrong body”. This diagnosis should not be confused with cross dressing
Transvestitism), refusal to accept homosexual orientation, psychotic delusions or personality disorders. Surgical treatment differs depending upon the original physical gender of the patient. For male-to-female patients, also known as “transwomen,” surgery involves removal of the testicles and penis and the creation of pseudo vagina, clitoris, and labia. For female-to-male patients, known as “transmen,” surgery involves removal of the uterus, ovaries, and vagina, and creation of a neophallus, and scrotum with scrotal prostheses. At this time, the creation of a neophallus for transmen is multistage reconstructive procedure.

The guideline criteria above are based upon; 1) the Diagnostic and Statistical manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR, 2000) criteria for the diagnosis of Gender Identity Disorder (GID); and 2) the Standards of Care (SOC) for Gender Identity Disorders (GID), Sixth Version, published by the Harry Benjamin International Gender Dysphoria Association (2001). Both of these references are widely accepted as definitive documents in the area of GID treatment and cited in numerous articles by respected authors. The SOC criteria have been adopted in several countries as the standard of care for the treatment of GID, including hormone therapy and gender reassignment surgery.

The criteria of the SOC are supported by evidence-based peer-reviewed journal publications. Several studies have shown that extensive long-term trials of hormonal therapy and real-life experiences, as well as social support and acceptance by peer and family groups, greatly improve psychological outcomes in patients undergoing Gender reassignment surgery (Eldh, 1997; Landen, 1998). A study reported by Monstrey and colleagues (2001) described the importance of close cooperation between the many medical and behavioral specialties required for proper treatment of patients with GID who wish to undergo gender reassignment surgery. Similar findings were reported earlier by Schlatterer et al. in 1996. One study of 188 patients undergoing gender reassignment surgery found that dissatisfaction with surgery was highly associated with sexual preference, psychological co-morbidity, and poor preoperative body image and satisfaction (Smith, 2005).

Undertaking gender reassignment surgery is obviously a very serious decision. The procedures present significant medical and psychological risks, and results are irreversible. A step-wise approach to therapy for GID, including accurate diagnosis and long-term treatment by multidisciplinary team including behavioral, medical and surgical specialists, has been shown to provide the best results. As with any treatment including psychiatric disorders, a thorough behavioral analysis by a qualified practitioner is needed. Once a diagnosis of GID is established, treatment with hormone therapy and establishment of real-life transgender experience may be warranted. Gender reassignment surgery should be considered only after such trials have been undertaken, evaluated and confirmed. Hormone therapy should be administered under on-going medical supervision and is important in beginning the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. Additionally, real-life experience is important to validate the patient’s desire and ability to incorporate into their desired gender role within their social network and daily environment. This generally involves gender-specific appearance (garments, hairstyle, etc.), involvement in various activities in the desired gender role including work or academic settings, legal acquisition of a gender appropriate first name, and acknowledgement by others of their new gender role.

Once these treatments steps have been established and stable for at least 12 months, a patient may be considered for gender reassignment surgery.

For both transmen and transwomen, additional surgeries have been proposed to improve the gender appropriate appearance of the patient. Procedures such as breast augmentation, liposuction, Adam’s apple reduction, rhinoplasty, facial reconstruction, and others have no medically necessary role in gender identification and are considered cosmetic in nature.
The World Professional Association for Transgender Health (WPATH) is a multidisciplinary professional society representing the specialties of medicine, psychology, social sciences and law that has published clinical guidelines regarding health services for patients with gender disorders. In 2012, WPATH updated their evidence and consensus-based guideline regarding, the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming Peoples.

WPATH guidelines indicate that surgical treatments can be initiated by a referral from a qualified mental health professional. One or two referrals may be required depending upon the type of surgery requested. “The mental health professional provides documentation—in the chart and/or referral letter—of the patient’s personal and treatment history, progress, and eligibility.” WPATH guidelines specifically recommend the following:

- One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).
- Two referrals—from qualified mental health professionals who have independently assessed the patient—are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries).

WPATH lists the following criteria for mastectomy and creation of a male chest in FTM patients:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.

Hormone therapy is not a prerequisite.

WPATH lists the following criteria for genital surgery:

1. Persistent, well-documented gender dysphoria;
2. Capacity to make a fully informed decision and to consent for treatment;
3. Age of majority in a given country;
4. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
5. 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual).

In addition, WPATH made specific recommendations regarding breast augmentation procedures:

The WPATH guideline recommends MTF patients undergo feminizing hormone therapy for a minimum of 12 months prior to augmentation surgery and lists specific criteria for breast augmentation (implants/lipofilling).

However, the classification of breast augmentation as a cosmetic versus reconstructive procedure has remained controversial. WPATH guidelines note that although breast appearance may be considered an important secondary sex characteristic, opinions diverge regarding whether augmentation is considered cosmetic or reconstructive. In addition, WPATH indicates that, “breast presence or size is not involved in the legal definitions of sex and gender and is not necessary for reproduction.”
In 2009, the Endocrine Society in conjunction with European Society of Endocrinology, European Society for Pediatric Endocrinology, Lawson Wilkins Pediatric Endocrine Society, and World Professional Association, published the only evidence-based guidelines regarding the treatment of transsexual persons. The guideline employed transparent methods for evidence review and for rating the quality of evidence. All recommendations were based upon evidence which was rated to be low quality. The consortium made the following recommendations:

1. We recommend that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the MHP find surgery advisable.
2. We recommend that genital sex reassignment surgery be recommended only after completion of at least 1 year of consistent and compliant hormone treatment.
3. We recommend that the physician responsible for endocrine treatment medically clear transsexual individuals for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

**Applicable Coding**

*Covered: For the conditions outlined above for plans with gender reassignment supplemental coverage.*

**CPT Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00402</td>
<td>Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)</td>
</tr>
<tr>
<td>00926</td>
<td>Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal</td>
</tr>
<tr>
<td>11980</td>
<td>Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)</td>
</tr>
<tr>
<td>19303</td>
<td>Mastectomy, simple, complete</td>
</tr>
<tr>
<td>19304</td>
<td>Mastectomy, subcutaneous <em>(Deleted 1/1/20)</em></td>
</tr>
<tr>
<td>19318</td>
<td>Reduction mammoplasty</td>
</tr>
<tr>
<td>19324</td>
<td>Mammoplasty, augmentation; without prosthetic implant</td>
</tr>
<tr>
<td>19325</td>
<td>Mammoplasty, augmentation; with prosthetic implant</td>
</tr>
<tr>
<td>53430</td>
<td>Urethroplasty, reconstruction of female urethra</td>
</tr>
<tr>
<td>54125</td>
<td>Amputation of penis; complete</td>
</tr>
<tr>
<td>54400</td>
<td>Insertion of penile prosthesis; non-inflatable (semi-rigid)</td>
</tr>
<tr>
<td>54401</td>
<td>Insertion of penile prosthesis; inflatable (self-contained)</td>
</tr>
<tr>
<td>54520</td>
<td>Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach</td>
</tr>
<tr>
<td>54660</td>
<td>Insertion of testicular prosthesis (separate procedure)</td>
</tr>
</tbody>
</table>
54690 Laparoscopy, surgical; orchiectomy
55150 Resection of scrotum
55175 Scrotoplasty; simple
55180 Scrotoplasty; complicated
55899 Unlisted procedure, male genital system
55970 Intersex surgery; male to female
55980 Intersex surgery; female to male
56625 Vulvectomy simple; complete
56800 Plastic repair of introitus
56805 Clitoroplasty for intersex state
57110 Vaginectomy, complete removal of vaginal wall;
57291 Construction of artificial vagina; without graft
57292 Construction of artificial vagina; with graft
57335 Vaginoplasty for intersex state
58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58262 Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58291 Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58552 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58940 Oophorectomy, partial or total, unilateral or bilateral;
HCPCS Codes
C1789 Prosthesis, breast (implantable)
C1813 Prosthesis, penile, inflatable
L8600 Implantable breast prosthesis, silicone or equal
S0189 Testosterone pellet, 75 mg

References:

Disclaimer:
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