

Surgical Management of Gender Dys.

Policy Number: PA-205
Last Review Date: 02/13/2020
Effective Date: 01/01/2020

Policy

Evolent Health considers Surgical Management of Gender Dysphoria medically necessary when ALL of the following criteria are met:

1. The patient is at least 18 years old;
2. The patient has the mental capacity for fully-informed consent (confirmed by a qualified mental health professional and documented in the clinical record);
3. The patient has been diagnosed with Gender Dysphoria (see diagnosis criteria in Background section) by an independently licensed behavioral health professional, in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), and meets all the following indications:
 - a. The patient is participating in a recognized gender identity treatment group
 - b. The patient has the desire to live and be accepted as a member of the opposite sex
 - c. The transsexual identity of the patient has been present persistently for at least two years and is well-documented
 - d. Their gender dysphoria causes clinical distress or impairment in social, occupational, or other important areas of functioning;
4. The patient has undergone a minimum of 12 months of continuous hormonal therapy as appropriate to the patient's gender goals (unless hormone therapy is contraindicated)
5. The patient has completed 12 continuous months of living in the gender role that is congruent with their gender identity
6. For proposed genital surgery (e.g., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries), the patient has at least two referrals from qualified mental health professionals (see definition in Background section) who have independently assessed the patient. For breast/chest surgery (e.g., mastectomy, chest reconstruction), the patient has at least one referral from a qualified mental health professional who has assessed the patient.
7. Referral letters from Qualified Health Professionals must follow format outlined in SOC-7.

Variations – Medicare

According to the Centers for Medicare and Medicaid Services (CMS), in the absence of a national policy, the Medicare Administrative Chapters (MACs) will make the determination of whether or not to cover gender reassignment surgery based on whether gender reassignment surgery is reasonable and necessary for the individual beneficiary after considering the individual's specific circumstances. Please reference

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Decision Memo for Gender Dysphoria and Gender Reassignment Surgery ([CAG-00446N](#)) for additional information.

Limitations

1. Gender reassignment surgery is covered only once per lifetime. Transitioning back to the natal gender is not a covered benefit.
2. Revisions after gender reassignment surgery are not covered unless there is a complication which is life-threatening or prevents normal physiologic function.
3. If the patient has a significant medical condition or mental health concerns are present, they must be reasonably well controlled and medically cleared for surgery.
4. Procedures considered cosmetic and therefore not medically necessary include, but are not limited to:
 - Abdominoplasty
 - Breast Augmentation
 - Blepharoplasty
 - Brow lift
 - Calf implants
 - Cheek/malar implants
 - Chin/nose implants
 - Collagen injections
 - Dermabrasion/Abrasion
 - Drugs for hair loss or growth
 - Electrolysis
 - Eyelid plastic surgery
 - Face-lift
 - Facial feminization surgery
 - Facial bone reduction
 - Forehead lift
 - Gluteal augmentation
 - Jaw reduction (jaw contouring)
 - Hair transplantation
 - Hair removal
 - Lip Reduction
 - Liposuction
 - Mastopexy
 - Neck tightening
 - Pectoral implants
 - Reduction thyroid chondroplasty (tracheal shaving)
 - Removal of redundant skin
 - Rhinoplasty

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- Voice modification surgery
- Voice therapy/lessons

Background

The Centers for Medicare and Medicaid (CMS) define gender dysphoria, previously known as gender identity disorder, as a classification used to describe persons who experience significant discontent with their biological sex and/or gender assigned at birth. Therapeutic options for gender dysphoria include behavioral and psychotherapies, hormonal treatments, and a number of surgeries used for gender reassignment.

The Massachusetts Behavioral Risk Factor Surveillance Survey found 0.5% of the adult population aged 18 to 64 years identified as Transgender and gender nonconforming (TGNC) between 2009 and 2011.

DSM 5 Criteria for Gender Dysphoria in Adults and Adolescents:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by two or more of the following:
 - a. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or, in young adolescents, the anticipated secondary sex characteristics)
 - b. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 - c. A strong desire for the primary and/or secondary sex characteristics of the other gender
 - d. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
 - e. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
 - f. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Characteristics of a Qualified Mental Health Professional: (From World Professional Association for Transgender Health (WPATH, SOC-7):

- A. Master's degree or equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate

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national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; and

- B. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; and
- C. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; and
- D. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and
- E. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

Codes:

CPT/HCPCS Codes	
Code	Description
55970	Intersex surgery, male to female
55980	Intersex surgery, female to male
19301	Mastectomy, partial
19303	Mastectomy, simple, complete
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis; complete
54400-54417	Penile prosthesis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular procedure (separate procedure)
54690	Laparoscopic, surgical; orchiectomy
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
56625	Vulvectomy simple; complete
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57106 - 57107,	Vaginectomy

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57110 - 57111	
57291 - 57292	Construction of artificial vagina
57335	Vaginoplasty for intersex state
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

ICD-10 Codes	
Code	Description
F64-F64.9	Gender identity disorder
F64.1	Gender identity disorder in adolescents and adulthood
Z87.890	Personal history of sex reassignment

References

1. American Psychologist: American Psychological Association. (2015): Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Adopted by the Council of Representatives, August 5 & 7, 2015. www.apa.org/practice/guidelines/transgender.pdf
2. American Psychological Association. Transgender, Gender Identity, & Gender Expression Non-Discrimination. <https://www.apa.org/about/policy/transgender.pdf>
3. Centers for Medicare and Medicaid (CMS) Services. Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N). June 2, 2016. <https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282>
4. Endocrine Treatment of Transsexual Persons: an Endocrine Society Clinical Practice Guideline. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, Spack NP, Tangpricha V, Montori VM; Endocrine Society. J Clin Endocrinol Metab. 2009;94:3132-54.

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5. Hayes. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. August 1, 2018. Annual Review: 08/22/2019.
6. Hayes. Ancillary Procedures and Services for the Treatment of Gender Dysphoria. May 9, 2014. Annual Review: April 6, 2018.
7. Hayes. Hormone Therapy for the Treatment of Gender Dysphoria. May 19, 2014. Annual Review: August 29, 2018.
8. Health Care for Transgender Individuals: Committee Opinion. Committee on Health Care for Underserved Women; The American College of Obstetricians and Gynecologists. Dec 2011, No. 512. Obstet Gynecol. 2011;118:1454-8.
9. National Institutes of Health Lesbian, Gay, Bisexual, and Transgender (LGBT) Research Coordinating Committee. Consideration of the Institute of Medicine (IOM) report on the health of lesbian, gay, bisexual, and transgender (LGBT) individuals. Bethesda, MD: National Institutes of Health; 2013.
http://report.nih.gov/UploadDocs/LGBT%20Health%20Report_FINAL_2013-01-03-508%20compliant.pdf
10. Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. Byne, W, Bradley SJ, Coleman E, Eyler AE, Green R, Menvielle EJ, Meyer-Bahlburg HFL, Richard R. Pleak RR, Tompkins DA. Arch Sex Behav. 2012; 41:759–96.
11. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (Version 7). Coleman E, Bockting W et al.
https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf
12. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Robert Graham (Chair); Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (Study Sponsor: The National Institutes of Health). Issued March 31, 2011. <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>
13. World Professional Association of Transgender Health, formerly known as the Harry Benjamin International Gender Dysphoria Association, Standards of Care for Gender Identity Disorders, 7th version.

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