Medical Coverage Policy

Effective Date.....**11/15/2020**
Next Review Date..... **3/15/2021**
Coverage Policy Number **0266**

Treatment of Gender Dysphoria

Table of Contents

Related Coverage Resources

Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift
Breast Reconstruction Following Mastectomy or Lumpectomy
Dermabrasion and Chemical Peels
Endometrial Ablation
Histrelin acetate subcutaneous implant
Infertility Injectables (e.g., Lupron)
Infertility Services
Male Sexual Dysfunction Treatment: Non-pharmacologic
Oncology Medications (e.g., Lupron, Supprelin LA, Vantas, Zoladex)
Panniculectomy and Abdominoplasty
Pharmacy Prior Authorization (e.g., Lupron, Zoladex)
Preventive Care Services
Reduction Mammoplasty
Rhinoplasty, Vestibular Stenosis Repair, and Septoplasty
Redundant Skin Surgery
Speech Therapy
Testosterone Therapy
Triptorelin pamoate (Triptodor)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses treatment of gender dysphoria. Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between a person's gender identity and the person's assigned sex at birth (World Professional Association for Transgender Health, [WPATH], 2012).

Coverage Policy

Coverage for treatment of gender dysphoria varies across plans. Coverage of drugs for hormonal therapy, as well as whether the drug is covered as a medical or a pharmacy benefit, varies across plans. Refer to the customer's benefit plan document for coverage details. In addition, coverage for treatment of gender dysphoria, including gender reassignment surgery and related services may be governed by state and/or federal mandates.

Unless otherwise specified in a benefit plan, the following conditions of coverage apply for treatment of gender dysphoria and/or gender reassignment surgery and related procedures, including all applicable benefit limitations, precertification, or other medical necessity criteria.

Medically necessary treatment for an individual with gender dysphoria may include ANY of the following services, when services are available in the benefit plan:

- Behavioral health services, including but not limited to, counseling for gender dysphoria and related psychiatric conditions (e.g., anxiety, depression)
- Hormonal therapy, including but not limited to androgens, anti-androgens, GnRH analogues*, estrogens, and progestins (Prior authorization requirements may apply).
  ***Note:** If use in adolescents, individual should have reached Tanner stage 2 of puberty prior to receiving GnRH agonist therapy.
- Laboratory testing to monitor prescribed hormonal therapy
- Age-related, gender-specific services, including but not limited to preventive health, as appropriate to the individuals biological anatomy (e.g., cancer screening [e.g., cervical, breast, prostate]; treatment of a prostate medical condition)
- Gender reassignment and related surgery (see below)**.**

Gender Reassignment Surgery

Gender reassignment surgery (see Table 1) is considered medically necessary treatment of gender dysphoria when the individual is age 18 years or older and when the following criteria are met:

- **For initial mastectomy:** one letter of support from a qualified mental health professional

  NOTE: The Women's Health and Cancer Rights Act (WHCRA), 29 U.S. Code § 1185b requires coverage of certain post-mastectomy services related to breast reconstruction and treatment of physical complications from mastectomy including nipple-areola reconstruction.

- **For hysterectomy, salpingo-oophorectomy, orchiectomy:**
  - documentation of at least 12 months of continuous hormonal sex reassignment therapy, AND
  - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required.

- **For reconstructive genital surgery:**
  - documentation of at least 12 months of continuous hormonal sex reassignment therapy, AND
  - recommendation for sex reassignment surgery (i.e., genital surgery) by two qualified mental health professionals with written documentation submitted to the physician performing the genital surgery (If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both [for example, if practicing within the same clinic] are required AND

- documentation the individual has lived for at least 12 continuous months in a gender role that is congruent with their gender identity

Table 1: Gender Reassignment Surgery: Covered Under Standard Benefit Plan Language

The procedures listed below are considered medically necessary under standard benefit plan language when the above listed criteria for gender reassignment surgery have been met, unless specifically excluded in the benefit plan language:

Procedure	CPT / HCPCS codes (This list may not be all inclusive)
Female to male reconstructive genital surgery including any of the following:	55980
Vaginectomy**/colpectomy	57110
Vulvectomy	56625
Metoidioplasty	58999
Phalloplasty	58999
Electrolysis of donor site tissue to be used for phalloplasty	17380
Penile prosthesis (noninflatable / inflatable), including surgical correction of malfunctioning pump, cylinders, or reservoir	54400, 54401, 54405, C1813, C2622
Urethroplasty /urethromeatoplasty	53430, 53450
Initial mastectomy nipple-areola reconstruction (related to mastectomy or post mastectomy reconstruction), breast reduction	19303, 19350*, 19318
Hysterectomy and salpingo-oophorectomy	58150, 58260 58262 58291, 58552, 58554, 58571, 58573, 58661
Male to female reconstructive genital surgery, including any of the following:	55970
Vaginoplasty***, (e.g, construction of vagina with/without graft, colovaginoplasty)	57291, 57292, 57335
Electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty	17380
Penectomy	54125
Vulvoplasty, (e.g., labiaplasty, clitoroplasty, penile skin inversion)	56620, 56805
Repair of introitus	56800
Coloproctostomy	44145, 55899
Orchiectomy	54520, 54690

***Note**: CPT 19318 (reduction mammoplasty) includes the work necessary to reposition and reshape the nipple and areola. Therefore, CPT 19350 (nipple and areola reconstruction) is considered integral to CPT 19318. Thus, these two codes cannot be billed together for "mastectomy" for the purpose of gender reassignment. However, 19350 would be covered if requested along with 19303 as per the federal mandate.**

****Note**: For individuals considering hysterectomy/salpingo-oophorectomy, orchiectomy, vaginectomy or vaginoplasty procedures a total of 12 months continuous hormonal sex reassignment therapy is required.**

Table 2: Gender Reassignment Surgery: Not Covered Under Standard Benefit Plan Language

The procedures listed below are generally considered not medically necessary under standard benefit plan language. However, some benefit plans may allow coverage of some or all of the procedures listed below for gender reassignment surgery:

Facial Feminization/Masculinization Procedures	CPT/HCPCS Code
Blepharoplasty	15820, 15821, 15822, 15823
Brow lift	67900
Cheek/malar implants	17999
Chin/nose implants, chin recontouring	21210, 21270, 30400, 30410, 30420, 30430 30435, 30450
Collagen injections	11950, 11951, 11952, 11954
Face lift	15824, 15825, 15826, 15828, 15829
Forehead reduction and contouring	21137
Facial bone reduction (osteoplasty)	21209
Hair removal/hair transplantation	15775, 15776, 17380
Jaw reduction, contouring, augmentation	21120, 21121, 21122, 21223, 21125, 21127
Laryngoplasty	31599
Lip lift and lip filling	40799
Rhinoplasty	21210, 21270, 30400, 30410, 30420, 30430, 30435, 30450
Skin resurfacing (e.g., dermabrasion, chemical peels)	15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793
Thyroid reduction chondroplasty	31750
Neck tightening	15825

Chest Reconstruction Procedures	CPT/HCPCS Code
Breast augmentation with implants	19324, 19325, 19340, 19342, C1789
Mastopexy	19316
Pectoral Implants	L8600, 17999

Procedure	CPT/HCPCS Code
Cryopreservation of embryo, sperm, oocytes	89258, 89259, 89337
Procurement of embryo, sperm, oocytes	S4030, S4031
Storage of embryo, sperm, oocytes	89342, 89343, 89346, S4027, S4040
Thawing of embryo, sperm, oocytes	89352, 89356

Other Miscellaneous Procedures	CPT/HCPCS Code
Electrolysis, other than when performed pre-vaginoplasty as outlined above	17380
Insertion of testicular prosthesis	54660
Removal of redundant skin when performed as part of facial reconstruction	15830, 15832, 15833, 15834, 15835, 15836 15837, 15838, 15839
Replacement of tissue expander with permanent prosthesis testicular insertion	11970
Scrotoplasty	55175, 55180
Suction assisted lipoplasty, lipofilling, and/or liposuction	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879
Testicular expanders, including replacement with prosthesis, testicular prosthesis	11960, 11970, 11971, 54660
Voice therapy/voice lessons	92507

Table 3: Experimental, Investigational, Unproven Procedures:

The procedures listed below are experimental, investigational or unproven and not covered even if benefits are available for gender reassignment surgery:

Voice Modification Therapy/Procedures	CPT/HCPCS Code
Voice modification surgery	31599, 31899

Fertility Preservation Procedures	CPT/HCPCS Code
Cryopreservation of immature oocytes	89398
Cryopreservation of reproductive tissue (i.e., ovaries, testicular tissue)	89335, 0058T
Storage of reproductive tissue (i.e., ovaries, testicular tissue)	89344
Thawing of reproductive tissue (i.e., ovaries, testicular tissue)	89354

General Background

The causes of gender dysphoria and the developmental factors associated with them are not well-understood. Treatment of individuals with gender dysphoria varies, with some treatments involving a change in gender expression or body modification. The term "transsexual" refers to an individual whose gender identity is not congruent with their genetic and/or assigned sex and usually seeks hormone replacement therapy (HRT) and possibly gender-affirmation surgery to feminize or masculinize the body and who may live full-time in the crossgender role. Transsexualism is a form of gender dysphoria. Other differential diagnoses include, but are not limited to, partial or temporary disorders as seen in adolescent crisis, transvestitism, refusal to accept a homosexual orientation, psychotic misjudgments of gender identity and severe personality disorders (Becker, et al., 1998). Individuals that are transsexual, transgender, or gender nonconforming (i.e., gender identity differs from the cultural norm) may experience gender dysphoria.

Treatment of gender dysphoria is unique to each individual and may or may not involve body modification. Some individuals require only psychotherapy, some require a change in gender roles/expression, and others require hormone therapy and/or surgery to facilitate a gender transition.

Behavioral Health Services

Licensing requirements and scope of practice vary by state for healthcare professionals. ~~WPATH has defined~~ The recommended minimum credentials for a mental health professional to be qualified to evaluate or treat adult individuals with gender dysphoria has been defined in the literature. There is some consensus that in addition to general licensing requirements, a minimum of a Master's or more advanced degree from an accredited institution, an ability to recognize and diagnose coexisting mental health concerns, and an ability to distinguish such conditions from gender dysphoria is required.

Mental health professionals play a strong role in working with individuals with gender dysphoria as they need to diagnose the gender disorder and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, and provide psychotherapy (as needed) and assess eligibility and readiness for hormone and surgical therapy. For children and adolescents, the mental health professional should also be trained in child and adolescent developmental psychopathology.

Once the individual is evaluated, the mental health professional provides documentation and formal recommendations to medical and surgical specialists. Documentation for hormonal and/or surgery should be comprehensive and include the extent to which eligibility criteria have been met (i.e., confirmed gender

dysphoria, capacity to make a fully informed decision, age ≥ 18 years or age of majority, and other significant medical or behavioral health concerns are well-controlled), in addition to the following:

- individual's general identifying characteristics
- the initial and evolving gender, sexual and psychiatric diagnoses
- details regarding the type and duration of psychotherapy or evaluation the individual received
- the mental health professional's rationale for hormone therapy or surgery
- the degree to which the individual has followed recommended medical management and likelihood of continued compliance
- whether or not the mental health professional is a part of a gender team

Psychiatric care may need to continue for several years after gender reassignment surgery, as major psychological adjustments may continue to be necessary. Other providers of care may include a family physician or internist, endocrinologist, urologist, plastic surgeon, general surgeon and gynecologist. The overall success of the surgery is highly dependent on psychological adjustment and continued support.

After diagnosis, the therapeutic approach is individualized but generally includes three elements: sex hormone therapy of the identified gender, real life experience in the desired role, and surgery to change the genitalia and other sex characteristics.

Hormonal Therapy

For both adults and adolescents, hormonal treatment for gender dysphoria must be administered and monitored by a qualified healthcare practitioner as therapy requires ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc. Lifelong maintenance is usually required.

Adults: Prior to and following gender reassignment surgery, individuals undergo hormone replacement therapy, unless medically contraindicated. Biological males are treated with estrogens and anti-androgens to increase breast size, redistribute body fat, soften skin, decrease body hair, and decrease testicular size and erections. Biological females are treated with androgens such as testosterone to deepen voice, increase muscle and bone mass, decrease breast size, increase clitoris size, and increase facial and body hair. In both sexes hormone replacement therapy (HRT) may be effective in reducing the adverse psychologic impact of gender dysphoria. Hormone therapy is usually initiated upon referral from a qualified mental health professional or a health professional competent in behavioral health and gender dysphoria treatment specifically. Twelve months of continuous hormone therapy (gender appropriate) is required prior to hysterectomy and salpingo-oophorectomy and orchiectomy.

Adolescents: For some adolescents the onset of puberty may worsen gender dysphoria. For these individuals puberty-suppressing hormones (e.g., GnRH analogues) may be provided to individuals who have reached at least Tanner stage 2 of sexual development (Hembree, et al., 2009; World Professional Association for Transgender health [WPATH], 2012). Consistent with adult hormone therapy, treatment of adolescents involves a multidisciplinary team, however when treating an adolescent a pediatric endocrinologist should be included as a part of the team. Pre-pubertal hormone suppression differs from hormone therapy used in adults and may not be without consequence; some pharmaceutical agents may cause negative physical side effects (e.g., height, bone growth).

Gender Reassignment Surgery

The term "gender reassignment surgery," also known as sexual reassignment surgery, gender confirming surgery or gender affirmation surgery, may be part of a treatment plan for gender dysphoria. The terms may be used to refer to either the reconstruction of male or female genitalia specifically, or the reshaping by any surgical procedure of a male body into a body with female appearance, or vice versa in order for an individual to function socially in the role to which they identify. Such procedures that tend to display outward appearance generally include facial procedures, chest reconstructive procedures as well as some genital reconstructive procedures (e.g.,phalloplasty).

Gender identity disorder does not persist into adolescence in most children (Hembree, et al., 2009). Evidence suggests that 75-80% of prepubertal children do not turn out to be transgender in adolescence (Hembree, et al., 2009). According to WPATH (2007) persistence of gender dysphoria from adolescence into adulthood is much higher. Performing gender reassignment surgery prior to age 18, or the legal age to give consent, is not recommended by professional societies (American College of Obstetricians and Gynecology [ACOG], 2017; WPATH, 2012; American Psychiatric Association (APA), 2012, Endocrine Society, 2009). Gender reassignment surgery is intended to be a permanent change (non-reversible), establishing congruency between an individual's gender identity and physical appearance. Therefore, a careful and accurate diagnosis is essential for treatment and can be made only as part of a long-term diagnostic process involving a multidisciplinary specialty approach that includes an extensive case history; gynecological, endocrine and urological examination, and a clinical psychiatric/psychological examination. Individuals who choose to undergo gender reassignment surgery must be fully informed regarding treatment options with confirmation from the mental health professional that the individual is considered a candidate for surgical treatment.

Twelve months of continuous hormone therapy is required prior to irreversible genital surgery unless medically contraindicated. Contraindications to hormonal therapy include but are not limited to hypercoagulability conditions, known coronary artery disease, liver disease, and venous thromboembolism.

In addition, prior to surgery the individual identified with gender dysphoria must undergo a "real life experience". During this time the individual adopts the new or evolving gender role and lives in that role for at least 12 continuous months as part of the transition pathway. This process assists in confirming the person's desire for gender role change, ability to function in this role long-term, as well as the adequacy of his/her support system. During the real life experience a person would be expected to maintain their baseline functional lifestyle, participate in community activities, and provide an indication that others are aware of the change in gender role. Some individuals may not be able to continuously live in the gender role for which they identify, for example, concerns surrounding one's employment environment may preclude an individual from meeting this requirement. In such instances the clinician must confirm the individual has had a satisfactory social role change prior to surgery.

Other Associated Surgical Procedures

Services Otherwise Medically Necessary: Age appropriate gender-specific services that would otherwise be considered medically necessary remain medically necessary services for transgender individuals, as appropriate to their biological anatomy. Examples include (but are not limited to):

- for female to male transgender individuals (e.g., who have not undergone a mastectomy, breast cancer screening)
- for male to female transgender individuals who have retained their prostate cancer screening or treatment of a prostate condition.

Reversal of Gender Reassignment: Gender reassignment surgery is considered an irreversible intervention. Although infrequent, surgery to reverse a partially or fully completed gender reassignment (reversal of surgery to revise secondary sex characteristics), may be necessary as a result of a complication (i.e., infection) or other medical condition necessitating surgical intervention.

Fertility Preservation: Both hormone therapy and gender reassignment surgery limits fertility, and individuals should be informed of sperm preservation options and other cryopreservation services prior to starting hormone therapy. Reproductive options should also be discussed prior to surgery for individuals who are of child-bearing age. However, procedures aimed at preservation of fertility (e.g., procurement, cryopreservation, and storage of sperm, oocytes and/or embryos) performed prior to gender reassignment surgery are considered not medically necessary. Please refer to the applicable benefit plan document for terms, conditions, and limitations, and applicable Cigna Medical Coverage Policy for conditions of coverage.

Masculinization/Feminization Procedures: Various other surgical procedures may be performed as part of gender reassignment surgery, for example masculinization or feminization procedures. When performed as part of gender reassignment surgery some procedures, aimed primarily at improving personal appearance (i.e., masculinization, feminization), are performed to assist with improving culturally appropriate male or female appearance characteristics and may be considered not medically necessary. Please refer to the applicable

benefit plan document for terms, conditions, and limitations of coverage in addition to the applicable Cigna Medical Coverage Policy for conditions of coverage.

Professional Society/Organization
American College of Obstetricians and Gynecologists (ACOG): ACOG published a Committee Opinion in 2017 for the care of transgender adolescents. Within this document regarding surgical management ACOG notes transgender male patients may undergo phalloplasty when one reaches the age of majority, and a transgender female patient may undergo vaginoplasty when one reaches the age of majority. In addition the authors acknowledge the Endocrine Society guidelines (Hembree, et al., 2009) which state that an individual is at least age 18 years for genital reconstructive surgery (ACOG, 2017).

American Psychiatric Association (APA): In 2012 the APA published a task force report on treatment of gender identity disorder. Within this document, regarding adolescents specifically, the authors state the evidence is inadequate to develop a guideline regarding the timing of sex reassignment surgery. However the task force acknowledges the Endocrine Society guidelines (Hembree, et al., 2009) and that given the irreversible nature of surgery, for adolescents most clinicians advise waiting until the individual has attained the age of legal consent and a degree of independence (APA, 2012).

WPATH Standards of Care: The World Professional Association for Transgender Health (WPATH) promotes standards of health care for individuals through the articulation of "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (WPATH, 2012, Version 7). Although there is no recent update, WPATH standards of care are based on scientific evidence and expert consensus and are commonly utilized as a clinical guide for individuals seeking treatment of gender disorders.

Endocrine Society: In 2009 the Endocrine Society published a clinical practice guideline for endocrine treatment of transsexual persons (Hembree, et al., 2009). As part of this guideline, the endocrine society recommends that transsexual persons consider genital sex reassignment surgery only after both the physician responsible for endocrine transition therapy and the mental health professional find surgery advisable; that surgery be recommended only after completion of at least one year of consistent and compliant hormone treatment; and that the physician responsible for endocrine treatment medically clear the individual for sex reassignment surgery and collaborate with the surgeon regarding hormone use during and after surgery.

Centers for Medicare & Medicaid Services (CMS
- National Coverage Determination (NCD): No NCD found.
- Local Coverage Determination (LCD): No LCD found.

Use Outside of the US: Several other countries including the United Kingdom offer treatment options for individuals with gender dysphoria. Treatments are similar to those offered in the United States.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Table 1: Gender Reassignment Surgery: Covered Under Standard Benefit Plan Language

Intersex Surgery: Female to Male

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
55980†	Intersex surgery, female to male
	†**Includes only the following procedures:**

17380††	Electrolysis epilation, each 30 minutes
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous (Code deleted 12/31/2019)
19318	Reduction mammoplasty
19350†††	Nipple/areola reconstruction
53430	Urethroplasty, reconstruction of female urethra
53450	Urethromeatoplasty, with mucosal advancement
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
56625	Vulvectomy simple; complete
57110	Vaginectomy, complete removal of vaginal wall
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58260	Vaginal hysterectomy, for uterus 250 g or less
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)
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)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58999††††	Unlisted procedure, female genital system (nonobstetrical)

††**Note: Considered medically necessary when performed as electrolysis of donor site tissue to be used for phalloplasty.**

†††**Note: Considered medically necessary when performed as part of a mastectomy or breast reconstruction procedure following a mastectomy. Considered integral and/or not covered when performed with reduction mammoplasty.**

††††**Note: Considered medically necessary when used to report metoidioplasty with phalloplasty.**

HCPCS Codes	Description
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable

Intersex Surgery: Male to Female

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
55970†	Intersex surgery; male to female
	†**Includes only the following procedures:**
17380††	Electrolysis epilation, each 30 minutes

44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
54125	Amputation of penis; complete
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54690	Laparoscopy, surgical; orchiectomy
55899†††	Unlisted procedure, male genital system
56620	Vulvectomy simple; partial
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57335	Vaginoplasty for intersex state

††**Note: Considered medically necessary when performed as electrolysis of donor site tissue to be used to line the vaginal canal for vaginoplasty.**

†††**Note: Considered medically necessary when used to report coloproctostomy.**

ICD-10-CM Diagnosis Codes	Description
F64.0	Transsexualism
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
Z87.890	Personal history of sex reassignment

Table 2: Gender Reassignment Surgery: Not Covered Under Standard Benefit Plan Language

Generally considered not medically necessary when performed as a component of gender reassignment, even when coverage for gender reassignment surgery exists, unless subject to a coverage mandate or specifically listed as available in the applicable benefit plan document:

CPT®* Codes	Description
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal

CPT®* Codes	Description
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy, forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17380	Electrolysis epilation, each 30 minutes
17999†	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19316	Mastopexy
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Mammaplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair

CPT®* Codes	Description
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
31599††	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
40799†††	Unlisted procedure, lips
54660	Insertion of testicular prosthesis (separate procedure)
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89337	Cryopreservation, mature oocyte(s)
89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semen
89346	Storage (per year); oocyte(s)
89352	Thawing of cryopreserved; embryo(s)
89356	Thawing of cryopreserved; oocytes, each aliquot
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

HCPCS Codes	Description
C1789	Prosthesis, breast (implantable)
L8600	Implantable breast prosthesis, silicone or equal
S4027	Storage of previously frozen embryos
S4030	Sperm procurement and cryopreservation services; initial visit
S4031	Sperm procurement and cryopreservation services; subsequent visit
S4040	Monitoring and storage of cryopreserved embryos, per 30 days

†**Note: Generally not medically necessary when used to report calf, cheek, malar or pectoral implants or fat transfers performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

††**Note: Generally not medically necessary when used to report laryngoplasty performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

†††**Note: Generally not medically necessary when used to report lip reduction/enhancement performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

Table 3: Experimental, Investigational, Unproven Procedures:

Considered Experimental, Investigational or Unproven and not covered even if benefits are available for gender reassignment surgery:

CPT®* Codes	Description
31599†	Unlisted procedure, larynx
31899††	Unlisted procedure, trachea, bronchi
89335	Cryopreservation, reproductive tissue, testicular
89344	Storage (per year); reproductive tissue, testicular/ovarian

89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89398†††	Unlisted reproductive medicine laboratory procedure
0058T	Cryopreservation; reproductive tissue, ovarian
0357T	Cryopreservation; immature oocyte(s) (Code deleted 12/31/2019)

†**Note: Generally not medically necessary when used to report laryngoplasty performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

††**Note: Generally not medically necessary when used to report voice modification surgery performed in conjunction with gender reassignment surgery, even when coverage for gender reassignment surgery exists.**

†††**Note: Considered Experimental, Investigational or Unproven and not covered when used to report cryopreservation of immature oocytes.**

References

1. American Academy of Pediatrics (AAP). Ensuring Comprehensive care and support for transgender and gender diverse children and adolescents. Policy statement. Pediatrics. Volume 142(4): October 2018.

2. American College of Obstetricians and Gynecologists (ACOG). Healthcare for Transgender Individuals. Committee Opinion. Number 512, December 2011. Obstet Gynecol 2011:118:1454-8

3. American Psychiatric Association (APA). Report of the APA task force on treatment of gender identity disorder. Am J Psychiatry 169:8, August 2012.

4. Becker S, Bosinski HAG, Clement U, Eicher WM, Goerlich TM, Hartmann U, et al. (1998) German standards for the treatment and diagnostic assessment of transsexuals. IJT 2/4. Accessed November 19, 2014. Available at URL address: http://www.iiav.nl/ezines/web/IJT/97-03/numbers/symposion/ijtc0603.htm

5. Centers for Medicare and Medicaid Services. Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery (CAG-00446N). June 2016. Accessed March 5, 2019. Available at URL address: https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=282

6. Committee on Adolescent Health Care. Committee Opinion No. 685: Care for Transgender Adolescents. Obstet Gynecol. 2017 Jan;129(1):e11-e16.

7. Day P. Trans-gender Reassignment Surgery. Tech Brief Series. New Zealand Health Technology Assessment. NZHTA Report February 2002, Volume 1, Number 1. Accessed March 5, 2019. Available at URL address: http://nzhta.chmeds.ac.nz/index.htm#tech

8. Diagnostic and Statistical Manual of Mental Disorders Fourth Edition. Text Revision (DSM-IV -TR). American Psychiatric Association. American Psychiatric Association, Incorporated. July 2000.

9. Hayes, Inc. Hayes Medical Technology Directory Report. Sex Reassignment Surgery for the Treatment of Gender Dysphoria. Landsdale, PA: Hayes, Inc.; August 2018

10. Hayes, Inc. Hayes Medical Technology Directory Report. Ancillary Procedures and Services for the Treatment of Gender Dysphoria. Landsdale, PA: Hayes, Inc.; May 2014.

11. Hayes, Inc. Hayes MedicalTechnology Directory Report. Hormone Therapy for the Treatment of Gender Dysphoria. Landsdale, PA: Hayes, Inc. August 2018.

12. Hayes, Inc. Search and Summary. Suppression of Puberty in Adolescents with Gender Dysphoria. Landsdale, PA: Hayes, Inc.; March 2017.

13. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren LJ, Meyer WJ 3rd, Spack NP, Tangpricha V, Montori VM; Endocrine Society. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54.

14. Landen M, Walinder J, Hambert G, Lundstrom B. Factors predictive of regret in sex reassignment. Acta Psychiatr Scand. 1998 Apr;97(4):284-9.

15. Lawrence AA. Factors associated with satisfaction or regret following male-to-female sex reassignment surgery. Arch Sex Behav. 2003 Aug;32(4):299-315.

16. Maharaj NR, Dhai A, Wiersma R, Moodley J. Intersex conditions in children and adolescents: surgical, ethical, and legal considerations. J Pediatr Adolesc Gynecol. 2005 Dec;18(6):399-402.

17. Milrod C, Karasic DH. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. J Sex Med. 2017 Apr;14(4):624-634.

18. Moore E, Wisniewski A, Dobs A. Endocrine treatment of transsexual people: a review of treatment regimens, outcomes, and adverse effects. J Clin Endocrinol Metab. 2003 Aug;88(8):3467-73.

19. Smith YL, van Goozen SH, Cohen-Kettenis PT. Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. J Am Acad Child Adolesc Psychiatry. 2001 Apr;40(4):472-81.

20. Sutcliffe PA, Dixon S, Akehurst RL, Wilkinson A, Shippam A, White S, Richards R, Caddy CM. Evaluation of surgical procedures for sex reassignment: a systematic review. J Plast Reconstr Aesthet Surg. 2009 Mar;62(3):294-306; discussion 306-8.

21. The Women's Health and Cancer Rights Act of 1998 (WHCRA), 29 U.S. Code § 1185b - Required coverage for reconstructive surgery following mastectomies.

22. World Professional Association for Transgender Health (WPATH). Position on rapid onset gender dysphoria. 9/4/2018. Accessed June 20, 2019. Available at URL Address: https://www.wpath.org/publications/soc

23. World Professional Association for Transgender Health (WPATH). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7th version. Approved September 14, 2011. Accessed January 26, 2018. Available at URL address: https://www.wpath.org/publications/soc

24. World Professional Association for Transgender Health (WPATH).The Harry Benjamin International Gender Dysphoria Association. Standards of Care for Gender Identity Disorders. 6th version. 2001 Feb. Accessed November 30, 2010. Available at URL address: https://www.wpath.org/publications/soc

25. Zucker KJ. Intersexuality and gender identity disorder. J Pediatr Adolesc Gynecol. 2002 Feb;15(1):3-13.