

MEDICAL POLICY – 7.01.557


Gender Reassignment Surgery

Effective Date: Oct. 1, 2020
Last Revised: Sept. 1, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Gender reassignment is the process of changing the gender characteristics a person was born with to the gender characteristics a person identifies with. Gender reassignment surgery is one of the last steps in this process. This surgery changes sexual characteristics - the genitals and breasts - so they align with the preferred gender. Because these surgeries cannot be easily reversed, they are usually done at the end of a long-term process involving the accurate diagnosis of gender dysphoria, counseling about treatment options, and helping the person get ready for hormone treatment and surgery. This policy describes the procedures that are covered as part of gender reassignment surgery and the criteria that are required for coverage.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Note: Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services. **Refer to member contract language for benefit determination on coverage of gender reassignment surgery.**

Except when otherwise stipulated in member contract language, gender reassignment surgeries are considered to be medically necessary as follows:

Service	Coverage Criteria
<p>Mastectomy for female to male patients and augmentation mammoplasty for male to female patients</p>	<ul style="list-style-type: none"> • One comprehensive evaluation and recommendation within the last six months from a licensed mental health professional (see Guidelines below) <p>AND</p> <ul style="list-style-type: none"> • Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by the evaluating mental health professional <p>AND</p> <ul style="list-style-type: none"> • 18 years of age or older <p>AND</p> <ul style="list-style-type: none"> • No medical contraindications to surgery <p>Note: A trial of hormone therapy is not a pre-requisite for qualifying for a mastectomy.</p> <ul style="list-style-type: none"> • For augmentation mammoplasty for male to female patients, one of the following: <ul style="list-style-type: none"> ○ failure of breast growth stimulation by estrogen (progression only to a young adolescent stage of development) <p>OR</p> <ul style="list-style-type: none"> ○ emergence of serious or intolerable adverse effects during estrogen administration <p>OR</p> <ul style="list-style-type: none"> ○ medical contraindication to use of estrogen <p>OR</p> <ul style="list-style-type: none"> ○ risk-benefit analysis determined that surgery is preferable to estrogen therapy <p>Note: The criteria above apply for initial male to female augmentation mammoplasty, Additional breast augmentation after an initial augmentation mammoplasty is considered to be a feminization or cosmetic procedure, and therefore, member contract stipulations for feminization or cosmetic procedures (either contract exclusion or</p>



Service	Coverage Criteria
	coverage criteria, whichever is applicable for the member's health plan) apply.
<p>Salpingo-oophorectomy in female to male, orchiectomy in male to female, metoidioplasty, phalloplasty, vaginectomy, scrotoplasty, urethroplasty, placement of testicular prostheses, in female to male patients, and for vaginoplasty, clitoroplasty, labiaplasty, penectomy in male to female patients:</p>	<ol style="list-style-type: none"> 1. Two separate comprehensive evaluations and recommendations within the last six months from two separate licensed mental health professionals (see Guidelines below) <p>AND</p> <ol style="list-style-type: none"> 2. Diagnosis of gender dysphoria (formerly gender identity disorder) confirmed by one of the evaluating mental health professionals <p>AND</p> <ol style="list-style-type: none"> 3. No medical contraindications to surgery <p>AND</p> <ol style="list-style-type: none"> 4. 18 years of age or older
<p>Surgeries primarily for feminization or masculinization</p>	<p>Surgeries primarily for feminization or masculinization are considered cosmetic, and therefore are excluded from coverage on most contracts. These services are performed for the purpose of improving or altering appearance or self-esteem, and do not improve functional status.</p> <p>Surgeries considered cosmetic include but are not limited to the following:</p> <ul style="list-style-type: none"> • Rhinoplasty or nose implants • Face-lifts • Lip enhancement or reduction • Facial bone reduction or enhancement • Blepharoplasty • Breast augmentation • Liposuction of the waist (body contouring) • Reduction thyroid chondroplasty • Hair removal • Voice modification surgery (laryngoplasty or shortening of the vocal cords) • Skin resurfacing



Service	Coverage Criteria
	<p>Note: Exception: Hair removal procedures (including electrolysis) may be considered medically necessary to treat tissue donor sites prior to phalloplasty or vaginoplasty.</p>
<p>Preservation of fertility</p>	<p>Procedures for preservation of fertility, eg, procurement, cryopreservation, and storage of sperm, oocytes, or embryos, performed prior to gender reassignment surgery, are considered to be not medically necessary.</p>
<p>Reversal</p>	<p>Surgery to reverse partially or fully completed gender reassignment is considered not medically necessary except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal.</p>
<p>Revision</p>	<p>Surgery to revise the appearance of previous gender change surgery because of dissatisfaction with the outcome is considered to be cosmetic, not an inherent component of the gender change process, and not an untoward complication, and is therefore considered to be not medically necessary.</p>
<p>Correction or repair of complications</p>	<p>Surgery to correct or repair complications of previously authorized gender altering genital or breast/chest surgery may be considered medically necessary for complications that cause significant discomfort or significant functional impairment. Surgery to revise, or to reverse and redo, specific gender altering genital or breast/chest procedures, may be considered medically necessary when correction or repair of complications requires revision or undoing of the original genital or breast/chest procedure. (Example: Baker IV contracture after breast augmentation necessitates removal of the implants, and replacement with smaller implants.)</p>

Guidelines	Coverage Criteria
<p>Licensed Mental Health Professional</p>	<p>Evaluations and recommendations must be performed by professionals who are licensed by the state in which they provide services as Master’s level mental health clinicians, doctoral level mental health clinicians, psychiatric nurse practitioners, or physicians (in which case they must also be</p>



Guidelines	Coverage Criteria
	<p data-bbox="587 247 1414 415">Board-Eligible or Board-Certified in psychiatry). When two evaluations are required, at least one must be by a doctoral level mental health provider (MD or DO psychiatrist, PhD or PsyD clinical psychologist).</p> <p data-bbox="587 470 1308 548">The required minimum content of the mental health evaluation and recommendation is as follows:</p> <ul data-bbox="587 560 1458 1350" style="list-style-type: none"> <li data-bbox="587 560 1458 638">• Confirmation of the diagnosis of gender dysphoria or gender identity disorder <li data-bbox="587 648 1458 772">• A recommendation supporting or not supporting the member’s desire to proceed with gender reassignment surgery and the rationale for the recommendation <li data-bbox="587 783 1458 907">• If the recommendation supports proceeding with surgery, an assessment of the member’s capacity to make a fully informed decision about proceeding with the surgery <li data-bbox="587 917 1458 1171">• If the recommendation supports proceeding with surgery, identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual’s decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery <li data-bbox="587 1182 1458 1350">• If the recommendation supports proceeding with surgery, verification that the member’s decision is current, is well thought out, is not impulsive, and is not the product of any other potentially treatable mental disorder <p data-bbox="587 1402 1458 1724">Note: The mental health evaluation and recommendation letters are required only at the beginning of the gender reassignment surgical process when it is spaced out over time. However, if the initial authorized gender reassignment surgery is not performed, then new mental health evaluation and recommendation letters are required if the original mental health evaluations and recommendation letters are more than six months old. Also, if a mastectomy or augmentation mammoplasty is the first surgical procedure, then a second mental health evaluation and recommendation letter is required prior to genital surgery.</p>



Guidelines	Informational
<p>DSM-5 Criteria for Gender Dysphoria in Adults and Adolescents</p>	<p>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:</p> <ul style="list-style-type: none"> • 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) • 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) • A strong desire for the primary and/or secondary sex characteristics of the other gender • A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender) • A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender) • 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) • The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning

Documentation Requirements
<p>The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:</p> <p>For mastectomy for female to male patients</p> <p>One recommendation letter within the last six months from a licensed mental health professional</p> <p>The required minimum content of the recommendation letter:</p> <ul style="list-style-type: none"> • Document a comprehensive evaluation <ul style="list-style-type: none"> ○ Confirmation of the diagnosis of gender dysphoria or gender identity disorder ○ An assessment of the member’s capacity to make a fully informed decision about proceeding with the surgery



Documentation Requirements

- Identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual's decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery
- Verification that the member's decision is current, is well thought out, is not impulsive, and is not due to any other potentially treatable mental disorder

Documentation from the surgeon that there are no medical contraindications to surgery

Augmentation mammoplasty for male to female patients

All of the above, plus, one of the following:

- Documentation of failure of breast growth stimulation by estrogen, specifically, progression to no more than a young adolescent stage of development

OR

- Documentation of emergence of serious or intolerable adverse effects during estrogen administration

OR

- Documentation of medical contraindication to use of estrogen

OR

- Documentation of a risk-benefit analysis determining that surgery is preferable to estrogen therapy

Genital change surgery

Two recommendation letters within the last six months from two separate licensed mental health professionals. At least one mental health professional must be a doctoral level mental health provider (MD or DO psychiatrist, PhD or PsyD clinical psychologist)

The required minimum contents of each recommendation letter:

- Document a comprehensive evaluation
- Confirmation of the diagnosis of gender dysphoria or gender identity disorder in at least one of the letters
- An assessment of the member's capacity to make a fully informed decision about proceeding with the surgery
- Identification of any co-morbid psychiatric disorders or other mental health concerns with documentation that those are not influencing the individual's decision regarding surgery, are not contraindications to surgery, and are not likely to cause a negative psychiatric outcome after the surgery



Documentation Requirements

- Verification that the member's decision is current, is well thought out, is not impulsive, and is not due to any other potentially treatable mental disorder

Documentation from the surgeon that there are no medical contraindications to surgery

Surgery to reverse partially or fully completed gender reassignment:

- Documentation of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal

Surgery to correct or repair complications of previously authorized gender altering genital or breast/chest surgery:

- Documentation of complications that cause significant discomfort or significant functional impairment

Surgery to revise, or to reverse and redo, specific gender altering genital or breast/chest procedure:

- Documentation that correction or repair of complications requires revision or undoing of the original genital or breast/chest procedure

Coding

Code	Description
CPT	
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous (code terminated 1/1/20)
19325	Mammoplasty, augmentation; with prosthetic implant
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
53430	Urethroplasty, reconstruction of female urethra
54125	Amputation of penis, complete



Code	Description
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54660	Insertion of testicular prosthesis
54690	Laparoscopy, surgical; orchiectomy
55180	Scrotoplasty, complicated
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
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57426	Revision (including removal) of prosthetic vaginal graft; laparoscopic approach
ICD-10-PCS	
0U5J0ZZ	Destruction of Clitoris, Open Approach
0U5JXZZ	Destruction of Clitoris, External Approach
0U9J00Z	Drainage of Clitoris with Drainage Device, Open Approach
0U9J0ZZ	Drainage of Clitoris, Open Approach
0U9JX0Z	Drainage of Clitoris with Drainage Device, External Approach
0U9JXZZ	Drainage of Clitoris, External Approach
0UBJ0ZX	Excision of Clitoris, Open Approach, Diagnostic
0UBJ0ZZ	Excision of Clitoris, Open Approach
0UBJXZX	Excision of Clitoris, External Approach, Diagnostic
0UBJXZZ	Excision of Clitoris, External Approach



Code	Description
0UCJ0ZZ	Extirpation of Matter from Clitoris, Open Approach
0UCJXZZ	Extirpation of Matter from Clitoris, External Approach
0UMJXZZ	Reattachment of Clitoris, External Approach
0UNJ0ZZ	Release Clitoris, Open Approach
0UNJXZZ	Release Clitoris, External Approach
0UQG0ZZ	Repair Vagina, Open Approach
0UQJ0ZZ	Repair Clitoris, Open Approach
0UQJXZZ	Repair Clitoris, External Approach
0UTG0ZZ	Resection of Vagina, Open Approach
0UTG4ZZ	Resection of Vagina, Percutaneous Endoscopic Approach
0UTG7ZZ	Resection of Vagina, Via Natural or Artificial Opening
0UTG8ZZ	Resection of Vagina, Via Natural or Artificial Opening Endoscopic
0UTJ0ZZ	Resection of Clitoris, Open Approach
0UTJXZZ	Resection of Clitoris, External Approach
0UTM0ZZ	Resection of Vulva, Open Approach
0UTMXZZ	Resection of Vulva, External Approach
0UUJ07Z	Supplement Clitoris with Autologous Tissue Substitute, Open Approach
0UUJ0JZ	Supplement Clitoris with Synthetic Substitute, Open Approach
0UUJ0KZ	Supplement Clitoris with Nonautologous Tissue Substitute, Open Approach
0UUJX7Z	Supplement Clitoris with Autologous Tissue Substitute, External Approach
0UUJXJZ	Supplement Clitoris with Synthetic Substitute, External Approach
0UUJXKZ	Supplement Clitoris with Nonautologous Tissue Substitute, External Approach
0VR90JZ	Replacement of Right Testis with Synthetic Substitute, Open Approach
0VRB0JZ	Replacement of Left Testis with Synthetic Substitute, Open Approach
0VRC0JZ	Replacement of Bilateral Testes with Synthetic Substitute, Open Approach
0VTS0ZZ	Resection of Penis, Open Approach



Code	Description
0VTS4ZZ	Resection of Penis, Percutaneous Endoscopic Approach
0VTSXZZ	Resection of Penis, External Approach
0VUS07Z	Supplement Penis with Autologous Tissue Substitute, Open Approach
0VUS0JZ	Supplement Penis with Synthetic Substitute, Open Approach
0VUS0KZ	Supplement Penis with Nonautologous Tissue Substitute, Open Approach
0VUS47Z	Supplement Penis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0VUS4JZ	Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach
0VUS4KZ	Supplement Penis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W4M070	Creation of Vagina in Male Perineum with Autologous Tissue Substitute, Open Approach
0W4M0J0	Creation of Vagina in Male Perineum with Synthetic Substitute, Open Approach
0W4M0K0	Creation of Vagina in Male Perineum with Nonautologous Tissue Substitute, Open Approach
0W4M0Z0	Creation of Vagina in Male Perineum, Open Approach
0W4N071	Creation of Penis in Female Perineum with Autologous Tissue Substitute, Open Approach
0W4N0J1	Creation of Penis in Female Perineum with Synthetic Substitute, Open Approach
0W4N0K1	Creation of Penis in Female Perineum with Nonautologous Tissue Substitute, Open Approach
0W4N0Z1	Creation of Penis in Female Perineum, Open Approach

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

American Society of Anesthesiologists (ASA) Score:



ASA 1 A normal healthy patient.

ASA 2 A patient with mild systemic disease.

ASA 3 A patient with severe systemic disease.

ASA 4 A patient with severe systemic disease that is a constant threat to life.

ASA 5 A moribund patient who is not expected to survive

Cosmetic: In this policy, cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

Gender: This term refers to the perception of a person's sex on the part of society as male or female.⁴

Gender dysphoria: An individual's affective/cognitive discontent with the assigned gender; the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.¹

Gender identity: Refers to an individual's personal sense of self as male or female. It usually develops by age 3, is concordant with a person's sex and gender, and remains stable over the lifetime. For a small number of individuals, it can change later in life.⁴

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, eg, shortness of breath when walking, climbing stairs etc.

Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.

Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, eg, walking short distances (20–100 m). Comfortable only at rest.

Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

Transgender: People who have a gender identity that is discordant with their anatomical sex.⁴

Transsexual: Transgender people who make their perceived gender and/or anatomical sex conform to their gender identity through strategies such as dress, grooming, hormone use and/or surgery (known as gender reassignment).⁴

Description

Gender reassignment surgery may be part of a treatment plan for gender dysphoria.



Gender dysphoria is defined as, an individual's affective/cognitive discontent with the assigned gender; the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.¹

Gender reassignment surgery is intended to be a permanent change to a patient's sexual identity and is not reversible. 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 (gender reassignment therapy) that includes an extensive case history; gynecological, endocrinological and urological examination; and a clinical psychiatric/psychological examination by a qualified mental health professional.

Mental health professionals play a strong role in working with individuals with gender dysphoria, as they need to diagnose gender dysphoria and any co-morbid psychiatric conditions accurately, counsel the individual regarding treatment options, provide psychotherapy and assess eligibility and readiness for hormone and surgical therapy, to make recommendations to medical and surgical colleagues regarding care, and provide continuing psychiatric care after gender reassignment intervention as major psychological adjustments are necessary.

After diagnosis, the therapeutic approach may include 3 elements: hormones of the desired gender, real life experience in the desired role and surgery to change the genitalia and other gender characteristics. Hormone therapy and gender reassignment surgery are superficial, albeit irreversible changes, in comparison to the major psychological adjustments necessary in changing gender. Treatment should concentrate on the psychological adjustment, with hormone therapy and gender-reassignment surgery being viewed as confirmatory procedures dependent on adequate psychological adjustment.

Physical interventions fall into 3 categories or stages:

1. Fully reversible interventions. These involve the use of LHRH agonists or medroxyprogesterone to suppress estrogen or testosterone production, and consequently to delay the physical changes of puberty.
2. Partially reversible interventions. These include hormonal interventions that masculinize or feminize the body, such as administration of testosterone to biologic females and estrogen to biologic males. Reversal may involve surgical intervention.
3. Irreversible interventions. These are surgical procedures.



Benefit Application

Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services.

Refer to member contract language for benefit determination on coverage of gender reassignment surgery.

Evidence Review

The American Psychiatric Association (APA) does not have practice guidelines for gender reassignment surgery. The APA board of trustees formed a task force in 2011 to perform a critical review of the literature on the treatment of Gender Identity Disorder. The task force published a report in the American Journal of Psychiatry in August 2012. The report concluded that “for adults sufficient evidence exists for the development of recommendations in the form of an APA practice guideline, with gaps in the research database filled in by clinical consensus”. The APA practice guideline is currently under development.

The APA raised concerns about WPATH Standards of Care version 6 in that it did not cite its underlying evidence base, nor indicate the level of evidence upon which its standards were based. The WPATH Standard of Care version 7 cites underlying evidence, but not the level of evidence. The APA task force report also states no professional organization of mental health practitioners provides recommendations on the role of mental health professionals in a multidisciplinary team approach to providing medical services to individuals with gender dysphoria. Although WPATH is not a professional organization of mental health professionals, it counts many mental health professionals among its members, including psychologists, psychiatrists and psychiatric social workers.

The World Professional Association for Transgender Health (WPATH) developed Standards of Care (SOC) for Gender Identity Disorder describing the clinical approach for evaluation and treatment based on the most current understanding of gender identity disorder. Under these standards, the clinical threshold for consideration of gender reassignment services occurs when concerns, uncertainties and questions about gender identity persist during a person’s development and become so intense that they are the most important aspect of the person’s life or prevent the establishment of a relatively unconflicted gender identity. The SOC are based on the best available science and expert professional consensus.



WPATH SOC (2011). According to these standards of care, true transsexualism is identified as follows:

- A permanent and profound identification with the opposite sex
- A persistent feeling of discomfort regarding one's biological sex or feelings of inadequacy in the gender role of that sex
- The wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone replacement
- Clinically relevant distress and/or impaired ability to function in social, work-related and other situations
- Not a symptom of another mental disorder or a chromosomal abnormality
- Persistent presence of the transsexual identity for at least 2 years

Update 2016

The minimum age at which gender reassignment surgery is considered to be medically necessary is 18 years old for the following reasons: Gender reassignment surgery is a life-altering transformation that is irreversible, with profound physical and psychological changes. A substantial degree of developmental maturity is required in order to make a truly informed, educated decision to undergo such a transformation, and to understand all of the ramifications of such transformation including its irreversibility. Psychological and psychiatric studies have repeatedly shown that the developmental maturity that is required for such a decision is not attained until at least age 18 (Hembree 2011; Hembree, Cohen-Kettenis, Delemarre-van de Wall, et al 2009; Herbert 2011; Cohen-Kettenis P. Steensma TD. de Vries ALC 2011), and often later. Furthermore, brain imaging studies have more recently demonstrated that the brain does not structurally resemble an adult brain until the third decade of life. More specifically, the areas of the brain that regulate executive functions including planning, working memory, and impulse control (including the capacity to resist making impulsive decisions) do not mature until at least the early to mid-20s (Giedd JN 2004; Johnson SB. Blum RW. Giedd JN 2009; Sowell ER. Thompson PM. Holmes CJ 1999), and as late as age 30 in some individuals (Sowell ER. Thompson PM. Toga AW 2007). Accordingly, depending on the individual, adult developmental maturity is not attained until sometime between the early to mid-20s and age 30. Permitting major decisions such as gender reassignment surgery at age 18 can therefore be seen as more liberal than what science supports, consistent with culture more than with science.



Although hormone therapy is common for adults prior to gender reassignment genital surgery, and is recommended by some clinicians and guidelines, the quality of evidence supporting pre-surgery hormone therapy for adults is very low (Hembree, Cohen-Kettenis, Gooren, et al 2017). There is no credible scientific evidence that pre-surgery hormone therapy for adults produces greater improvement of gender dysphoria, greater satisfaction with the results of gender reassignment surgery, improved adjustment to new gender, or decreased emergence of post-gender reassignment surgery psychiatric symptoms or difficulties, than gender reassignment surgery without pre-surgery hormone therapy.

Potential adverse effects of estrogen therapy include deep vein thrombosis, thromboembolic disorders, increased blood pressure, weight gain, impaired glucose tolerance, liver abnormalities, and depression. Potential adverse effects of testosterone therapy include acne, edema secondary to sodium retention, and impaired liver function. (Becker, Perkins 2014)

This policy has been reviewed by an internal psychiatrist.

References

1. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, Text Revision (DSM-V-TR). American Psychiatric Association. American Psychiatric Association, Inc. May 2013.
2. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Gender Identity Disorders. 7th version. 2011. Available online at: <https://www.wpath.org/> Accessed Sept. 2020.
3. Byne W, Bradle S, Coleman E, et al. Report on the APA Task Force on Treatment of Gender Identity Disorder. *AM J Psychiatry* 169:8, August 2012. September 2, 2015.
4. Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*. 51:9, September 2012. [http://www.jaacap.com/article/S0890-8567\(12\)00500-X/fulltext](http://www.jaacap.com/article/S0890-8567(12)00500-X/fulltext) Accessed Sept. 2020.
5. Hembree WC. Guidelines for Pubertal Suspension and Gender Reassignment for Transgender Adolescents. *Child and Adolescent Clinics of North America* 20:4, October 2011.
6. Hembree WC, Cohens-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology and Metabolism*. 2017 Sep 13..
7. Herbert SE. Female-to-Male Transgender Adolescents. *Child and Adolescent Clinics of North America* 20:4, October 2011.
8. Cohen-Kettenis P, Steensma TD, de Vries ALC. Treatment of Adolescents with Gender Dysphoria in the Netherlands. *Child and Adolescent Clinics of North America* 20:4, October 2011.
9. Giedd JN. Structural Magnetic Resonance Imaging of the Adolescent Brain. *Annals of the New York Academy of Sciences*. 1021, June 2004.
10. Johnson SB, Blum RW, Giedd JN. Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy. *Journal of Adolescent Health*. 45:3, September 2009.



11. Sowell ER, Thompson PM, Holmes CJ, et al. In Vivo Evidence for Post-Adolescent Brain Maturation in Frontal and Striatal Regions. *Nature Neuroscience*. 2:1, 1999.
12. Sowell ER, Thompson PM, Toga AW. Mapping Adolescent Brain Maturation Using Structural Magnetic Resonance Imaging. In: Romer D, Walker EF. *Adolescent Psychopathology and the Developing Brain: Integrating Brain and Prevention Science*. Oxford University Press. March 2007.
13. Becker J, Perkins A. Gender Dysphoria. In: Hales RE, Yudofsky SC, Weiss Roberts L. *The American Psychiatric Publishing Textbook of Psychiatry, Sixth Edition*. American Psychiatric Publishing. March 2014.

History

Date	Comments
10/13/14	New policy, add to Surgery section. Gender reassignment services are covered when criteria are met.
11/24/14	Coding update. Code 19318 added to policy. No other changes.
01/13/15	Annual Review. Policy statement added. Surgery to reverse partially or fully completed gender reassignment is considered not medically necessary except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition necessitating reversal.
04/14/15	Clarification only. Added language to benefit application section and policy statement section regarding self-funded account benefit language. "Some self-funded groups may offer additional benefits in covering WPATH recommended surgeries and services. Refer to member contract language for benefit determination on coverage of gender reassignment surgery".
05/27/15	Interim update. Added note in policy guidelines. The mental health evaluation and recommendation letters are required only at the beginning of the gender reassignment surgical process when it is spaced out over time. ICD-9 procedure codes 62.41, 65.61, 65.63, 68.41-68.49, 68.51 and 68.59 removed; ICD-10-PCS codes added per remediation effort.
09/02/15	Coding update. CPT codes 58570 and 58572 added to policy.
05/01/16	Annual Review, approved April 12, 2016. Criteria updated and age threshold added; 18 or over. Cosmetic services clarified.
05/24/16	Update Related Policies. Remove 7.01.548 as it is archived.
07/07/16	Coding update. Added CPT codes 19303, 19350, and 53430.
07/15/16	Coding update. Added CPT codes 19342 and 19357.
08/01/16	Coding update. Added CPT code 19304.
08/12/16	Coding update: Remove CPT codes 58150, 58552, 58554, 58570, 58571, 58572, and 58573.



Date	Comments
11/01/16	Interim Review, approved October 11, 2016. Language added in support the age application of this policy in support of non-discrimination mandate.
11/18/16	Policy moved to new format.
01/01/17	Interim Review, approved December 13, 2016. Added a note stating that any breast augmentation procedures after an initial augmentation mammoplasty are considered to be feminization or cosmetic procedures and therefore subject to member contract stipulations regarding such procedures.
03/01/17	Annual Review, approved February 14, 2017. Hair removal added as medically necessary to treat donor sites prior to phalloplasty or vaginoplasty. Added that preservation of fertility prior to surgery is considered not medically necessary unless there is another benefit which would cover this. Added that correction or repair of complications of gender altering surgery may be considered medically necessary for complications that cause significant discomfort or significant functional impairment, surgery to revise or to reverse and redo specific surgeries may be considered medically necessary when correction or repair of complications requires revision or undoing of the original surgery.
05/26/17	Correction was made to History section for the May 27, 2015, revision. Minor formatting edits were made.
10/01/17	Interim Review, approved September 12, 2017. Removed the requirement for meeting DSM diagnostic criteria and instead only requiring that an evaluating mental health professional confirm that the diagnosis applies.
03/01/18	Annual Review, approved February 27, 2018. Added "previously authorized" to clarify that correction or repair of complications would may be medically necessary for previously authorized surgeries when criteria are met. Clarified that if the initial authorized gender reassignment surgery is not performed, then new mental health evaluation and recommendation letters are required if the original mental health evaluations and recommendation letters are more than six months. Updated references.
06/19/18	Added Site of Service information to the policy.
07/01/18	Removed Site of Service information from the policy, removed CPT code 19318.
10/05/18	Minor update. Added Documentation Requirements section.
03/01/19	Annual Review, approved February 25, 2019. No changes to policy statements.
10/25/19	Minor update. Hysterectomy was removed from list of services; it was inadvertently left when the CPT code was removed from policy.
01/01/20	Coding update, adding note that CPT code 19304 terminated effective 1/1/20.
10/01/20	Annual Review, approved September 1, 2020. No changes to policy statements.



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.





Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-592-6804 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-592-6804 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-592-6804 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-592-6804 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-592-6804 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-592-6804 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-592-6804 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល

គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-592-6804 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-592-6804 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-592-6804 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-592-6804 (TTY: 711). *ملحوظة:* إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-592-6804 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-592-6804 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-592-6804 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 800-592-6804 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-592-6804 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-592-6804 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-592-6804 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-592-6804 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-592-6804 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-592-6804 (TTY: 711) تماس بگیرید.