

<b>BSC7.02</b>	<b>Gender Reassignment Surgery</b>		
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<b>Section:</b>	7.0 Surgery	<b>Page:</b>	Page 1 of 25

## Policy Statement

Gender reassignment surgery for confirmed gender dysphoria may be considered **medically necessary** when **all** of the following criteria are met:

- I. The individual is age 18 or older (the legal age of majority in the United States of America)
- II. The individual has a documented [DSM-5 diagnosis](#) of gender dysphoria existing for at least 6 months including **all** of the following:
  - A. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender reassignment surgery
  - B. Disorder is not a symptom of another mental disorder (e.g., schizophrenia)
  - C. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- III. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.
- IV. Medical record documentation to support the medical necessity of **any** of the following gender reassignment surgeries and **all** associated criteria (as applicable):
  - A. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, (*female-to-male*) and;
    1. At least one letter of recommendation written from a [qualified mental health professional](#) who consistently monitored the individual throughout the individual's psychotherapy
 

**Note:** Hormone therapy is not a prerequisite for mastectomy and creation of a male chest.
  - B. Hysterectomy and salpingo-oophrectomy (*female-to-male*) and orchiectomy (*male-to-female*) when **both** of the following criteria are met:
    1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)
    2. Recommendations for sex reassignment surgery by two [qualified mental health professionals](#) who have independently assessed the individual
 

**Note:** If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)
  - C. **Any** combination of the following genital reconstructive surgeries (as applicable to gender reassignment) when **all** of the additional criteria listed below are met: Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized flap) (*female-to-male*); **or** Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (*male-to-female*)
    1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)

2. Individual has successfully lived and worked within the desired gender role [full-time for at least 12 continuous months](#) (real-life experience) without returning to the original gender (See Policy Guidelines section)
3. Recommendations for sex reassignment surgery by two [qualified mental health professionals](#) who have independently assessed the individual  
**Note:** If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)

### Other Associated Surgical Procedures and Services

Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender reassignment surgery.<sup>1</sup> Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see [documentation needed for medical necessity determination](#) in the Policy Guidelines section).

- I. Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast
- II. Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat)
- III. Calf implants
- IV. Chin augmentation (reshaping or enhancing the size of the chin)
- V. Chin/nose/cheek implants
- VI. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)
- VII. Face lift/forehead lift (e.g., rhytidectomy)
- VIII. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)
- IX. Forehead augmentation
- X. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.
- XI. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.
- XII. Gluteal and hip augmentation (implants/lipofilling)
- XIII. Hair reconstruction (hair removal/hair transplantation)
- XIV. Jaw/mandibular reduction or augmentation
- XV. Laryngoplasty (reshaping of laryngeal framework)
- XVI. Liposuction (removal of fat in the hips, thighs, or buttocks)
- XVII. Lipofilling
- XVIII. Lip reduction/enhancement (decreasing/enlarging lip size)
- XIX. Pectoral implants
- XX. Rhinoplasty (reshaping of the nose) including nose implants
- XXI. Suction-assisted lipoplasty of the waist
- XXII. Trachea shave (Adam's apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)
- XXIII. Voice modification surgery and voice retraining (speech therapy)

**NOTE:** Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

## Policy Guidelines

### Diagnostic and Statistical Manual of Mental Disorders-V (DSM-5) Criteria for the Diagnosis of Gender Dysphoria (in Adolescents or Adults)<sup>2</sup>

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 indicators:

- 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 World Professional Association for Transgender Health [WPATH], Standards of Care [SOC] for the Health of Transsexual, and Gender-Nonconforming People, Version 7<sup>1</sup>, is used in the formation of some of the guidelines in this policy where applicable.

### Referrals/Recommendations from Qualified Mental Health Providers

The minimal credentials for qualified mental health professionals who work with adults presenting with gender dysphoria include a master's degree or its equivalent or a more advanced degree (e.g., Ph.D., M.D., Ed.D., D.Sc., D.S.W., Psy.D., or LCSW) in a clinical behavioral science field with established competence in the assessment and treatment of gender dysphoria. At least one of the professionals must be capable of adequately evaluating comorbid psychiatric conditions.

When two letters are required, the second referral is intended to be an evaluative consultation, not a representation of an ongoing long-term therapeutic relationship (e.g., consulting psychologist or psychiatrist or by a medical practitioner of sufficient experience with gender dysphoria). Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent.

Each recommendation letter for surgery from a qualified mental health provider should include **all** of the following content:

- The client's general identifying characteristics
- Results of the individual's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the Blue Shield of California criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

**Note:** For providers working within a multidisciplinary specialty team, a letter may not be necessary, rather, a clearly documented assessment and recommendation can be documented in the patient's chart.

### Full-Time Living in the Gender Role

This criterion for some types of genital reconstructive surgeries is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery. The duration of 12 months allows for a range of different life experiences and events that may occur through the year (e.g., family events, holidays, vacations, season-specific work or school experiences). It is recommended during this time, individuals present consistently, on a day-to-day basis and across all settings of life, including coming out to partners, family, friends, and community members, in their desired role.<sup>1</sup>

Health professionals should clearly document a patient's experience in the gender role in the medical chart, including the start date of living full-time for those who are preparing for genital surgery.

### Other Associated Surgical Procedures and Services

Cosmetic surgery is distinguished from medically necessary surgery. Cosmetic surgery is performed to alter or reshape normal structures of the body in order to try to further improve appearance. Medically necessary procedures are done to create a normal appearance to the extent possible when structures or features are outside the range of normal for the desired gender.

In interpreting whether a proposed procedure meets the definition of medically necessary, the procedure may be denied as **not medically necessary** under **any** of the following conditions:

- The features or structures to be altered are considered to be within the range of normal for the preferred gender
- The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) quality color photographs, which accurately depicts the extent of the clinical issue or documentation of appropriate sex hormone use
- There is an alternative approved medical or surgical intervention with equal or superior clinical outcomes

The following documentation is needed to determine medical necessity for any other associated surgical procedures and services:

- Documentation (e.g., quality color photographs) clearly showing the extent of the characteristics proposed for further treatment that are outside the range of normal for the preferred gender (except for electrolysis of the pubic area, including the arm or similar region if needed prior to being used as a graft site)
- Documentation from an endocrinologist or medical provider with experience in providing hormonal therapy stating that maximal appropriate hormonal therapy has been used for at least 2 years (may include the time prior to other procedures as appropriate). Documentation should include regular clinical evaluations for response (including laboratory monitoring at least twice a year) to sex steroid hormones
- Current (updated after any prior surgery or other treatments for gender dysphoria) documentation from a qualified mental health professional that DSM-5 criteria for gender dysphoria is present and directly related to the treatment requested
- For voice retraining therapy or voice modification surgery, a recommendation from a speech therapist outlining the need (including whether the patient's vocal characteristics are currently outside the range of normal for the preferred gender) and treatment plan. If voice modification surgery is requested, documentation that a trial of speech therapy was tried and failed first and that surgery is likely to provide further benefit must also be submitted

**Note:** Although sex hormone use may not be expected to alter some structures (bone, cartilage, etc.), the fat distribution and soft tissue changes around them may alter appearance enough to change the need for surgical intervention to achieve a normal appearance for the preferred gender.

## Coding

### **Female-to-Male Intersex Surgery**

Intersex surgery (*female-to-male*) is identified by CPT code **55980**. The following staged procedures to form a penis and scrotum using pedicle flap grafts and free skin grafts are included:

- Portions of the clitoris are used, as well as the adjacent skin
- Prosthesis are often placed in the penis to create a sexually functional organ
- Prosthetic testicles are implanted in the scrotum
- The vagina is closed or removed

Combinations of individual procedures are billed separately. For example, 55980 (female-to-male intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- **19303**: Mastectomy, simple, complete
- **19304**: Mastectomy, subcutaneous
- **53430**: Urethroplasty, reconstruction of female urethra
- **55175**: Scrotoplasty; simple
- **55180**: Scrotoplasty; complicated
- **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)
- **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)

### **Male-to-Female Intersex Surgery**

Intersex surgery (*male-to-female*) is identified by CPT code **55970**. The following staged procedures to remove portions of the male genitalia and form female external genitalia are included:

- The penis is dissected, and portions are removed with care to preserve vital nerves and vessels in order to fashion a clitoris-like structure
- The urethral opening is moved to a position similar to that of a female
- A vagina is made by dissecting and opening the perineum. This opening is lined using pedicle or split-thickness grafts
- Labia are created out of skin from the scrotum and adjacent tissue
- A stent or obturator is usually left in place in the newly created vagina for three weeks or longer

Combinations of individual procedures are billed separately. For example, 55970 (male-to-female intersex surgery) may be billed with any combination of the following CPT codes (not all inclusive):

- **54125**: Amputation of penis; complete
- **54520**: Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

- **54690:** Laparoscopy, surgical; orchiectomy
- **56800:** Plastic repair of introitus
- **56805:** Clitoroplasty for intersex state (Female procedure)
- **57291:** Construction of artificial vagina; without graft
- **57292:** Construction of artificial vagina; with graft
- **57335:** Vaginoplasty for intersex state (Female procedure)

### **Electrolysis**

The following codes may be billed for esthetician services:

- **17380:** Electrolysis epilation, each 30 minutes
- **17999:** Unlisted procedure, skin, mucous membrane and subcutaneous tissue

**Effective January 1, 2021**, the following CPT code has been **deleted**:

- **19324:** Mammoplasty, augmentation; without prosthetic implant
- **58293:** Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control

**Effective January 1, 2021**, the following CPT code has been **revised**:

- **11970:** Replacement of tissue expander with permanent implant
- **11971:** Removal of tissue expander without insertion of implant
- **19318:** Breast reduction
- **19325:** Breast augmentation with implant
- **19340:** Insertion of breast implant on same day of mastectomy (i.e., immediate)
- **19342:** Insertion or replacement of breast implant on separate day from mastectomy
- **19357:** Tissue expander placement in breast reconstruction, including subsequent expansion(s)

## **Description**

Gender reassignment surgery or gender transition surgery, also known as sex reassignment surgery, is a term for surgical procedures by which an individual's physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex (i.e., either female-to-male [transgender man] or male-to-female [transgender woman]). Gender reassignment surgery may be performed for an intersex condition (i.e., born with sex characteristics of an indeterminate sex) or as a treatment option for gender dysphoria. This medical policy addresses gender reassignment surgery for the treatment of gender dysphoria.

## **Related Policies**

- Blepharoplasty, Blepharoptosis Repair (Levator Resection) and Brow Lift (Repair of Brow Ptosis)
- Breast Implant Management
- Orthognathic Surgery
- Reconstructive Services

## **Benefit Application**

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these

instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

## Regulatory Status

- N/A

## Rationale

Gender dysphoria is defined as discomfort or distress that is caused by a discrepancy between an individual's gender identity and that individual's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).<sup>1</sup> Individuals with gender dysphoria have persistent feelings of gender discomfort and inappropriateness of their anatomical sex, strong and ongoing cross-gender identification, and a desire to live and be accepted as a gender other than that assigned. A variety of therapeutic options can be considered for individuals seeking care for gender dysphoria and may include the following:

- Changes in gender expression and role which may involve living part-time or full-time in another gender role consistent with one's gender identity (real-life experience)
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary sex characteristics
- Psychotherapy

Because gender reassignment surgery is intended to be a permanent change to the individual's identity, comprehensive evaluations and ongoing medical and psychosocial therapy by qualified mental health and medical professionals are required to determine whether surgery is the appropriate option for the individual.

Gender reassignment surgery, also known as sex reassignment surgery, genital reconstructive surgery, sex affirmation surgery, or sex-change operation, is a means of transitioning the body to a different gender through surgical alteration of the body (transgender). Men who are transitioning to female are known as male to female (MTF) or transgender women, and women who are transitioning to male are known as female to male (FTM) or transgender men. Gender reassignment surgery involves genital reconstruction and other additional procedures, proposed as part of a treatment approach for individuals with gender dysphoria, formerly known as gender identity disorder (GID), and transsexualism.

Gender, being male or female, is a basic element that helps make up an individual's personality and sense of self. Gender-nonconformity refers to the extent to which an individual's gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex.<sup>3</sup> Gender identity disorder formally replaced an older term, transsexualism, in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition, Text Revision.<sup>4</sup> Gender identity disorder is defined as a condition in which a male or female feels a strong identification with the opposite sex, and has persistent discomfort with his or her anatomical sex, usually from childhood. Transsexualism is a term that is most often used in studies of gender reassignment and is considered an extreme expression of GID.

Although the total number of transgender people in the United States is unknown, studies suggest they make up a small, though substantial, population. Transgender is a broad umbrella term that includes people whose gender identity and/or gender expression differs from their assigned sex at birth. Female-to-male, male-to-female, cross dressers, bi-gendered, and intersex are the major groups that fall under the term transgender.<sup>5</sup>

### Gender Dysphoria

Gender dysphoria is a new diagnostic class in the DSM-5 (released in May of 2013) that reflects a change in the conceptualization of the disorder's defining features by emphasizing the

phenomenon of “gender incongruence” rather than cross-gender identification, as was the case with GID described in the DSM-IV.<sup>2</sup> In the DSM-IV-TR, GID focused on the “identity” issue; namely, the incongruity between someone’s birth gender and the gender with which he or she identifies. While this incongruity is still crucial to gender dysphoria, the authors of the new DSM-5 emphasize the importance of “distress” about the incongruity for a diagnosis. The DSM-5 also uses the term gender rather than sex to allow for those born with both male and female genitalia to have the condition. Gender dysphoria has its own chapter in the DSM-5 and is separated from Sexual Dysfunctions and Paraphilic Disorders.

According to the 2013 American Psychiatric Association (APA) Highlights of Changes from DSM-IV-TR to DSM-5<sup>6</sup>:

In DSM-IV, the chapter “Sexual and Gender Identity Disorders” included three relatively disparate diagnostic classes: gender identity disorders, sexual dysfunctions, and paraphilias. Gender identity disorder, however, is neither a sexual dysfunction nor a paraphilia. Gender dysphoria is a unique condition in that it is a diagnosis made by mental health care providers, although a large proportion of the treatment is endocrinological and surgical (at least for some adolescents and most adults). In contrast to the dichotomized DSM-IV gender identity disorder diagnosis, the type and severity of gender dysphoria can be inferred from the number and type of indicators and from the severity measures.

The experienced gender incongruence and resulting gender dysphoria may take many forms. Gender dysphoria thus is considered to be a multicategory concept rather than a dichotomy, and DSM-5 acknowledges the wide variation of gender -incongruent conditions. Separate criteria sets are provided for gender dysphoria in children and in adolescents and adults. The adolescent and adult criteria include a more detailed and specific set of polythetic symptoms.

The APA<sup>2</sup> also advised that it was important to note that gender-nonconformity is not in and of itself a mental disorder. Additionally, replacing the word “disorder” with “dysphoria” in the diagnosis label, removed the connotation that the patient is “disordered.” The shift in the DSM-5 reflects recognition that the disagreement between birth gender and identity may not necessarily be pathological if it does not cause the individual distress.

Gender dysphoria and formerly GID, describe a condition that results in intense discomfort and distress that is caused by a discrepancy between an individual’s gender identity and that individual’s sex assigned at birth, including the associated gender role and/or primary and secondary sex characteristics.<sup>1,7-8</sup> The “critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”<sup>2</sup>

The DSM-5 criteria for the diagnosis of gender dysphoria (in adolescents or adults) include the following<sup>2</sup>:

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 indicators:

- 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)

### **Therapeutic Options for Gender Dysphoria**

According to the WPATH<sup>1</sup>, a variety of therapeutic options can be considered for individuals seeking care for gender dysphoria. These options include:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity)
- Hormone therapy to feminize or masculinize the body
- Surgery to change primary and/or secondary characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring)
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience

Typically, the order of this therapy, sometimes referred to as triadic therapy includes: 1) a real-life experience in the desired role; 2) hormones of the desired gender; and 3) surgery to change the genitalia or other sex characteristics. However, the order, number, and type of interventions vary from individual to individual. The difference between hormone therapy and gender reassignment surgery is that the surgery is considered an irreversible physical intervention.

### **Mental Health Professionals**

Mental health professionals play an important role in assisting individuals with gender dysphoria in providing counseling of treatment options, and psychotherapy (as needed). Clinical training and knowledge about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria is required. Qualified mental health professionals (Master's degree or equivalent) should be trained to assess, recognize, diagnose, and treat (or refer to treatment for) coexisting mental health problems.<sup>1</sup> The presence of coexisting mental health concerns does not necessarily preclude possible changes in gender role or access to hormonal therapy or surgery; rather these concerns need to be optimally managed prior to, or concurrent with, treatment of gender dysphoria. Additionally, individuals should be assessed for their ability to provide educated and informed consent for medical treatments. After evaluation, the mental health professional should provide documentation and formal recommendations to medical and surgical specialists (as applicable). According to the WPATH<sup>1</sup>, the documentation recommending hormonal or surgical treatment for the individual should include all of the following:

- The client's general identifying characteristics
- Results of the individual's psychosocial assessment, including any diagnoses
- The duration of the mental health professional's relationship with the client, including the type of evaluation and therapy or counseling to date
- An explanation that the WPATH criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery
- A statement that informed consent has been obtained from the patient
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

### **Real-Life Experience**

A real-life experience is defined as the act of fully adopting a new or evolving gender role or gender presentation, and is an essential step in transitioning to the gender role that is in agreement with the patient's gender identity. The decision to change one's gender presentation should be preceded by an awareness of its familial, vocational, interpersonal, educational, economic, and legal consequences.<sup>1</sup> This process assists in confirming the individual's desire for a gender role change, ability to function in this role long term, and determines the adequacy of the individual's support system. During this period, the individual is expected to maintain his/her normal functional lifestyle, participate in community, work, or

school activities, and provide an indication that others are aware of the change in gender role. According to the WPATH<sup>1</sup>, the rationale for a preoperative, 12-month experience of living in an identity-congruent role for when undergoing genital surgery is based on expert clinical consensus that this experience provides ample opportunity for patients to experience and socially adjust in their desired gender role, before undergoing irreversible surgery.

### **Hormone Therapy**

When indicated, hormone therapy plays an important role in the gender transition process by altering body hair, breast size, skin appearance and texture, body fat distribution, and the size and function of sex organs. "In rare cases, hormone therapy may be contraindicated due to serious individual health conditions. Health professionals should assist these patients with accessing nonhormonal interventions for gender dysphoria."<sup>1</sup> Hormone therapy is a recommended criterion for some, but not all, surgical treatments of gender dysphoria (e.g., mastectomy or creation of a male chest).

Initiation of feminizing/masculinizing hormone therapy may be provided after a psychosocial assessment has been conducted and informed consent has been obtained by a health professional.

The criteria for feminizing/masculinizing hormone therapy are as follows:

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Member must be at least 18 years of age
- If significant medical or mental health concerns are present, they must be reasonably well controlled\*

\*The presence of co-existing mental health concerns does not necessarily preclude access to feminizing/masculinizing hormones. These concerns should be managed prior to or concurrent with treatment of gender dysphoria.

Feminizing/masculinizing hormonal interventions are not without risk for complications, including irreversible physical changes. Medical records should indicate that an extensive evaluation was completed to explore psychological, family, and social issues prior to and post treatment. Providers should also document that all information has been provided and understood regarding all aspects associated with the use of cross-sex hormone therapy, including both benefits and risks.

Biological males are often 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 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 therapy may be effective in reducing the adverse psychological impact of gender dysphoria.<sup>1</sup> With appropriate training, hormone therapy can be administered by a variety of providers, including nurse practitioners, physician assistants, and primary care physicians.<sup>9</sup> Ongoing medical management, including physical examination and laboratory evaluation studies to manage dosage, side effects, etc., is required. Lifelong hormone maintenance is usually recommended.

### **Gender Reassignment Surgery**

Some of the guidelines in this Blue Shield of California medical policy for gender reassignment surgery were formed using the WPATH SOC for the health of transsexual, transgender, and gender-nonconforming people, Version 7<sup>1</sup>, as applicable.

Gender reassignment surgical procedures are not without risk for complications; therefore, individuals should undergo an extensive evaluation to explore psychological, family, and social issues prior to and postsurgery. Readiness criteria for gender reassignment surgery includes the

individual demonstrating progress in consolidating gender identity, and demonstrating progress in dealing with work, family, and interpersonal issues resulting in an improved state of mental health. In order to check the eligibility and readiness criteria for gender reassignment surgery, it is important for the individual to discuss the matter with a professional provider who is well-versed in the relevant medical and psychological aspects of gender dysphoria. The mental health and medical professional providers responsible for the individual's treatment should work together in making a decision about the use of cross-sex hormones during the months before the gender reassignment surgery. Transsexual individuals should regularly participate in psychotherapy in order to have smooth transitions and adjustments to the new social and physical outcomes.

Gender reassignment surgery should be performed by a gynecologist, urologist, plastic surgeon, or general surgeon who has specialized competence and training in this field.<sup>1,5</sup> Surgeries may be performed in stages. Monstrey et al.<sup>10</sup> and Schlatterer et al.<sup>11</sup> described the importance of a close cooperation between medical and behavioral specialties that is essential for appropriate and proper treatment of individuals with GID who desire gender reassignment surgery.

### ***Feminizing Surgeries (Male-to-Female)***

Feminizing surgeries for male-to-female (MTF) patients are intended to reshape a male body into the appearance of and, to the extent possible, the function of a female body; all of which require skilled surgery and postoperative care.<sup>1</sup>

- Orchiectomy (removal of the testicles)
- Penectomy (removal of the penis)
- Vaginoplasty (creation of vagina)
- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Vulvoplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy)

Sexual sensation is an important goal with vaginoplasty, along with creation of a functional vagina and acceptable cosmesis. Vaginoplasty includes orchiectomy, creation of a vaginal cavity and neoclitoris, labiaplasty, and penile dissection with partial penectomy. It is usually performed by a plastic surgeon in a single operative setting, although some surgeons prefer to perform labiaplasty and clitoroplasty as a second surgery following healing of the initial vaginoplasty. The penile inversion technique is most commonly used to create the neovagina. In this technique the majority of skin from the shaft of the penis is inverted and used to line the inner walls of the neovagina. In some cases, extra skin is required to line the inner vagina. This is usually harvested from the patient's lower abdomen, or scrotal skin grafts may be used. Use of a segment of the colon (rectosigmoid pedicled transplant) or from the sigmoid colon (i.e., colovaginoplasty) may be used if penile inversion or skin grafts from other locations fail.<sup>12</sup>

### ***Masculinizing Surgeries (Female-to-Male)***

Masculinizing surgeries for female-to-male (FTM) patients are intended to reshape the female body into the appearance of a male body.<sup>1</sup> The gender reassignment surgeries that may be performed for FTM patients include:

- Mastectomy (removal of the breast, and nipple tattooing)
- Reduction mammoplasty (reduction of breast size)
- Hysterectomy (removal of the uterus)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Vaginectomy (removal of vagina)
- Metoidioplasty (creation of micro-penis, using the clitoris tissue)
- Phalloplasty (skin graft is used to create a penis, with or without urethra)
- Urethroplasty (creation of urethra within the penis)
- Scrotoplasty (creation of scrotum)
- Placement of a testicular prostheses (the labia majora is dissected forming cavities allowing for implantation of artificial testes (testicular implant))

There are various operative techniques for phalloplasty, and the choice of techniques may be limited by anatomical or surgical considerations.<sup>1,12</sup> If the objectives of phalloplasty are a neophallus of good appearance, standing micturation, sexual sensation, and/or coital ability, the patient should be clearly informed that the surgery involves several stages and that frequent technical difficulties may require additional operations.

### **Summary of Evidence**

Gender reassignment surgical treatments for gender dysphoria are not merely another set of elective procedures, and present with significant medical and psychological risks, some of which are irreversible. A cohesive multidisciplinary specialty team including physicians, surgeons, and mental health providers are required in order to provide the best results and benefits from gender reassignment surgery for the individual with gender dysphoria. An individual's sexual satisfaction after the surgery can vary depending on the success of the surgical reassignment technique and the psychological stability of the individual.

In conclusion, while the scientific evidence concerning gender reassignment surgery in both MTF and FTM is limited<sup>13</sup>, gender reassignment surgery has been accepted as a treatment option for individuals who satisfy the formal diagnostic criteria for gender dysphoria and undergo a real-life experience and hormone therapy (as applicable) prior to surgery, when in accordance with the WPATH SOC medically necessary criteria.<sup>1</sup> While additional surgeries have been proposed for improving appearance (i.e., body feminization or masculinization); in general, if clinical review determines the transgender individual's appearance is within the wide range of appearance variation for people of the desired gender, these enhancement surgeries would not be considered medically necessary.<sup>14</sup>

### **Supplemental Information**

#### **Practice Guidelines and Position Statements**

The World Professional Association for Transgender Health (WPATH) has established medical necessity criteria through publication of the "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" document (Seventh Version).<sup>1</sup> This document is widely accepted as the definitive document in the area of gender dysphoria treatment and has been adopted in several countries as the standard of care. The WPATH recommendations for the standards of care are based on scientific evidence and expert consensus.

In 2017, the Endocrine Society published "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline."<sup>15</sup> The Endocrine Society concluded and recommended the following:

"Gender affirmation is multidisciplinary treatment in which endocrinologists play an important role. Gender-dysphoric/gender-incongruent persons seek and/or are referred to endocrinologists to develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will (1) suppress endogenous sex hormone secretion determined by the person's genetic/gonadal sex and (2) maintain sex hormone levels within the normal range for the person's affirmed gender. Hormone treatment is not recommended for prepubertal gender-dysphoric/gender-incongruent persons. Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosing clinicians (required), a mental health provider for adolescents (required) and mental health professional for adults (recommended)—should be knowledgeable about the diagnostic criteria and criteria for gender-affirming treatment, have sufficient training and experience in assessing psychopathology, and be willing to participate in the ongoing care throughout the endocrine transition. We recommend treating gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Clinicians may add gender-affirming hormones after a multidisciplinary team has confirmed the persistence of gender dysphoria/gender incongruence and sufficient mental capacity to give informed consent to this partially irreversible treatment. Most adolescents have this capacity by age 16 years old. We recognize that there may be compelling reasons to initiate sex hormone treatment prior

to age 16 years, although there is minimal published experience treating prior to 13.5 to 14 years of age. For the care of peripubertal youths and older adolescents, we recommend that an expert multidisciplinary team comprised of medical professionals and mental health professionals manage this treatment. The treating physician must confirm the criteria for treatment used by the referring mental health practitioner and collaborate with them in decisions about gender-affirming surgery in older adolescents. For adult gender-dysphoric/gender-incongruent persons, the treating clinicians (collectively) should have expertise in transgender-specific diagnostic criteria, mental health, primary care, hormone treatment, and surgery, as needed by the patient. We suggest maintaining physiologic levels of gender-appropriate hormones and monitoring for known risks and complications. When high doses of sex steroids are required to suppress endogenous sex steroids and/or in advanced age, clinicians may consider surgically removing natal gonads along with reducing sex steroid treatment. Clinicians should monitor both transgender males (female to male) and transgender females (male to female) for reproductive organ cancer risk when surgical removal is incomplete. Additionally, clinicians should persistently monitor adverse effects of sex steroids.”

Additionally, the Endocrine Society<sup>15</sup> recommended the following on surgery for sex reassignment and gender confirmation:

- 5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient’s overall health and/or well-being.
- 5.2. We advise that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated.
- 5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery.
- 5.4. We recommend that clinicians refer hormone-treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes.
- 5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country.
- 5.6. We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement.

In 2011, the American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion (Number 512) entitled “Health Care for Transgender Individuals”.<sup>5</sup> The ACOG document advised the following:

“Obstetrician–gynecologists should be prepared to assist or refer transgender individuals. Physicians are urged to eliminate barriers to access to care for this population through their own individual efforts. An important step is to identify the sexual orientation and gender identity status of all patients as a routine part of clinical encounters and recognize that many transgender individuals may not identify themselves. The American College of Obstetricians and Gynecologists urges health care providers to foster nondiscriminatory practices and policies to increase identification and to facilitate quality health care for transgender individuals, both in assisting with the transition if desired as well as providing long-term preventive health care.”

## References

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## Documentation for Clinical Review

Please provide the following documentation:

**For Mastectomy, Subcutaneous Mastectomy, Breast Reduction Surgeries\*:**

- Age 18 or older
- DSM-5 diagnosis of gender dysphoria existing for at least 6 months

- Any other medical/mental health conditions present are well-controlled
- One letter of support from a mental health professional who monitored the patient throughout psychotherapy

**For Hysterectomy and Salpingo-Oophrectomy Surgeries\*:**

- Age 18 or older
- DSM-5 diagnosis of gender dysphoria existing for at least 6 months
- Any other medical/mental health conditions present are well-controlled
- Twelve months of continuous hormone therapy or reason patient is unable to take hormones
- Two letters of support from different mental health professionals (one from the patient's psychotherapist and one that is only evaluating for surgery)

**For Genital Reconstructive Surgeries\*:**

- Age 18 or older
- DSM-5 diagnosis of gender dysphoria existing for at least 6 months
- Any other medical/mental health conditions present are well-controlled
- Twelve months of continuous hormone therapy or reason patient is unable to take hormones
- Two letters of support from different mental health professionals (one from the patient's psychotherapist and one that is only evaluating for surgery)
- Lived and worked in the desired gender role continuously for 12 months

**Other Related Procedures**

- Documentation (e.g., quality color photographs) clearly showing the extent of the characteristics proposed for further treatment that are outside the range of normal for the preferred gender (except for electrolysis of the pubic area, including the arm or similar region if needed prior to being used as a graft site).
- Documentation from an endocrinologist or medical provider with experience in providing hormonal therapy stating that maximal appropriate hormonal therapy has been used for at least 2 years (may include the time prior to other procedures as appropriate). Documentation should include regular clinical evaluations for response (including laboratory monitoring at least twice a year) to sex steroid hormones.
- Current (updated after any prior surgery or other treatments for gender dysphoria) documentation from a qualified mental health professional that DSM-5 criteria for gender dysphoria is present and directly related to the treatment requested.
- For voice retraining therapy or voice modification surgery, a recommendation from a speech therapist outlining the need (including whether the patient's vocal characteristics are currently outside the range of normal for the preferred gender) and treatment plan. If voice modification surgery is requested, documentation that a trial of speech therapy was tried and failed first and that surgery is likely to provide further benefit must also be submitted.

\*Please refer to the Medical Policy Statement/Medical Policy Guidelines for specific details regarding requested documentation.

**Post Service (in addition to the above, please include the following):**

- Operative report(s)

**Coding**

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of codes does not constitute or imply member coverage or provider reimbursement.*

Type	Code	Description
CPT®	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq. cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
	11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
	11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
	11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
	11954	Subcutaneous injection of filling material (e.g., 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 ( <b>Code revision effective 1/1/2021</b> )
	11971	Removal of tissue expander(s) without insertion of prosthesis ( <b>Code revision effective 1/1/2021</b> )
	15770	Graft; derma-fat-fascia
	15775	Punch graft for hair transplant; 1 to 15 punch grafts
	15776	Punch graft for hair transplant; more than 15 punch grafts
	15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)
	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
	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
15876	Suction assisted lipectomy; head and neck	



Type	Code	Description
	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
	19300	Mastectomy for gynecomastia <b>(Code effective 1/1/2020)</b>
	19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)
	19303	Mastectomy, simple, complete
	19304	Mastectomy, subcutaneous <b>(Deleted code effective 1/1/2020)</b>
	19316	Mastopexy
	19318	Reduction mammoplasty <b>(Code revision effective 1/1/2021)</b>
	19324	Mammoplasty, augmentation; without prosthetic implant <b>(Deleted code effective 1/1/2021)</b>
	19325	Mammoplasty, augmentation; with prosthetic implant <b>(Code revision effective 1/1/2021)</b>
	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction <b>(Code revision effective 1/1/2021)</b>
	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction <b>(Code revision effective 1/1/2021)</b>
	19350	Nipple/areola reconstruction
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion <b>(Code revision effective 1/1/2021)</b>
	21087	Impression and custom preparation; nasal prosthesis
	21088	Impression and custom preparation; facial prosthesis
	21089	Unlisted maxillofacial prosthetic procedure
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., 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
	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	Osteoplasty, facial bones; reduction

Type	Code	Description
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	21270	Malar augmentation, prosthetic material
	21299	Unlisted craniofacial and maxillofacial procedure
	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
	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)
	31587	Laryngoplasty, cricoid split, without graft placement
	31599	Unlisted procedure, larynx
	31750	Tracheoplasty; cervical
	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
	53430	Urethroplasty, reconstruction of female urethra
	54125	Amputation of penis; complete
	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
	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
	54660	Insertion of testicular prosthesis (separate procedure)
	54690	Laparoscopy, surgical; orchiectomy
	55150	Resection of scrotum
	55175	Scrotoplasty; simple
	55180	Scrotoplasty; complicated

Type	Code	Description
	55970	Intersex surgery; male to female
	55980	Intersex surgery; female to male
	56620	Vulvectomy simple; partial
	56625	Vulvectomy simple; complete
	56800	Plastic repair of introitus
	56805	Clitoroplasty for intersex state
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57106	Vaginectomy, partial removal of vaginal wall
	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	57110	Vaginectomy, complete removal of vaginal wall
	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
	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
	57335	Vaginoplasty for intersex state
	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), 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)
	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
	58275	Vaginal hysterectomy, with total or partial vaginectomy
	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
	58285	Vaginal hysterectomy, radical (Schauta type operation)
	58290	Vaginal hysterectomy, for uterus greater than 250 g
	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
	58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control ( <b>Deleted code effective 1/1/2021</b> )
	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele

Type	Code	Description
	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
	58555	Hysteroscopy, diagnostic (separate procedure)
	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
	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)
	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
	58940	Oophorectomy, partial or total, unilateral or bilateral
	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
HCPCS	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, noninflatable

## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
06/28/2013	New Medical Policy
04/30/2015	Policy revision with position change
07/31/2015	Policy revision with position change
03/01/2016	Coding update
06/01/2016	Policy revision without position change
07/01/2017	Policy revision without position change
04/01/2018	Policy revision without position change
07/01/2018	Policy revision without position change
03/01/2019	Policy revision without position change
07/01/2019	Coding update

Effective Date	Action
03/01/2020	Coding update
05/01/2020	Annual review. Policy statement, guidelines and documentation for clinical review updated.
06/01/2020	Administrative update. Policy guidelines updated.
01/01/2021	Coding update

## Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

## Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

**Appendix A**

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p><b>Gender Reassignment Surgery BSC7.02</b></p> <p><b>Policy Statement:</b> Gender reassignment surgery for confirmed gender dysphoria may be considered <b>medically necessary</b> when <b>all</b> of the following criteria are met:</p> <ol style="list-style-type: none"> <li>I. The individual is age 18 or older (the legal age of majority in the United States of America)</li> <li>II. The individual has a documented <a href="#">DSM-5 diagnosis</a> of gender dysphoria existing for at least 6 months including <b>all</b> of the following:               <ol style="list-style-type: none"> <li>A. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender reassignment surgery</li> <li>B. Disorder is not a symptom of another mental disorder (e.g., schizophrenia)</li> <li>C. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning</li> </ol> </li> <li>III. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.</li> <li>IV. Medical record documentation to support the medical necessity of <b>any</b> of the following gender reassignment surgeries and <b>all</b> associated criteria (as applicable):               <ol style="list-style-type: none"> <li>A. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, (<i>female-to-male</i>) and;                   <ol style="list-style-type: none"> <li>1. At least one letter of recommendation written from a <a href="#">qualified mental health professional</a> who consistently</li> </ol> </li> </ol> </li> </ol>	<p><b>Gender Reassignment Surgery BSC7.02</b></p> <p><b>Policy Statement:</b> Gender reassignment surgery for confirmed gender dysphoria may be considered <b>medically necessary</b> when <b>all</b> of the following criteria are met:</p> <ol style="list-style-type: none"> <li>I. The individual is age 18 or older (the legal age of majority in the United States of America)</li> <li>II. The individual has a documented <a href="#">DSM-5 diagnosis</a> of gender dysphoria existing for at least 6 months including <b>all</b> of the following:               <ol style="list-style-type: none"> <li>A. A strong desire to be treated as a gender other than that assigned. This may be accompanied by the desire to make their body as congruent as possible with the preferred gender through hormone therapy and/or gender reassignment surgery</li> <li>B. Disorder is not a symptom of another mental disorder (e.g., schizophrenia)</li> <li>C. Disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning</li> </ol> </li> <li>III. If significant medical or mental health concerns are present, they must be reasonably well-controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder) an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated.</li> <li>IV. Medical record documentation to support the medical necessity of <b>any</b> of the following gender reassignment surgeries and <b>all</b> associated criteria (as applicable):               <ol style="list-style-type: none"> <li>A. Mastectomy, subcutaneous mastectomy, breast reduction (creation of a male chest), including nipple tattooing, (<i>female-to-male</i>) and;                   <ol style="list-style-type: none"> <li>1. At least one letter of recommendation written from a <a href="#">qualified mental health professional</a> who consistently</li> </ol> </li> </ol> </li> </ol>

POLICY STATEMENT

(No changes)

BEFORE	AFTER
<p>monitored the individual throughout the individual's psychotherapy  <b>Note:</b> Hormone therapy is not a prerequisite for mastectomy and creation of a male chest.</p> <p>B. Hysterectomy and salpingo-oophrectomy (<i>female-to-male</i>) and orchiectomy (<i>male-to-female</i>) when <b>both</b> of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)</li> <li>2. Recommendations for sex reassignment surgery by two <a href="#">qualified mental health professionals</a> who have independently assessed the individual  <b>Note:</b> If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</li> </ol> <p>C. <b>Any</b> combination of the following genital reconstructive surgeries (as applicable to gender reassignment) when <b>all</b> of the additional criteria listed below are met:  Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized flap) (<i>female-to-male</i>); <b>or</b> Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (<i>male-to-female</i>)</p> <ol style="list-style-type: none"> <li>1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)</li> <li>2. Individual has successfully lived and worked within the desired gender role <a href="#">full-time for at least 12 continuous months</a> (real-life experience) without returning to the original gender (See Policy Guidelines section)</li> </ol>	<p>monitored the individual throughout the individual's psychotherapy  <b>Note:</b> Hormone therapy is not a prerequisite for mastectomy and creation of a male chest.</p> <p>B. Hysterectomy and salpingo-oophrectomy (<i>female-to-male</i>) and orchiectomy (<i>male-to-female</i>) when <b>both</b> of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)</li> <li>2. Recommendations for sex reassignment surgery by two <a href="#">qualified mental health professionals</a> who have independently assessed the individual  <b>Note:</b> If the first referral is from the individual's psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</li> </ol> <p>C. <b>Any</b> combination of the following genital reconstructive surgeries (as applicable to gender reassignment) when <b>all</b> of the additional criteria listed below are met:  Vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, urethromeatoplasty, implantation of a testicular prosthesis, and phalloplasty (employing a pedicled or free vascularized flap) (<i>female-to-male</i>); <b>or</b> Vaginoplasty, penectomy, clitoroplasty, vulvuloplasty (including colovaginoplasty, labiaplasty, penile skin inversion, repair of introitus, construction of vagina with graft, coloproctostomy) (<i>male-to-female</i>)</p> <ol style="list-style-type: none"> <li>1. Individual has received 12 months of continuous hormone sex reassignment therapy unless the individual has a medical contraindication to take hormones (may be simultaneous with real-life experience)</li> <li>2. Individual has successfully lived and worked within the desired gender role <a href="#">full-time for at least 12 continuous months</a> (real-life experience) without returning to the original gender (See Policy Guidelines section)</li> </ol>

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**(No changes)**

BEFORE	AFTER
<p>3. Recommendations for sex reassignment surgery by two <a href="#">qualified mental health professionals</a> who have independently assessed the individual  <b>Note:</b> If the first referral is from the individual’s psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</p> <p><b>Other Associated Surgical Procedures and Services</b>                      Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender reassignment surgery.<sup>1</sup> Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see <a href="#">documentation needed for medical necessity determination</a> in the Policy Guidelines section).</p> <ul style="list-style-type: none"> <li>I. Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast</li> <li>II. Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat)</li> <li>III. Calf implants</li> <li>IV. Chin augmentation (reshaping or enhancing the size of the chin)</li> <li>V. Chin/nose/cheek implants</li> <li>VI. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)</li> <li>VII. Face lift/forehead lift (e.g., rhytidectomy)</li> <li>VIII. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)</li> <li>IX. Forehead augmentation</li> <li>X. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</li> <li>XI. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as</li> </ul>	<p>3. Recommendations for sex reassignment surgery by two <a href="#">qualified mental health professionals</a> who have independently assessed the individual  <b>Note:</b> If the first referral is from the individual’s psychotherapist, the second referral should be from the person who has only had an evaluative role with the individual) (See Policy Guidelines section)</p> <p><b>Other Associated Surgical Procedures and Services</b>                      Additional surgeries may be proposed (i.e., body feminization or masculinization) for an individual who is planning to undergo or has undergone gender reassignment surgery.<sup>1</sup> Including, but not limited to, the following surgical procedures need to be reviewed for medical necessity (see <a href="#">documentation needed for medical necessity determination</a> in the Policy Guidelines section).</p> <ul style="list-style-type: none"> <li>I. Breast enlargement procedures, including augmentation mammoplasty, implants, and silicone injections of the breast</li> <li>II. Blepharoplasty/Brow reduction/brow lift (removal of redundant skin of the upper and/or lower eyelids and protruding periorbital fat)</li> <li>III. Calf implants</li> <li>IV. Chin augmentation (reshaping or enhancing the size of the chin)</li> <li>V. Chin/nose/cheek implants</li> <li>VI. Cricothyroid approximation (voice modification that raises the vocal pitch by stimulating contractions of the cricothyroid muscles with sutures)</li> <li>VII. Face lift/forehead lift (e.g., rhytidectomy)</li> <li>VIII. Facial reconstruction for feminization or masculinization (e.g., facial bone reduction)</li> <li>IX. Forehead augmentation</li> <li>X. Electrolysis or laser hair removal for facial, or body areas other than pubic region. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</li> <li>XI. Pubic area electrolysis or laser hair removal may be considered medically necessary when there is a recommendation from the surgeon (with documentation in the medical record) of the need to be done related to a planned genital reconstructive surgery. This treatment can be done during the same time period as</li> </ul>



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**(No changes)**

<b>BEFORE</b>	<b>AFTER</b>
<p>hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <ul style="list-style-type: none"> <li>XII. Gluteal and hip augmentation (implants/lipofilling)</li> <li>XIII. Hair reconstruction (hair removal/hair transplantation)</li> <li>XIV. Jaw/mandibular reduction or augmentation</li> <li>XV. Laryngoplasty (reshaping of laryngeal framework)</li> <li>XVI. Liposuction (removal of fat in the hips, thighs, or buttocks)</li> <li>XVII. Lipofilling</li> <li>XVIII. Lip reduction/enhancement (decreasing/enlarging lip size)</li> <li>XIX. Pectoral implants</li> <li>XX. Rhinoplasty (reshaping of the nose) including nose implants</li> <li>XXI. Suction-assisted lipoplasty of the waist</li> <li>XXII. Trachea shave (Adam’s apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)</li> <li>XXIII. Voice modification surgery and voice retraining (speech therapy)</li> </ul>	<p>hormonal therapy and living in the preferred gender role full time. Photographic and endocrinologist documentation is not required. Re-evaluation by a qualified medical provider is needed if treatment exceeds 6 months or 30 hours.</p> <ul style="list-style-type: none"> <li>XII. Gluteal and hip augmentation (implants/lipofilling)</li> <li>XIII. Hair reconstruction (hair removal/hair transplantation)</li> <li>XIV. Jaw/mandibular reduction or augmentation</li> <li>XV. Laryngoplasty (reshaping of laryngeal framework)</li> <li>XVI. Liposuction (removal of fat in the hips, thighs, or buttocks)</li> <li>XVII. Lipofilling</li> <li>XVIII. Lip reduction/enhancement (decreasing/enlarging lip size)</li> <li>XIX. Pectoral implants</li> <li>XX. Rhinoplasty (reshaping of the nose) including nose implants</li> <li>XXI. Suction-assisted lipoplasty of the waist</li> <li>XXII. Trachea shave (Adam’s apple shaving)/reduction thyroid chondroplasty (reduction of the thyroid cartilage)</li> <li>XXIII. Voice modification surgery and voice retraining (speech therapy)</li> </ul>