

MEDICAL POLICY	Gender Affirming Surgical Interventions
Effective Date: 6/1/2022  6/1/2022	Medical Policy Number: 32 Technology Assessment Committee Approved Date: 3/15; 9/15 Medical Policy Committee Approved Date: 9/13; 10/14; 10/15; 12/15; 6/16; 8/16; 11/16; 10/17; 11/17; 9/18; 8/19; 11/19; 1/2021; 7/2021; 3/2022; 4/2022
Medical Officer Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Benefits are based on applicable contract language and take precedence over Medical Policy. Some benefit plans may provide coverage of services which are otherwise considered investigational, not medically necessary, or cosmetic in nature. Prior authorization is needed for approval of the services specified in this policy.

Medical necessity determinations made for each member seeking services pursuant to this policy must be based on an individualized determination of medical necessity. References below describing a service as “not medically necessary” are based on the medical necessity of the specific service or supply for the covered condition in the majority of cases based on existing medical evidence and the relationship of the service to a gender dysphoria diagnosis. However, those references are not intended to function as “categorical” or “blanket” prohibitions on coverage negating the need for an individualized medical determination as to whether that service is, in fact, medically necessary under the circumstances.

Medicaid Members

Oregon: The medical policy criteria below are the primary resource for coverage determinations for gender affirming surgical interventions requested for Oregon Health Plan (OHP) members.

POLICY CRITERIANotes:

- The following criteria and terminology are based on the World Professional Association for Transgender Health (WPATH) Standards of Care (7th Version).¹
- WPATH does not consider fertility preservation a treatment for gender dysphoria disorder; therefore, it is not addressed in this policy.
- Applicable member benefits apply to requests for gender affirming services and take precedence over Medical Policy.

Breast/Chest Surgery*Mastectomy/Breast Reduction*

- I. Mastectomy/breast reduction may be considered **medically necessary and covered** when **all** of the following (A.-E.) WPATH Standards of Care criteria are met:
 - A. Persistent, well-documented gender dysphoria; **and**
 - B. Capacity to make a fully informed decision and give consent for treatment; **and**
 - C. Patient has reached the legal age to give medical consent under applicable state law; **and**
 - D. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
 - E. **One (1)** referral from a qualified mental health professional (see [Policy Guidelines](#) for the WPATH recommended qualifications for mental health professionals and content of the referral letters for surgery)

Note: Hormone therapy is not a prerequisite.

Breast Augmentation (Implants/Lipofilling)

- II. Breast augmentation (implants/lipofilling) may be considered **medically necessary and covered** when **all** of the following (A.-E.) WPATH Standards of Care criteria are met:
 - A. Persistent, well documented gender dysphoria; **and**
 - B. Capacity to make a fully informed decision and to give consent for treatment; **and**
 - C. Patient has reached the legal age to give medical consent under applicable state law; **and**
 - D. If significant medical or mental health concerns are present, they must be reasonably well controlled; **and**
 - E. **One (1)** referral from a qualified mental health professional (see [Policy Guidelines](#) for the WPATH recommended qualifications for mental health professionals and content of the referral letters for surgery)

Note: Although not an explicit criterion, it is recommended that male-to-female patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

Genital Surgery

Hysterectomy and Ovariectomy/Orchiectomy

- III. Hysterectomy and ovariectomy/orchiectomy may be considered **medically necessary and covered** when **all** of the following (A.-F.) WPATH Standards of Care criteria are met:
- A. Persistent, well documented gender dysphoria; **and**
 - B. Capacity to make a fully informed decision and to give consent for treatment; **and**
 - C. Patient has reached the legal age to give medical consent under applicable state law; **and**
 - D. If significant medical or mental health concerns are present, they must be well controlled; **and**
 - E. **Twelve (12)** continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual); **and**
 - F. **Two (2)** referrals from qualified mental health professionals who have independently assessed the patient (see [Policy Guidelines](#) for the WPATH recommended qualifications for mental health professionals and content of the referral letters for surgery)

Metoidioplasty or Phalloplasty/Vaginoplasty

- IV. Metoidioplasty or phalloplasty/vaginoplasty may be considered **medically necessary and covered** when **all** of the following (A.-G.) WPATH Standards of Care criteria are met:
- A. Persistent, well documented gender dysphoria; **and**
 - B. Capacity to make a fully informed decision and to give consent for treatment; **and**
 - C. Patient has reached the legal age to give medical consent under applicable state law; **and**
 - D. If significant medical or mental health concerns are present, they must be well controlled; **and**
 - E. **Twelve (12)** continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual); **and**
 - F. **Twelve (12)** continuous months of living in a gender role that is congruent with their identity; **and**
 - G. **Two (2)** referrals from qualified mental health professionals who have independently assessed the patient (see [Policy Guidelines](#) for the WPATH

recommended qualifications for mental health professionals and content of the referral letters for surgery)

Notes:

- Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.
- Criterion IV.F. above 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.

Skin Substitute as a Component of Genital Surgery

- V. The use of a skin substitute as a component of a genital surgery may be **medically necessary and covered**. Please see medical policy, Skin and Tissue Substitutes, for applicable codes and prior authorization requirements.

Other Procedures Related to Gender Affirming Surgical Interventions

- VI. Procedures not addressed in criteria I.-V. above may be considered **medically necessary and covered** when the surgical indication is for a primary diagnosis of gender dysphoria.

POLICY GUIDELINES

Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria

“The training of mental health professionals competent to work with gender dysphoric adults rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master’s degree or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.

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5. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

In addition to the minimum credentials above, it is recommended that mental health professionals develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender-nonconforming clients. This may involve, for example, becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families. Additionally, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.”

Referral Letters

The WPATH recommended content of the referral letters for surgery is as follows:

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

CPT/HCPCS CODES

All Lines of Business	
Prior Authorization Required	
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)
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

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15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammoplasty
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21740	Reconstructive repair of pectus excavatum or carinatum; open

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21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
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)
53430	Reconstruction of urethra
54120	Amputation of penis; partial
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
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
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
57106	Vaginectomy, partial removal of vaginal wall
57110	Vaginectomy, complete removal of vaginal wall
57291	Construction of artificial vagina, without graft
57292	Construction of artificial vagina, with graft
57335	Vaginoplasty for intersex state
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
L8600	Implantable breast prosthesis, silicone or equal

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Prior Authorization Required

The following codes require prior authorization when billed with diagnosis code F64.0, F64.1, F64.8, or F64.9, or any diagnosis code listed in the “Billing Guidelines” section of the policy, “Hysterectomy for Benign Conditions” (All Lines of Business Except Medicare).

58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)
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)
58275	Vaginal hysterectomy, with total or partial vaginectomy
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)
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)
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)

No Prior Authorization Required

15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
19303	Mastectomy, simple, complete

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19304	Mastectomy, subcutaneous
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)
C1789	Prosthesis, breast (implantable)
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome

No Prior Authorization Required

The following codes may be considered medically necessary and covered when billed with diagnosis code F64.0, F64.1, F64.8, or F64.9. If billed without one of these diagnosis codes, the CPT code will deny as cosmetic.

11950	Subcutaneous injection of filling material (eg, collagen); 1cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet' 25 cc or less injectable
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
17380	Electrolysis epilation, each 30 minutes
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21137	Reduction forehead; contouring only
21270	Malar augmentation, prosthetic material

Unlisted Codes

All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy, then **prior-authorization is required.**

An unlisted code may be necessary to bill for the following procedures: laser hair removal, metoidioplasty, phalloplasty.

17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
55899	Unlisted procedure, male genital system
58999	Unlisted procedure, female genital system (nonobstetrical)
67999	Unlisted procedure, eyelids
69399	Unlisted procedure, external ear
96999	Unlisted special dermatological service or procedure

DESCRIPTIONTranssexual, Transgender, and Gender-Nonconforming

The American Psychological Association (APA) indicates gender identity refers to a person's internal sense of being a male or female. According to the APA, "transgender is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth."²

For the purposes of this policy, the term "transgender" will be used as an umbrella term to refer to all transsexual, transgender, and gender-nonconforming individuals.

According to the World Professional Association for Transgender Health (WPATH) Standard of Care guidelines (version 7):

"Formal epidemiologic studies on the incidence and prevalence of transsexualism specifically or transgender and gender-nonconforming identities in general have not been conducted, and efforts to achieve realistic estimates are fraught with enormous difficulties."¹

WPATH noted that cumulative studies assessing the prevalence estimated, "from 1:11,900 to 1:45,000 for male-to-female individuals (MtF) and 1:30,400 to 1:200,000 for female-to-male (FtM) individuals. Some scholars have suggested that the prevalence is much higher, depending on the methodology used in the research."¹

Gender Dysphoria

According to the WPATH:

"Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex. Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Only some gender-nonconforming people experience gender dysphoria at some point in their lives.

Treatment is available to assist people with such distress to explore their gender identity and find a gender role that is comfortable for them. Treatment is individualized: What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a change in gender expression or body modifications. Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity.

Gender dysphoria can in large part be alleviated through treatment."¹

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Treatment of Gender Dysphoria

According to the Oregon Health Authority (OHA) Guideline for Gender Dysphoria, Frequently Asked Questions resource page, non-treatment of gender dysphoria carries significant morbidity and mortality risks. OHA notes:

“Suicide in untreated gender dysphoria patients is a major problem and treatment has been shown to reduce suicide attempt rates from 30 percent down to 5 percent. Treatment with puberty suppression hormones, cross-sex hormone therapy, and gender reassignment surgery has been shown to be highly effective in relieving gender dysphoria, reducing depression and anxiety, and reducing rates of suicide/suicide attempts.”³

Transgender individuals with gender dysphoria may seek medical and/or surgical treatments to alleviate symptoms. Treatments for gender dysphoria may include behavioral and hormonal therapies and gender reassignment surgery (GRS).

According to the WPATH:

“Treatment options 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);
- Hormone therapy to feminize or masculinize the body;
- Surgery to change primary and/or secondary sex 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.

Satisfaction rates across studies ranged from 87% of MtF patients to 97% of FtM patients, and regrets were extremely rare (1–1.5% of MtF patients and <1% of FtM patients). Indeed, hormone therapy and surgery have been found to be medically necessary to alleviate gender dysphoria in many people.”¹

CLINICAL PRACTICE GUIDELINES

World Professional Association for Transgender Health (WPATH)

According to the WPATH Standard of Care guidelines (version 7):¹

Adolescents

WPATH makes the following recommendations regarding physical interventions for adolescents:

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“Physical interventions for adolescents fall into three categories or stages:

1. Fully reversible interventions. These involve the use of GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty. Alternative treatment options include progestins (most commonly medroxyprogesterone) or other medications (such as spironolactone) that decrease the effects of androgens secreted by the testicles of adolescents who are not receiving GnRH analogues. Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses.
2. Partially reversible interventions. These include hormone therapy to masculinize or feminize the body. Some hormone-induced changes may need reconstructive surgery to reverse the effect (e.g., gynecomastia caused by estrogens), while other changes are not reversible (e.g., deepening of the voice caused by testosterone).
3. Irreversible interventions. These are surgical procedures.

A staged process is recommended to keep options open through the first two stages.

Regimens, Monitoring, and Risks for Puberty Suppression

For puberty suppression, adolescents with male genitalia should be treated with GnRH analogues, which stop luteinizing hormone secretion and therefore testosterone secretion. Alternatively, they may be treated with progestins (such as medroxyprogesterone) or with other medications that block testosterone secretion and/or neutralize testosterone action. Adolescents with female genitalia should be treated with GnRH analogues, which stop the production of estrogens and progesterone. Alternatively, they may be treated with progestins (such as medroxyprogesterone). Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses. In both groups of adolescents, use of GnRH analogues is the preferred treatment...

During pubertal suppression, an adolescent’s physical development should be carefully monitored—preferably by a pediatric endocrinologist—so that any necessary interventions can occur (e.g., to establish an adequate gender appropriate height, to improve iatrogenic low bone mineral density).

Irreversible Interventions

Genital surgery should not be carried out until (i) patients reach the legal age of majority to give consent for medical procedures in a given country, and (ii) patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity.”¹

Adults

WPATH makes the following recommendations regarding the competency of mental health professionals working with adults who present with gender dysphoria:

“The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master’s degree or its equivalent in a clinical behavioral science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
2. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
3. Ability to recognize and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented supervised training and competence in psychotherapy or counseling.
5. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

Referral for Surgery

Surgical treatments for gender dysphoria can be initiated by a referral (one or two, depending on the type of surgery) from a qualified mental health professional. The mental health professional provides documentation—in the chart and/or referral letter—of the patient’s personal and treatment history, progress, and eligibility. Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.

- One referral from a qualified mental health professional is needed for breast/chest surgery (e.g., mastectomy, chest reconstruction, or augmentation mammoplasty).
- Two referrals—from qualified mental health professionals who have independently assessed the patient—are needed for genital surgery (i.e., hysterectomy/salpingo-oophorectomy, orchiectomy, genital reconstructive surgeries). If the first referral is from the patient’s psychotherapist, the second referral should be from a person who has only had an evaluative role with the patient. Two separate letters, or one letter signed by both (e.g., if practicing within the same clinic) may be sent.”¹

Criteria for Hormone Therapy

“The criteria for hormone therapy are as follows:

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

Reproductive Health

WPATH SOC guidelines recommend health professionals, including mental health professionals, discuss reproductive options with patients prior to initiation of hormonal or surgical treatments for gender dysphoria. Discussions may include sperm-preservation, such as cryopreservation, in MtF patients and oocyte or embryo freezing in FtM patients. WPATH does not recommend reproductive preservation as a treatment of gender dysphoria, but rather, as an important consideration prior to recommended treatments for gender dysphoria.¹

Surgery

WPATH SOC guidelines note, “(w)hile many transsexual, transgender, and gender-nonconforming individuals find comfort with their gender identity, role, and expression without surgery, for many others surgery is essential and medically necessary to alleviate their gender dysphoria.”¹

In general, “Male-to-Female (MtF) Patient, Surgical Procedures May Include the Following:

1. Breast/chest surgery: augmentation mammoplasty (implants/lipofilling);
2. Genital surgery: penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty;
3. Nongenital, nonbreast surgical interventions: facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction, and various aesthetic procedures.

For the Female-to-Male (FtM) Patient, Surgical Procedures May Include the Following:

1. Breast/chest surgery: subcutaneous mastectomy, creation of a male chest;
2. Genital surgery: hysterectomy/salpingo-oophorectomy, reconstruction of the fixed part of the urethra, which can be combined with a metoidioplasty or with a phalloplasty (employing a pedicled or free vascularized flap), vaginectomy, scrotoplasty, and implantation of erection and/or testicular prostheses;
3. Nongenital, nonbreast surgical interventions: voice surgery (rare), liposuction, lipofilling, pectoral implants, and various aesthetic procedures.”¹

WPATH also notes that for some surgical procedures, there is no clear distinction between what may be considered cosmetic versus medically necessary, stating:

“While most professionals agree that genital surgery and mastectomy cannot be considered purely cosmetic, opinions diverge as to what degree other surgical procedures (e.g., breast augmentation, facial feminization surgery) can be considered purely reconstructive.”¹

WPATH lists the following criteria for surgeries:

“Based on the available evidence and expert clinical consensus, different recommendations are made for different surgeries.

The SOC do not specify an order in which different surgeries should occur. The number and sequence of surgical procedures may vary from patient to patient, according to their clinical needs.

- **Criteria for Breast/Chest Surgery (One Referral)**

- **Criteria for mastectomy and creation of a male chest in FtM patients:**

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

Hormone therapy is not a prerequisite.

- **Criteria for breast augmentation (implants/lipofilling) in MtF patients:**

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

Although not an explicit criterion, it is recommended that MtF patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

- **Criteria for Genital Surgery (Two Referrals)**

The criteria for genital surgery are specific to the type of surgery being requested.

- **Criteria for hysterectomy and salpingo-oophorectomy in FtM patients and for orchiectomy in MtF patients:**

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

The aim of hormone therapy prior to gonadectomy is primarily to introduce a period of reversible estrogen or testosterone suppression, before the patient undergoes irreversible surgical intervention.

These criteria do not apply to patients who are having these procedures for medical indications other than gender dysphoria.

- Criteria for metoidioplasty or phalloplasty in FtM patients and for vaginoplasty in MtF patients:
 1. Persistent, well-documented gender dysphoria;
 2. Capacity to make a fully informed decision and to consent for treatment;
 3. Age of majority in a given country;
 4. If significant medical or mental health concerns are present, they must be well controlled;
 5. 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual).
 6. 12 continuous months of living in a gender role that is congruent with their gender identity.

Although not an explicit criterion, it is recommended that these patients also have regular visits with a mental health or other medical professional.

Rationale for a preoperative, 12-month experience of living in an identity-congruent gender role:

The criterion noted above for some types of genital surgeries—i.e., that patients engage in 12 continuous months of living in a gender role that is congruent with their gender identity—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 throughout the year (e.g., family events, holidays, vacations, season-specific work or school experiences). During this time, patients should present consistently, on a day-to-day basis and across all settings of life, in their desired gender role. This includes coming out to partners, family, friends, and community members (e.g., at school, work, other settings).

Other Surgeries

Other surgeries for assisting in body feminization include reduction thyroid chondroplasty (reduction of the Adam’s apple), voice modification surgery, suction-assisted lipoplasty (contour modeling) of the waist, rhinoplasty (nose correction), facial bone reduction, face-lift, and blepharoplasty (rejuvenation of the eyelid). Other surgeries for assisting in body masculinization include liposuction, lipofilling, and pectoral implants. Voice surgery to obtain a deeper voice is

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rare but may be recommended in some cases, such as when hormone therapy has been ineffective.

Although these surgeries do not require referral by mental health professionals, such professionals can play an important role in assisting clients in making a fully informed decision about the timing and implications of such procedures in the context of the social transition.

Although most of these procedures are generally labeled “purely aesthetic,” these same operations in an individual with severe gender dysphoria can be considered medically necessary, depending on the unique clinical situation of a given patient’s condition and life situation. This ambiguity reflects reality in clinical situations, and allows for individual decisions as to the need and desirability of these procedures.”¹

CENTERS FOR MEDICARE & MEDICAID (CMS)

In 2016, CMS published a National Coverage Determination (NCD) regarding Gender Dysphoria and Gender Reassignment Surgery (140.9), which stated:

“The Centers for Medicare & Medicaid Coverage (CMS) conducted a National Coverage Analysis that focused on the topic of gender reassignment surgery. Effective August 30, 2016, after examining the medical evidence, CMS determined that no national coverage determination (NCD) is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria. In the absence of an NCD, coverage determinations for gender reassignment surgery, under section 1862(a)(1)(A) of the Social Security Act (the Act) and any other relevant statutory requirements, will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.”⁴

OREGON HEALTH AUTHORITY

According to the Oregon Health Authority (OHA) Health Evidence Review Commission current prioritized list, treatment for gender dysphoria is a covered service when specific criteria are met. The prioritized list states:

“Hormone treatment with GnRH analogues for delaying the onset of puberty and/or continued pubertal development is included...for gender questioning children and adolescents. This therapy should be initiated at the first physical changes of puberty, confirmed by pubertal levels of estradiol or testosterone, but no earlier than Tanner stages 2-3. Prior to initiation of puberty suppression therapy, adolescents must fulfill eligibility and readiness criteria and must have a comprehensive mental health evaluation. Ongoing psychological care is strongly encouraged for continued puberty suppression therapy.

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria. To qualify for cross-sex hormone therapy, the patient must:

- A. have persistent, well-documented gender dysphoria

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- B. have the capacity to make a fully informed decision and to give consent for treatment
- C. have any significant medical or mental health concerns reasonably well controlled
- D. have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery, the patient must:

- A. have persistent, well documented gender dysphoria
- B. for genital surgeries, have completed twelve months of continuous hormone therapy as appropriate to the member’s gender goals unless hormones are not clinically indicated for the individual
- C. have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
- D. have the capacity to make a fully informed decision and to give consent for treatment
- E. have any significant medical or mental health concerns reasonably well controlled
- F. for breast/chest surgeries, have one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care.
- G. For genital surgeries, have two referrals from mental health professionals provided in accordance with version 7 of the WPATH Standards of Care.

Electrolysis (CPT 17380) and laser hair removal are only included...as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. These procedures are not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

Mammoplasty (CPT 19316, 19325, 19340, 19342, 19350) is only included...when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale OR there is any contraindication to, intolerance of or patient refusal of hormonal therapy.

Revisions to surgeries for the treatment of gender dysphoria are only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.). Revisions are not covered solely for cosmetic issues.

Pelvic physical therapy (CPT 97001, 97001, 97110, 97140, and 97530) is included...only for pre- and post-operative therapy related to genital surgeries...”⁵

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed

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annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Cosmetic and Reconstructive Procedures (All Lines of Business Except Medicare)
- Cosmetic and Reconstructive Procedures (Medicare Only)
- Autologous Fat Transfer
- Breast Reconstruction
- Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (All Lines of Business Except Medicare)
- Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare Only)
- Rhinoplasty
- Surgical Treatment for Skin Redundancy (All Lines of Business Except Medicare)
- Surgical Treatment for Skin Redundancy (Medicare Only)

REFERENCES

1. World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. <https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf? t=1604581968>. Accessed 1/21/2022.
2. American Psychological Association. Transgender People, Gender Identity and Gender Expression. <https://www.apa.org/topics/lgbt/transgender>. Accessed 2/18/2022.
3. Basic Rights Oregon. Oregon Health Plan Coverage of Gender Dysphoria: Frequently Asked Questions for Current or Future Clients. https://www.basicrights.org/wp-content/uploads/2021/03/OHP_FAQ_For_Individuals_Mar_2021-revision-1.pdf. Published 2017. Accessed 1/21/2022.

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4. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Gender Dysphoria and Gender Reassignment Surgery (140.9). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=368&ncdver=1&NCAId=282>. Published 2017. Accessed 1/21/2022.
5. Oregon Health Authority. Prioritized List of Health Services. <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>. Published 2022. Accessed 2/18/2022.