

Gender Affirming Surgical Interventions

MEDICAL POLICY NUMBER:32

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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 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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

SCOPE: Providence Health Plan, Providence Health Assurance and Providence Plan Partners as applicable (referred to individually as "Company" and collectively as "Companies").

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Notice to Medicaid Policy Readers: For comprehensive rules and guidelines pertaining to this policy, readers are advised to consult the Oregon Health Authority. It is essential to ensure full understanding and compliance with the state's regulations and directives. Please refer to OHA's prioritized list for the following coverage guidelines:

Guideline Note: 127

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

DOCUMENTATION REQUIREMENTS

- I. The documentation below is required for gender affirming surgery. If any of these items are not submitted, requests will be delayed until the additional documentation is received.
 - A. Clinical notes submitted by the operating surgeon; **and**
 - B. One of the following:
 - **For adults (18 years and older)**: one (1) letter of assessment from a health care professional (see [Policy Guidelines](#)) who has competencies in the assessment of transgender and gender diverse people.
 - **For adolescents (defined by WPATH as the start of puberty until the legal age of majority [age 18 in the United States])**: one (1) letter of assessment from a member of the multidisciplinary team (see [Policy Guidelines](#)). The letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals.

POLICY CRITERIA

Notes:

- The following criteria and terminology are based on the World Professional Association for Transgender Health (WPATH) Standards of Care (8th Version).¹
- This policy only addresses surgical interventions for gender dysphoria/incongruence. It does not address hormonal treatments or fertility preservation.
- Applicable member benefits apply to requests for gender affirming services and take precedence over Medical Policy.

Adults

- II. WPATH Standards of Care (8th Version) provide the following criteria for surgery for adults (18 years and older):
- A. Gender incongruence is marked and sustained (see [Policy Guidelines](#)); **and**
 - B. Member has a diagnosis of gender incongruence (HA60 in ICD-11; WHO, 2019b) and/or gender dysphoria (F64.0 in DSM-5-TR; APA, 2022); **and**
 - C. Demonstrates capacity to consent for the specific gender-affirming surgical intervention; **and**
 - D. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options; **and**
 - E. Other possible causes of apparent gender incongruence have been identified and excluded; **and**
 - F. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed; **and**
 - G. Member is stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result unless hormone therapy is either not desired or is medically contraindicated).

Adolescents

- III. WPATH Standards of Care (8th Version) provide the following criteria for surgery for adolescents (defined by WPATH as the start of puberty until the legal age of majority [age 18 in the United States]):
- A. Gender diversity/incongruence is marked and sustained over time (see [Policy Guidelines](#)); **and**
 - B. Member has a diagnosis of gender incongruence (HA60 in ICD-11; WHO, 2019b) and/or gender dysphoria (F64.0 in DSM-5-TR; APA, 2022); **and**
 - C. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; **and**
 - D. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally; **and**
 - E. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility; **and**

- F. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is not medically indicated.

Skin Substitute as a Component of Genital Surgery

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

POLICY CROSS REFERENCES

- Company [Cosmetic and Reconstructive Procedures](#), MP98
- Company [Breast Surgery: Reduction Mammoplasty, Reconstructive Surgery and Implant Management](#), MP58
- Company [Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift](#), MP101
- Company [Rhinoplasty](#), MP166
- [Skin and Tissue Substitutes](#), MP16
- Company [Surgical Treatment for Skin Redundancy](#), MP42

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

Marked and Sustained Gender Diversity/Incongruence

According to WPATH Standards of Care (8th Version) statement 5.3.a. (adults) and 6.12.b. (adolescents) “only recommend gender-affirming medical treatment...when the experience of gender incongruence is marked and sustained.”¹

Adults

WPATH describes gender incongruence in adults as the following:

“...a need for GAMSTs [gender affirming medical and surgical treatments] and a desire to be accepted as a person of the experienced gender. Consequently, a consideration of the nature, length and consistency of gender incongruence is important. This can include such factors as a change of name and identity documents, telling others about one’s gender, health care documentation, or changes in gender expression. However, marked and sustained gender incongruence can exist in the absence of disclosure to others by the transgender and gender diverse (TGD) person. An abrupt or superficial change in

gender identity or lack of persistence is insufficient to initiate gender-affirming treatments, and further assessment is recommended. In such circumstances, ongoing assessment is helpful to ensure the consistency and persistence of gender incongruence before GAMSTs are initiated. While marked and sustained gender incongruence should be present, it is not necessary for TGD people to experience severe levels of distress regarding their gender identity to access gender-affirming treatments. In fact, access to gender-affirming treatment can act as a prophylactic measure to prevent distress. A TGD adult can have sustained gender incongruence without significant distress and still benefit from GAMSTs.”¹

Adolescents

WPATH describes gender incongruence in adolescents as the following:

“...the level of reversibility of a gender-affirming medical intervention should be considered along with the sustained duration of a young person’s experience of gender incongruence when initiating treatment. Given potential shifts in gender-related experiences and needs during adolescence, it is important to establish the young person has experienced several years of persistent gender diversity/incongruence prior to initiating less reversible treatments such as gender-affirming hormones or surgeries...For youth who have experienced a shorter duration of gender incongruence, social transition-related and/or other medical supports (e.g., menstrual suppression/androgen blocking) may also provide some relief as well as furnishing additional information to the clinical team regarding a young person’s broad gender care needs. Establishing evidence of persistent gender diversity/incongruence typically requires careful assessment with the young person over time. Whenever possible and when appropriate, the assessment and discernment process should also include the parent(s)/caregiver(s). Evidence demonstrating gender diversity/incongruence sustained over time can be provided via history obtained directly from the adolescent and parents/caregivers when this information is not documented in the medical records.”¹

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

The WPATH recommend health care professionals assessing transgender and gender diverse adults for physical treatments:

- 5.1.a- Are licensed by their statutory body and hold, at a minimum, a master’s degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
- 5.1.b- For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable.
- 5.1.c- Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity.
- 5.1.d- Are able to assess capacity to consent for treatment.
- 5.1.e- Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity.

5.1.f- Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity.

5.2- We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required.

Referral Letters

The WPATH state that if written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST), TGD people seeking treatments including hormones, and genital, chest, facial and other gender-affirming surgeries require a single written opinion/signature from an HCP competent to independently assess and diagnose.

If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST) for an **adolescent**, only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical HCPs and MHPs. Further assessment results and written opinions may be requested when there is a specific clinical need or when team members are in different locations or choose to write their own summaries.

BACKGROUND

Transsexual, 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 and gender diverse (TGD)" 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 8):

"The decision to use transgender and gender diverse [TGD] resulted from an active process and was not without controversy. Discussions centered on avoiding over-emphasis on the term transgender, integrating nonbinary gender identities and experiences, recognizing global variations in understandings of gender, avoiding the term gender nonconforming, and recognizing the changing nature of language because what is current now may not be so in coming years. Thus, the term transgender and gender diverse was chosen with the intent to be most inclusive and to highlight the many diverse gender identities, expressions, experiences, and health care needs of TGD people."¹

WPATH reported that proportions of TGD people in the general population varied across study type as follows:

Health systems-based studies: 0.02–0.1%

Survey-based studies of adults: 0.3–0.5% (transgender), 0.3–4.5% (all TGD)

Survey-based studies of children and adolescents: 1.2–2.7% (transgender), 2.5–8.4% (all TGD)

Gender Dysphoria

According to the WPATH:

“Gender dysphoria describes a state of distress or discomfort that may be experienced because a person’s gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.”¹

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.

REGULATORY STATUS

According to the Washington Gender Affirming Treatment Act - 2SSB 5313, health carriers, public employee health plans, the Health Care Authority, and Medicaid programs may not deny coverage for medically necessary gender affirming treatment or apply categorical or blanket exclusions to gender affirming treatment.⁴

For health plans issued on or after January 1, 2022:

- A health carrier may not deny or limit coverage for gender affirming treatment when that care is prescribed to an individual because of, related to, or consistent with a person's gender expression or identity, is medically necessary, and is prescribed in accordance with accepted standards of care.
- A health carrier may not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health carrier must not exclude as cosmetic services facial feminization surgeries, other facial gender affirming treatment, and other care such as mastectomies and breast implants, including revisions to prior treatment.
- A health carrier may not issue an adverse benefit determination denying or limiting access to gender affirming services, unless a health care provider with experience prescribing or delivering gender affirming treatment has reviewed and confirmed the appropriateness of the adverse benefit determination.
- A health carrier may comply with all network access rules and requirements established by the Insurance Commissioner.⁴

CLINICAL EVIDENCE AND LITERATURE REVIEW

CLINICAL PRACTICE GUIDELINES

American College of Surgeons (ACS)

In their 2016 “Statements on Principles,” the ACS writes the following addressing informed consent, preoperative diagnosis and care, eligibility to perform surgical procedures, surgeons and colleagues and consultations:

Informed Consent

“Informed consent is more than a legal requirement. It is a standard of ethical surgical practice that enhances the surgeon/patient relationship and that may improve the patient’s care and the treatment outcome. Surgeons must fully inform every patient about his or her illness and the proposed treatment. The information must be presented fairly, clearly, accurately, and compassionately. The surgeon should

listen carefully to understand the patient's feelings and wishes and should answer all questions as accurately as possible. The informed consent discussion conducted by the surgeon should include:

- The nature of the illness and the natural consequences of no treatment.
- The nature of the proposed operation, including the estimated risks of mortality and morbidity.
- The more commonly known complications, which should be described and discussed. The patient should understand the risks as well as the benefits of the proposed operation. The discussion should include a description of what to expect during the hospitalization and posthospital convalescence.
- Alternative forms of treatment, including nonoperative techniques.
- A discussion of the different types of qualified medical providers who will participate in their operation and their respective roles.

The surgeon should not exaggerate the potential benefits of the proposed operation nor make promises or guarantees. For minors and incompetent adults, parents or legal guardians must participate in the informed consent discussion and provide the signature for elective operations. Any adequately informed, mentally competent adult patient can refuse any treatment, including operation. When mentally incompetent patients or the parents (guardians) of minors refuse treatments, jeopardizing the patient's best interests, the surgeon can request legal assistance.

When patients agree to an operation conditionally or make demands that are unacceptable to the surgeon, the surgeon may withdraw from the case.”⁵

Preoperative Diagnosis and Care

“Because a team of specialists undertakes much of modern patient care, nonsurgeon physicians often may conduct the initial evaluation of patients. However, the surgeon bears the ultimate responsibility for determining the need for and the type of operation. In making this decision, the surgeon must give precedence to sound indications for the procedure over pressure by patients or referring physicians or the financial incentive to perform the operation. The surgeon is responsible for the patient's safety throughout the preoperative, operative, and postoperative period, including ensuring the elimination of risk of wrong site, wrong procedure, and wrong patient surgery.”⁵

Eligibility to Perform Surgical Procedures

“The responsible surgeon's eligibility to perform a surgical procedure is based upon the surgeon's education, training, experience, and demonstrated proficiency. The surgeon should be a member in good standing of the department or service through which privileges are to be recommended. The granting and continuation of surgical privileges should be based upon the staff member's qualifications and upon a record of appropriate performance as evaluated by an established peer review mechanism and medical audit process.

Surgeons are expected to study and evaluate new procedures and to become knowledgeable of and proficient with advances that are appropriate. Technical skill alone is insufficient to qualify a surgeon to

perform new procedures. Procedural skills should be acquired within the context of in-depth knowledge about the disease to be treated.”⁵

Surgeons and Colleagues

“The surgeon’s relationship with colleagues is often an important part of ensuring the best care is provided to the patient. No single physician or surgeon can be an expert in all areas of medicine. Team medicine has become the norm, and surgeons have a responsibility to work with colleagues.”⁵

Consultations

“The surgeon is responsible for obtaining consultation for his or her patients when appropriate, and for providing consultation for the patients of colleagues when requested. These consultations may be for opinion only, to assist with management, or for the transfer of care. The patient should be informed in any instance that requires such a consultation. An appropriate report that is, by letter or by placement in a common chart or medical record, should be made available to the referring physician.”⁵

World Professional Association for Transgender Health (WPATH)

According to the WPATH Standard of Care guidelines (version 8)¹:

Adolescents

The WPATH makes the following recommendations regarding the requirements for gender-affirming medical and surgical treatment (All of them must be met):

- 6.12- We recommend health care professionals assessing transgender and gender diverse adolescents only recommend gender-affirming medical or surgical treatments requested by the patient when:
 - 6.12.a- The adolescent meets the diagnostic criteria of gender incongruence as per the ICD-11 in situations where a diagnosis is necessary to access health care. In countries that have not implemented the latest ICD, other taxonomies may be used although efforts should be undertaken to utilize the latest ICD as soon as practicable.
 - 6.12.b- The experience of gender diversity/incongruence is marked and sustained over time.
 - 6.12.c- The adolescent demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment.
 - 6.12.d- The adolescent’s mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed.
 - 6.12.e- The adolescent has been informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility, and these have been discussed in the context of the adolescent’s stage of pubertal development.
 - 6.12.f- The adolescent has reached Tanner stage 2 of puberty for pubertal suppression to be initiated.
 - 6.12.g- The adolescent had at least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast

augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

Summary Criteria for Adolescents

Related to the Assessment Process

- A comprehensive biopsychosocial assessment including relevant mental health and medical professionals;
- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible;
- If written documentation or a letter is required to recommend gender-affirming medical and surgical treatment (GAMST), only one letter of assessment from a member of the multidisciplinary team is needed. This letter needs to reflect the assessment and opinion from the team that involves both medical and mental health professionals (MHPs).

Related to Puberty Blocking Agents

- Gender diversity/incongruence is marked and sustained over time;
- Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- Reached Tanner stage.

Related to Hormonal Treatments

- Gender diversity/incongruence is marked and sustained over time;
- Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;

- Reached Tanner stage 2.

Related to Surgery

- Gender diversity/incongruence is marked and sustained over time;
- Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
- At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated

Adults

The WPATH makes the following recommendations regarding health care professionals assessing transgender and gender diverse adults for physical treatments:

- Are licensed by their statutory body and hold, at a minimum, a master's degree or equivalent training in a clinical field relevant to this role and granted by a nationally accredited statutory institution.
- For countries requiring a diagnosis for access to care, the health care professional should be competent using the latest edition of the World Health Organization's International Classification of Diseases (ICD) for diagnosis. In countries that have not implemented the latest ICD, other taxonomies may be used; efforts should be undertaken to utilize the latest ICD as soon as practicable.
- Are able to identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity.
- Are able to assess capacity to consent for treatment.
- Have experience or be qualified to assess clinical aspects of gender dysphoria, incongruence, and diversity.
- Undergo continuing education in health care relating to gender dysphoria, incongruence, and diversity.
- We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from different disciplines within the field of transgender health for consultation and referral, if required.

The following recommendations are made regarding the requirements for gender-affirming medical and surgical treatment (all should be met):

5.3- We recommend health care professionals assessing transgender and gender diverse adults for gender-affirming medical and surgical treatment:

5.3.a- Only recommend gender-affirming medical treatment requested by a TGD person when the experience of gender incongruence is marked and sustained.

5.3.b- Ensure fulfillment of diagnostic criteria prior to initiating gender-affirming treatments in regions where a diagnosis is necessary to access health care.

5.3.c- Identify and exclude other possible causes of apparent gender incongruence prior to the initiation of gender-affirming treatments.

5.3.d- Ensure that any mental health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.

5.3.e- Ensure any physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed, before a decision is made regarding treatment.

5.3.f- Assess the capacity to consent for the specific physical treatment prior to the initiation of this treatment.

5.3.g- Assess the capacity of the gender diverse and transgender adult to understand the effect of gender-affirming treatment on reproduction and explore reproductive options with the individual prior to the initiation of gender-affirming treatment.

5.4- We suggest, as part of the assessment for gender-affirming hormonal or surgical treatment, professionals who have competencies in the assessment of transgender and gender diverse people wishing gender-related medical treatment consider the role of social transition together with the individual.

5.5- We recommend transgender and gender diverse adults who fulfill the criteria for gender-affirming medical and surgical treatment require a single opinion for the initiation of this treatment from a professional who has competencies in the assessment of transgender and gender diverse people wishing gender-related medical and surgical treatment.

5.6- We suggest health care professionals assessing transgender and gender diverse people seeking gonadectomy consider a minimum of 6 months of hormone therapy as appropriate to the TGD person's gender goals before the TGD person undergoes irreversible surgical intervention (unless hormones are not clinically indicated for the individual).

5.7- We recommend health care professionals assessing adults who wish to detransition and seek gender-related hormone intervention, surgical intervention, or both, utilize a comprehensive multidisciplinary assessment that will include additional viewpoints from experienced health care professional in transgender health and that considers, together with the individual, the role of social transition as part of the assessment process.

Summary Criteria for Adults

Criteria Related to the Assessment Process

- Health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment should liaise with professionals from different disciplines within the field of trans health for consultation and referral, if required.
- If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a health care professional who has competencies in the assessment of transgender and gender diverse people is needed

Criteria Related to Hormone Therapy

- Gender incongruence is marked and sustained;
- Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- Demonstrates capacity to consent for the specific gender-affirming hormone treatment; d. Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

Criteria Related to Hormone Therapy

- Gender incongruence is marked and sustained;
- Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
- Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
- Other possible causes of apparent gender incongruence have been identified and excluded;
- Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed;
- Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).*

*These were graded as suggested criteria

Reproductive Health

WPATH made the following recommendations regarding reproductive health:

16.1- We recommend health care professionals who are treating transgender and gender diverse people and prescribing or referring patients for hormone therapies/surgeries advise their patients about:

16.1.a- Known effects of hormone therapies/surgery on future fertility;

- 16.1.b- Potential effects of therapies that are not well studied and are of unknown reversibility;
- 16.1.c- Fertility preservation (FP) options (both established and experimental);
- 16.1.d- Psychosocial implications of infertility.
- 16.2- We recommend health care professionals refer transgender and gender diverse people interested in fertility preservation to providers with expertise in fertility preservation for further discussion.
- 16.3- We recommend transgender care teams partner with local reproductive specialists and facilities to provide specific and timely information and fertility preservation services prior to offering medical and surgical interventions that may impact fertility.
- 16.4- We recommend health care professionals counsel pre- or early-pubertal transgender and gender diverse youth seeking gender-affirming therapy and their families that currently evidence-based/established fertility preservation options are limited.
- 16.5- We recommend transgender and gender diverse people with a uterus who wish to carry a pregnancy undergo preconception care, prenatal counseling regarding use and cessation of gender-affirming hormones, pregnancy care, labor and delivery, chest/breast feeding supportive services, and postpartum support according to local standards of care in a gender-affirming way.
- 16.6. We recommend medical providers discuss contraception methods with transgender and gender diverse people who engage in sexual activity that can result in pregnancy.
- 16.7. We recommend providers who offer pregnancy termination services ensure procedural options are gender-affirming and serve transgender people and those of diverse genders.

Gender Affirming Surgical Procedures

The WPATH SOC guidelines list gender-affirming surgical procedures (see below), noting the following:

“As the field’s understanding of the many facets of gender incongruence expands, and as technology develops which allows for additional treatments, it is imperative to understand this list is not intended to be exhaustive. This is particularly important given the often lengthy time periods between updates to the SOC, during which evolutions in understanding and treatment modalities may occur.”

Facial Surgery	<ul style="list-style-type: none"> • Brow reduction • Brow augmentation • Brow lift • Hair line advancement and/or hair transplant • Facelift/mid-face lift (following alteration of the underlying skeletal structures) • Blepharoplasty • Platysmaplasty • Rhinoplasty (+/- fillers) • Cheek implant • Cheek lipofilling • Upper lip shortening • Lip augmentation (includes autologous and non-autologous) • Lower jaw reduction of mandibular angle • Chin reshaping (osteoplastic, alloplastic (implant-based))
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	<ul style="list-style-type: none"> • Chondrolaryngoplasty/vocal cord surgery
Breast/Chest Surgery	<ul style="list-style-type: none"> • Mastectomy with nipple-areola reservation/reconstruction as determined medically necessary for the specific patient • Mastectomy without nipple-areola. reservation/reconstruction as determined medically necessary for the specific patient. • Liposuction • Breast reconstruction (augmentation) <ul style="list-style-type: none"> ○ Implant and/or tissue expander ○ Autologous (includes flap-based and lipofilling),
Genital Surgery	<ul style="list-style-type: none"> • Phalloplasty (with/without scrotoplasty) <ul style="list-style-type: none"> ○ With/without urethral lengthening ○ With/without prosthesis (penile and/or testicular) ○ With/without colpectomy/colpocleisis • Metoidioplasty (with/without scrotoplasty) <ul style="list-style-type: none"> ○ With/without urethral lengthening ○ With/without prosthesis (penile and/or testicular) ○ With/without colpectomy/colpocleisis • Vaginoplasty (inversion, peritoneal, intestinal) <ul style="list-style-type: none"> ○ May include retention of penis and/or testicle • Vulvoplasty <ul style="list-style-type: none"> ○ May include procedures described as “flat front”
Gonadectomy	<ul style="list-style-type: none"> • Orchiectomy • Hysterectomy and/or salpingo-oophorectomy
Body Contouring	<ul style="list-style-type: none"> • Liposuction • Lipofilling • Implants (pectoral, hip, gluteal, calf) • Monsplasty/mons reduction
Additional Procedures	<ul style="list-style-type: none"> • Hair removal: Hair removal from the face, body, and genital areas for gender affirmation or as part of a preoperative preparation process.

	<ul style="list-style-type: none"> ○ Electrolysis ○ Laser epilation ● Tattoo (i.e., nipple-areola) ● Uterine transplantation ● Penile transplantation
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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
- 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...”⁶

BILLING GUIDELINES AND CODING

- The following CPT/HCPCS codes do not require prior authorization when billed with at least one of the following ICD-10 diagnosis codes billed in the primary position: F64.0, F64.1, F64.8, or F64.9 (HA60 in ICD-11; WHO, 2019b). Prior authorization may still be required for other diagnoses. Please refer to the [“Prior Authorization”](#) code list for further information.
- An unlisted code may be necessary to bill for the following procedures: laser hair removal, metoidioplasty, phalloplasty.
- CPT 19303 describes total removal of ipsilateral breast tissue with or without removal of skin and/or nipples (e.g., nipple-sparing), **for treatment or prevention of breast cancer**. Therefore, 19303 is not appropriate to bill for reduction mammoplasty for female to male (transmasculine) gender affirmation surgery. For breast tissue removed for breast-size reduction for other than gynecomastia, use 19318.
- CPT code 19350 is a component of CPT code 19318 and may not be billed when both procedures are performed on the same breast.

CODES*		
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 (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
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)
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)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
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
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity

	15879	Suction assisted lipectomy; lower extremity
	17380	Electrolysis epilation, each 30 minutes
	19300	Mastectomy for gynecomastia
	19304	Mastectomy, subcutaneous
	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
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21137	Reduction forehead; contouring only
	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
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)

	21270	Malar augmentation, prosthetic material
	21740	Reconstructive repair of pectus excavatum or carinatum; open
	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
	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session
	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
	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-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)

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
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
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)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
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)
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)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach

	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
	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
HCPCS	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, non-inflatable
	C1789	Prosthesis, breast (implantable)
	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome
	L8600	Implantable breast prosthesis, silicone or equal

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
12/2023	Annual update. Removed Medicare line of business. Added additional relevant codes.
1/2024	Interim update. Added additional codes to coding table.
8/1/2024	Interim update. Removed 1 code from coding table and added billing guidelines.