

## Gender Reassignment Review Guidelines

Last Review: 7/2021

### Description

This document addresses gender dysphoria and gender reassignment. Gender reassignment surgery is performed to transition individuals born with one gender that desire to transition to opposite gender. Surgical intervention is typically the last step in the physical transition process. Individuals require a multi-disciplinary team as it takes multiple medical specialties to achieve the desired outcome: medical, psychological, and psychiatric practitioners. Before surgical intervention is performed, individuals require and must complete a multi-step treatment plan. This document serves as a resource to provide a standardized approach for reviewing transgender procedures.

### Review Guidelines

Reviewers will identify the type of gender affirming procedure that is being requested: **Medically Necessary**, **Reconstructive**, and/or **Cosmetic**. The guidelines below will help the reviewer decide if the procedure(s) requested is/are appropriate.

### Medically Necessary:

Gender affirming pelvic or gonadal surgery (which may consist of a combination of the following: *hysterectomy, orchiectomy, ovariectomy, or salpingo-oophorectomy*),

- Gender affirming genital surgery (which may consist of a combination of the following: *clitoroplasty, labiaplasty, metoidioplasty, penectomy, phalloplasty, scrotoplasty, urethroplasty, vaginectomy, vaginoplasty, or placement of penile or testicular prostheses*)
- The use of hair removal procedures to treat tissue donor sites for a planned phalloplasty or vaginoplasty.

**The surgical intervention listed in points 1-3 directly above are considered medically necessary when *all* of the following criteria are met:**

- The individual is at least 18 years of age; **and**
- The individual has capacity to make fully informed decisions and consent for treatment; **and**
- The individual has been diagnosed with gender dysphoria and/or all related diagnosis codes; **and**

- For individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- Documentation by qualified mental health professional that the individual has completed a minimum of 12 months of successful continuous full time real- life experience in the new gender. During this trial period, the individual must regularly participate in psychotherapy when recommended by treating physician; **and**
- If the individual has significant medical or mental health issues present, they must be reasonably well controlled. If the individual is diagnosed with severe psychiatric disorders and impaired reality testing (for example, psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to improve these conditions with psychotropic medications and/or psychotherapy before surgery is contemplated; **and**
- Two referrals from qualified mental health professionals who have independently assessed the individual. If the first referral is from the individual's psychotherapist, the second referral should be from a person who has only had an evaluative role with the individual. Two separate letters, or one letter signed by both (for example, if practicing within the same clinic) are required. The letter(s) must have been signed within 12 months of the request submission.
  - At least one of the professionals submitting a letter must have a doctoral degree (for ex: PhD, M.D. Ed.D, D.Sc, D.S.W or Psy.D) or a master's level degree in clinical behavior science field. (for example, M.S.W., L.C.S.W., Nurse Practitioner [N.P.], Advanced Practice Nurse [A.P.R.N.], Licensed Professional Counselor [L.P.C.], and Marriage and Family Therapist [M.F.T.]) and be capable of adequately evaluating co-morbid psychiatric conditions. One letter is sufficient if signed by two providers, one of whom has met the specifications set forth above.

## **Reconstructive:**

- Gender affirming chest surgery (*augmentation, mastectomy, or reduction*) is considered **reconstructive** when *all* of the following criteria have been met
- Nipple reconstruction, including tattooing, following a gender affirming mastectomy
- Gender affirming Facial Surgery

- Gender affirming Voice Modification

**The surgical intervention listed in points 1-4 directly above are considered reconstructive when *all* of the following criteria are met:**

### **Chest Surgery and Nipple Reconstruction:**

*Must meet A-C and F above plus the following guidelines:*

- For gender affirming breast augmentation procedures only: for individuals without a medical contraindication or intolerance, the individual has undergone a minimum of 12 months of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician, and insufficient breast development has occurred; **and**
- Existing chest appearance demonstrates significant variation from normal appearance for the experienced gender (note: each procedure requested should be considered separately as some procedures may be cosmetic and others may be reconstructive); **and**
- One letter, signed by a qualified mental health professional who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

### **Gender Affirming Facial Surgery:**

*Must meet A-C, D, E above plus the following guidelines:*

- Existing facial appearance demonstrates significant variation from the normal appearance for the experienced gender; **and**
- The procedure directly addresses variation from normal appearance for the experienced gender; **and**
- One letter, signed by a qualified mental health professional who has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

### **Gender Affirming Voice Modification:**

*Must meet A-C, F above plus the following guidelines:*

- For gender masculinization only: for individuals without a medical contraindication or intolerance, the individual has undergone a min of 12 mo of continuous hormonal therapy when recommended by a mental health professional and provided under the supervision of a physician; **and**
- Existing vocal presentation demonstrates significant variation from normal for the experienced gender; **and**
- One letter, signed by a qualified mental health professional who

has independently assessed the individual, is required; the letter must have been signed within 12 months of the request submission.

## Procedures

### Procedures That Are Not Medically Necessary:

The following gender affirming surgical procedures are considered **not medically necessary** when one or more of the medical necessary or reconstructive criteria above have not been met:

- Clitoroplasty
- Hysterectomy
- Labiaplasty
- Metoidioplasty
- Orchiectomy
- Ovariectomy
- Penectomy
- Phalloplasty
- Salpingo-Oophorectomy
- Scrotoplasty
- Urethroplasty
- Vaginectomy
- Vaginoplasty

### Cosmetic and Not Medically Necessary:

The following procedures, when requested alone or in combination with other procedures, are considered **cosmetic and not medically necessary** when applicable reconstructive criteria above have not been met, or when used to improve the gender specific appearance of an individual who has undergone or is planning to undergo gender affirming surgery, including, but not limited to, the following:

- Abdominoplasty
- Bilateral mastectomy
- Blepharoplasty
- Breast augmentation
- Brow lift
- Calf implants
- Face lift
- Facial bone reconstruction
- Facial implants
- Gluteal augmentation
- Hair removal (for example, electrolysis or laser) and hairplasty, when the criteria above have not been met
- Jaw reduction (jaw contouring)
- Lip reduction/enhancement
- Lipofilling/collagen injections
- Liposuction
- Nose implants
- Pectoral implants

- Rhinoplasty
- Thyroid cartilage reduction

## Coding

*CPT Codes (When Medically Necessary is Met):*

Orchiectomy (54520, 54690)
Penectomy (54125)
Vaginoplasty (57335)
Colovaginoplasty (57291-57292)
Clitoroplasty (56805)
Labiaplast (58999)
Breast augmentation (19324-19325)
Tracea shave/reduction thyroid chondroplasty (31899)
Intersex surgery; male to female (55970)
Intersex surgery; female to male (55980)
Electrolysis epilation, each 30 minutes [when done to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure] (17380)
Unlisted procedure, skin, mucous membrane and subcutaneous tissue [when specified as permanent hair removal by laser to treat tissue donor sites for a planned phalloplasty or vaginoplasty procedure] (17999)
Reduction mammoplasty (19318)
Mammoplasty, augmentation (19324 – 19325)
Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (19340)
Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (19342)
Urethroplasty, 1-stage reconstruction of male anterior urethra (53410)
Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage (53420)
Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage (53425)
Urethroplasty, reconstruction of female urethra (53430)
Amputation of penis; complete (54125)
Penile prosthesis (54400 – 54417)
Insertion of penile prosthesis; non-inflatable (semi-rigid) (54400)
Insertion of penile prosthesis; inflatable (self-contained) (54401)
Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir (54405)
Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach (54520)
Insertion of testicular prosthesis (54660)
Laparoscopy, surgical; orchiectomy (54690)
Scrotoplasty; simple (55175)

Scrotoplasty; complicated (55180)
Intersex surgery; male to female [a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement] (55970)
Female to male [a series of staged procedures that include penis and scrotum formation by graft, and prostheses placement] (55980)
Unlisted procedure, male genital system [when specified as metoidioplasty or phalloplasty with penile prosthesis] (55899)
Vulvectomy, simple; complete (56625)
Plastic repair of introitus (56800)
Clitoroplasty for intersex state (56805)
Perineoplasty, repair of perineum, nonobstetrical (separate procedure) (56810)
Vaginectomy (57106 - 57107, 57110 – 57111)
Vaginectomy, complete removal of vaginal wall (57110)
Construction of artificial vagina; without graft (57291)
Construction of artificial vagina; with graft (57292)
Revision (including removal) of prosthetic vaginal graft; vaginal approach (57295)
Revision (including removal) of prosthetic vaginal graft; open abdominal approach (57296)
Vaginoplasty for intersex state (57335)
Revision (including removal) of prosthetic vaginal graft, laparoscopic approach (57426)
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) (58150)
Hysterectomy (58150, 58180, 58260 – 58262, 58275 – 58291, 58541 – 58544, 58550 – 58554)
Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) (58552)
Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) (58554)
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less (58570)
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) (58571)
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g (58572)
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) (58573)
Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) (58661)
Salpingo-hyphenooophorectomy, complete or partial, unilateral or bilateral (58720)

#### References:

Amerigroup UM Guideline, 2021

AMA CPT 2021 CPT Professional Edition

[https://www.unicare.com/dam/medpolicies/unicare/active/guidelines/gl\\_pw\\_a051166.html](https://www.unicare.com/dam/medpolicies/unicare/active/guidelines/gl_pw_a051166.html)

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